



AGREEMENT BETWEEN

THE CITY OF NEW BRITAIN

AND

LOCAL 818, COUNCIL 4 OF

THE AMERICAN FEDERATION OF
STATE, COUNTY AND MUNICIPAL
EMPLOYEES

AFL-CIO

January 1, 2026 through December 31, 2028

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This agreement is entered into by and between the City of New Britain, Connecticut (hereinafter referred to as the "City") and Local 818 A.F.S.C.M.E., Council 4, AFL-CIO (hereinafter referred to as the "Union"). It is the intention of the parties entering into this agreement to maintain a harmonious relationship between them recognizing the legitimate needs of the employees covered as well as the obligation of the City to the Public.

ARTICLE I UNION RECOGNITION

Section 1.0

The City recognizes the Union as the sole and exclusive representative for the purposes of collective bargaining with respect to rates of pay, wages, hours and other conditions of employment for all supervisory employees, excluding employees covered under agreements between the City and Local 1186, A.F.S.C.M.E., Council 4, AFL-CIO, Local 1303, CILU Local 25, and the Director of Public Works, Deputy Director of Public Works, Director of Community Services and Recreation, Director of Building, Licenses, Permits, Inspections and Health, Director of Finance, the Personnel Director, the Chief of Police, the Deputy Chief of Police, the Chief Fire Engineer, the Assistant Chief Fire Engineer and all City attorneys.

Section 1.1

If the City shall create any new supervisory position(s) during the life of this agreement, it will meet with the Union in an attempt to arrive at a mutual determination as to inclusion or exclusion from the bargaining unit. In the event that they are unable to agree, the City at its option may rescind the creation of the position or refer the matter to the State Labor Relations Board for determination under section 7-471(2) of the General Statutes in which event the City's option to rescind will no longer be effective. If the position is determined to be within the scope of the bargaining unit, the City and the Union shall negotiate the proper pay grade. All other terms and provisions of the bargaining unit agreement apply.

ARTICLE II MANAGEMENT RIGHTS

Section 2.0

Unless expressly limited or relinquished below by a specific section of this agreement, the rights, power and authority held by the City and any of its Departments, Agencies or Boards pursuant to any Charter, general or special statute, ordinance, regulation or any other lawful provision, over matters involving the municipality, and the complete operational control over the policies, practices, technologies, procedures and regulations with respect to its employees shall remain vested solely and exclusively in the City.

ARTICLE III UNION SECURITY

Section 3.0

The City agrees to deduct an initiation fee, dues, or service fees, as specified by the Secretary of the Union, from the wages of all City employees covered by this agreement; provided, however, that the City has been duly authorized by the employee to make such deduction.

Section 3.1

Deductions shall be made weekly and shall be remitted to the Financial Officer of the Union not later than the last day of each month.

Section 3.2

The remittance of dues or service fees to the Union will be accompanied by a list of names of employees from whose wages, dues or service fee deductions have been made.

Section 3.3

The Union agrees to indemnify and save harmless against any and all claims, demands, suits or other forms of liability that shall arise out of or by reason of action taken by the City for the purpose of complying with the dues deduction provisions of this Article.

Section 3.4

All employees in the collective bargaining unit within thirty (30) days from the effective date of this contract, or from the date of their employment by the City, may become members of the Union in good standing in accordance with the constitution and by-laws of the Union, or may alternatively pay to the Union a service fee

Section 3.5

The City agrees that there will be no lockout of any employee(s) during the life of this agreement. The Union and the individual employees covered by this agreement expressly agree that there will be no strike, slowdown, work stoppage or other interference with the operation of the City during the life of this agreement.

Section 3.6

The City will permit the use of a portion of any bulletin board established for the use of Local 818, A.F.S.C.M.E., Council 4, AFL-CIO.

Section 3.7

The City will provide each employee with a copy of this agreement within thirty (30) days after the effective date of this agreement. New employees will be given a copy of this agreement at the time of hire.

Section 3.8

Upon request, but no more than every 120 days, the Employer will submit information on employees represented by the bargaining unit in the format of an excel spreadsheet to the Union via a secure upload site to be provided by the Union. The spreadsheet will contain the following information for all employees represented by the bargaining unit: Employee's name, job title, hire date, worksite location, work phone number, work email, and home address. Each month the Employer shall furnish to the Union a report showing all personnel transactions adding to or deleting employees to all departments represented by the bargaining unit.

Section 3.9

The Union shall have the right and opportunity to hold an orientation session with all newly hired employees. This orientation session shall be for the purpose of explaining the new employee's contractual rights and introducing him/her to the Union. The orientation will be held within five (5) days of the employee's hire date and shall be during working hours at a time agreed to by the employee's immediate supervisor, not to exceed thirty (30) minutes in duration.

ARTICLE IV SENIORITY

Section 4.0

Seniority is defined as the length of service of the employee from his/her last date of employment by the City. Service as a temporary full-time or temporary part-time employee does not and shall not count towards seniority.

Section 4.1 PROBATION

The first twelve (12) months of service in any given position shall be considered probationary. During such period, the employee shall be subject to all other clauses of this agreement, but shall be on probation and may be discharged (in the case of new employees) or demoted to his/her former position (in the case of promotions) by the City without recourse to the grievance and arbitration provision of this agreement.

Section 4.2 LAYOFF

- (a) In any classification which is staffed by more than one (1) employee, the sequence of layoff shall be governed by seniority. Additionally, in lieu of layoff, any employee may elect to displace any less senior employee in an equal or lower position which he/she has previously performed successfully, or has the minimum qualifications of the classification as determined by the Personnel Director.
- (b) The City shall place any laid off bargaining unit member in any lesser position which is to be filled at entry level, with the exception of Police and Fire, provided that the employee meets the minimum qualifications for any such position as determined by the Personnel Director. All laid off bargaining unit members are to be notified of the availability of any entry level position, with the exception of Police and Fire, as they

become available and prior to any appointment being made. The laid off bargaining unit member must request, in writing, his/her appointment to the entry level position within one (1) week of the receipt of such notification.

- (c) In the event of a layoff, durational employees may displace only other durational employees and then only those of less seniority in an equal or lower position which he/she has previously performed successfully or has the minimum qualifications for, as deemed by the Personnel Director.

Durational Employees are defined as those employees that are hired for a specific municipal project for a predetermined period of time. The anticipated length of their service and the special nature of their employment must be included in job announcements. The employee must acknowledge, in writing, at time of hire that he/she is aware of their status as a durational employee. If job announcements do not describe a specific hiring as durational and if the employee does not acknowledge, in writing, at time of hire, their awareness of the anticipated termination date, they shall not be considered durational employees.

The City may extend the length of employment of durational employees at any time without approval of the Union.

Section 4.3 LAY-OFF NOTICE

Any employee laid off because of the elimination of a position shall be given sixty (60) calendar days' notice of such action. Elimination of the position shall be defined as the separation of an employee from the service for an indefinite period by reason of lack of funding or lack of work. If a position is eliminated under the terms of this section, the significant functions of the position must cease to be performed by the City or its agent. Such employee shall be entitled to return to the employment of the City in the position which was eliminated within three (3) years of the layoff date provided that the employee is able to perform the duties of the position and provided further that the employee notified the City of his/her intent to accept recall within two (2) weeks after the City forwards a notice of recall to the employee at his/her last known address by certified mail. Extenuating circumstances shall be taken into consideration.

Section 4.4 SUPER SENIORITY

The following shall have super-seniority in the event of a layoff or recall:

- President
- Vice-President
- Secretary
- Treasurer
- Chief Steward

Super seniority shall not be extended to durational employees who hold Union office.

ARTICLE V HOURS OF WORK

Section 5.0

The regular work day and work week for bargaining unit employees shall be seven and one quarter (7-1/4) hours per day and five (5) consecutive days a week, Monday through Friday, for a total of thirty six and one fourth (36-1/4) hours per week. However, any employee required to work a schedule of six (6) days per week on a regular basis shall be compensated for such sixth (6th) day at the rate of one fifth (1/5) of his/her weekly rate of pay.

Section 5.1 COMPENSATORY TIME

After the ratification date of this contract, employees will not be allowed to accrue more than 50 hours of compensatory time during the fiscal year, with the exceptions of Emergencies call ins, Council Meetings, Board or Commission Meetings, Regulatory Meetings, Vendor Meetings, Regional, State or Federal Meetings, Mayor/(His or Her Designees) Requests, or Statutory Deadlines set forth by the Local, Regional, State or Federal Guidelines & Reporting Requirements such as the City Charter or Ordinances as approved by respective department heads or Mayor designee.

Any employee who is scheduled to attend a meeting of the Common Council or any City board, commission, or committee outside of his/her work hours shall receive either two (2) hours of compensatory time or actual time of meeting at time and one-half whichever is greater. The two (2) hours of compensatory time is straight time not time and one-half for these meetings only. Compensatory time shall commence at the time of the meeting and end when the meeting ends. Employees who choose to remain at work after the end of the regular work day until the meeting time shall not be entitled to compensatory time for that time unless they are required to stay by their Department Head in writing.

- (a) Any hours worked over and above the regular work day and work week must be approved by the Department Head, and/or the Mayor or Mayor's designee in the absence of a Department Head, either permanently or temporarily, and will be credited at the rate of time and one half (1-1/2). Hours worked on Sundays and Holidays must be approved in writing by the Department Head and/or Mayor or Mayor's designee and will be credited at the rate of two (2) times. There will be a minimum of two (2) hours compensatory time credited on all call backs or on Saturdays, Sundays and Holidays.
- (b) Any compensatory time earned must be used within one year of the date earned. Compensatory time not taken by the end of the ninth month may be assigned by the Department Head, Mayor or Mayor's designee. If a balance of compensatory time remains, the City may elect to carryover the time or make a payment at the appropriate rate in lieu of carryover.
- (c) The City, at any time, may elect cash payment at the appropriate rate in lieu of time accrual as a method of compensation for hours worked under the provisions of this section.

- (d) The City must notify the employee by the first of October of each calendar year as to whether or not a cash payment will be made for compensatory time that year. If the City chooses not to make cash payment or no notification is made, the Union member may take the time off at their discretion during the months of October, November and December. Compensatory time earned during the last calendar quarter may be carried over for nine months into the next calendar year. All compensatory time shall be used on the basis of oldest accrual first.
- (e) No more than five (5) consecutive days of compensatory time can be taken during the first nine months of the year unless approved by the Department Head, Mayor or Mayor's designee. All time off must be approved in advance, except during October, November and December. During these months the Union member must provide the Department Head with a schedule of use of the compensatory time to be taken.

ARTICLE VI LEAVE PROVISIONS

Section 6.0a SICK LEAVE

Each employee hired prior to July 1, 1998 shall receive leave of absence with full pay for sickness at the rate of one and one quarter (1-1/4) days per month. Employees may accumulate sick days without limit. Upon written request, each employee shall be notified of accumulated sick leave by letter during the month of January of each year.

Section 6.0b SICK LEAVE

Each new employee hired after July 1, 1998 shall receive full pay for sickness at the rate of one (1) day per month. Employees may accumulate sick days without limit. Upon written request, each employee shall be notified of accumulated sick leave by letter during the month of January of each year.

Section 6.1 PERSONAL TIME

Each employee shall receive four (4) paid personal days every First of July. For each six month period of perfect attendance the employee shall receive an additional personal day.

- (A) Personal days, vacation days, holidays, CT Paid Sick Leave, funeral leave days not chargeable to sick leave and days covered by Workers Compensation shall not break continuity for perfect attendance.
- (B) In the event that continuity is broken, a new six (6) month accumulation period shall begin immediately upon the employee's return to work.
- (C) The Department Head shall be notified at least forty eight (48) hours in advance when the employee is taking personal time. This shall not preclude the Department Head/Appointing Authority from granting such time off with lesser notice.
- (D) Personal days must be used within one (1) year from the date earned. If an employee

is unable to use his/her personal days as the result of being denied time off by the Department Head/Appointing Authority, the Employee can request and shall receive a payout of those personal days.

Section 6.2 SICK LEAVE

Paid sick leave for any day will be allowed only if an employee reports such absence to the immediate supervisor or authorized agent within a reasonable period of time that day. Extenuating circumstances will be taken into consideration.

Section 6.3 SICK LEAVE

Sick leave in excess of any quantity accumulated and used under subsections 6.0a and 6.0b may be granted by the respective Department Head with the prior written approval of the Personnel Director who shall be presented with a complete statement as to the reason and necessity for such extension. Such extended paid sick leave may be granted up to a limit of thirty (30) work days provided that the employee, upon return to work, pays such leave back at the rate of one half (1/2) day per month, while the balance of three quarters (3/4) day (or, in the case of employees who earn one (1) day per month under subsection 6.0b, the balance of one half (1/2) day) will be credited to the employee's sick leave account. In the discretion of the Personnel Director, such sick leave extensions will not become effective until the employee has exhausted all other paid time accrued. At the time of any such advance of sick leave, the employee shall agree in writing that he/she shall be personally liable to repay the City in cash for any unpaid balance due to the City in the event that the employee leaves the employment of the City without having paid such advanced time back.

Section 6.4 FUNERAL LEAVE

In the event of death in the employee's immediate family or the immediate family of his/her spouse, the employee shall be granted a minimum of three (3) days and may request up to five (5) successive regular work days absence without loss of pay to attend the funeral except that the minimum time for a brother in law and/or sister in law shall be two (2) days.

Three (3) of the five (5) working days are not to be deducted from the employees sick leave account. The use of sick leave under this section shall not be a factor or consideration in any annual performance evaluation.

Immediate family for purpose of this clause is defined as parents, step-parents, foster parents, grandparents, spouse, brother, sister, child, step child, foster child or grandchild and also any relation who is domiciled in the employee's household. Proof of death may be required by the Personnel Director.

Section 6.5 SICK LEAVE SETTLEMENT

- A. For employees hired before July 1, 1998, at the time of their retirement or death, he/she or his/her beneficiary shall receive, on the basis of current wages, full compensation for any unused accumulated sick leave in accordance with the following formula:

20% of the first seventy-five (75) days

35% of the next one hundred seventy-five (175) days

- B. There shall be no compensation for unused accumulated sick leave for employees hired after July 1, 1998.

Section 6.6 WORKERS' COMPENSATION

An employee absent from work because of any injury or incapacity entitling the employee to compensation under the Workers' Compensation Act may elect to have the difference between compensation payments and regular wages charged against their accumulated sick leave reserve. Upon exhaustion of accumulated sick leave, the City shall make up the difference between compensation payments and regular wages, provided the City may require an examination by a physician acceptable to the City and the Union who is familiar with the type of injury involved, and a certification by such physician that the employee is physically unable to return to work, as a condition of such payments.

Section 6.7 MILITARY RESERVE

Any permanent, full-time employee in the Classified Service who is a member of the National Guard or the Military Reserve of the United States who is required to undergo field training therein, shall be entitled to leave of absence with full pay for the period of such field training not to exceed two (2) weeks per fiscal year. The said leave of absence shall be in addition to the annual vacation leave. A statement from military authorities evidencing such attendance shall be required by the City, as shown by a statement from military authorities evidencing rank, pay and allowance.

Section 6.8 FAMILY LEAVE

When the serious illness of a member of the employee's immediate family requires the employee's personal attendance, up to five (5) working days chargeable to sick leave shall be granted; provided, however, that the employee shall, unless otherwise excused by the Personnel Director, furnish a medical certificate. For purposes of immediate family, it is defined as spouse, parents, step-parents, foster parents, grandparents, child, step child, foster child, brother, sister or a relative domiciled in the household.

Section 6.9 LEAVE OF ABSENCE

Upon written request and with approval of the Department Head and the Personnel Director, a leave of absence for a specific purpose and for a specific period not exceeding one (1) calendar year may be granted to the employee of the City without pay and without loss of seniority.

Section 6.10 UNION FUNCTIONS

Authorized Union Functions: Union officers and/or delegates, not to exceed two (2) shall be granted leave with pay, not to exceed one (1) week each per contract year (two (2) weeks

each in alternate contract years when the International AFSCME Convention is held) to attend officially sponsored meetings, conferences, or conventions, providing no compensation for lost time is received by the employee from the Union. Prior notification of at least forty eight (48) hours of such leave of absence must be given to the Personnel Director who shall notify the Department Head. This shall not preclude the Personnel Director from granting such time off with lesser notice.

Section 6.11 JURY DUTY

Employees summoned to jury duty will be paid the difference, if any, between the pay for jury service and their regular day's pay, provided that the employee notifies the Department Head at the time of receipt of summons, furnishes proof of jury service and any payment received, and reports back to the department for work on any day or portion thereof when the jury is not in session.

Section 6.12 MATERNITY LEAVE

Unpaid maternity leaves shall be granted for a period of up to three (3) months. Such leave shall begin at a time determined by the employee's personal physician. In the event the employee is unable to return to work at the end of the maternity leave for medical reasons, an extension of up to three (3) months shall be granted by the Personnel Director providing the employee's physician provides written justification for the need for such an extension. An unpaid parenting leave shall be considered in accordance with provisions of Section 6.9 of this agreement.

Section 6.13 SICK LEAVE

No employee will be eligible for sick leave pay during any period he/she is eligible for and/or collecting Workers' Compensation from an employer other than the City of New Britain.

Section 6.14 ALTERNATIVE WORK WEEK

It is the intent of this procedure to allow Local 818 employees the opportunity to request alternate work week schedules in lieu of the hours outlined in Section 5.0 above.

GUIDELINES

1. Any proposal for an alternate workweek shall be submitted by the employee requesting the alternate schedule to his or her respective department head. In the absence of any permanent department head, the request should be forwarded directly to the Mayor.
2. Individual requests may be made at any time of the fiscal year, but not more than once every twelve (12) months.
3. The alternate work week request shall take effect only with the prior approval of the department head and the Mayor. The following factors may be considered in evaluating the request:
 - a. 5 day office coverage is maintained by the department or division;

- b. no net loss in service to the public and/or other City departments;
 - c. performance history of the employee and the merits of the employee's request.
4. If the proposal is initially denied by the department head, the employee may request a review by the Mayor who may refer it to any appropriate person(s) for additional input before a final decision is made.
 5. If the proposal is approved, it will be reviewed in six (6) month intervals to assure that the alternate work schedule is effective for the employee and the department. However, if unanticipated circumstances occur, the department head or the Mayor or the employee may immediately suspend or terminate the alternate work week.
 6. The Department Head and/or the Mayor may limit the number of departmental or divisional alternate work schedules (if approved) based on the needs of the City.
 7. The alternate work week will revert back to the regular work week when authorized holidays occur in that week.
 8. The decision to approve, disapprove or to discount or to suspend an alternate work week schedule is not grievable under the provisions of the Local 818 contract.
 9. No approval of any employee's request shall serve as a precedent or a condition of granting any other Local 818 employee's request for an alternate work week.

ARTICLE VII VACATIONS

Section 7.0

- (A) An employee who was hired prior to June 26, 2019 after six (6) months but less than one (1) year of continuous service shall be entitled to a vacation of one (1) week (five (5) working days) with pay.
- (B) An employee who has completed one (1) year of continuous service shall be entitled to a vacation with pay of two (2) weeks (ten (10) working days) annually provided the employee has not exercised the option in sub-section (A) above.
- (C) An employee who has completed the required years of continuous service below as of the anniversary date of his/her employment shall be entitled to a vacation with pay as follows:

<u>YEARS OF CONTINUOUS SERVICE</u>	<u>AMOUNT OF VACATION</u>
TWO (2) YEARS – FOUR (4) YEARS.	ELEVEN (11) WORKING DAYS
FIVE (5) YEARS – NINE (9) YEARS.	SEVENTEEN (17) WORKING DAYS
TEN (10) YEARS.	EIGHTEEN (18) WORKING DAYS

ELEVEN (11) YEARS.	NINETEEN (19) WORKING DAYS
TWELVE (12) – FOURTEEN (14) YEARS.	TWENTY (20) WORKING DAYS
FIFTEEN (15) – SEVENTEEN (17) YEARS.	TWENTY-TWO (22) WORKING DAYS
EIGHTEEN (18) YEARS	TWENTY-THREE (23) WORKING DAYS
NINETEEN (19) YEARS	TWENTY-FOUR (24) WORKING DAYS
TWENTY (20) YEARS	TWENTY-FIVE (25) WORKING DAYS

Employees hired after June 26, 2019 are entitled to vacation as follows:

- A. An employee after six (6) months but less than one (1) year of continuous service shall be entitled to a vacation of one (1) week, five (5) working days with pay.
- B. The employee who has completed one (1) year of continuous service shall be entitled to a vacation with pay of two (2) weeks, ten (10) working days annually provided the employee has not exercised the option in subsection (A) above.
- C. An employee who has completed the required years of continuous service below shall be entitled to a vacation with pay as follows:
 - Two (2) years and up to and including four (4) years, eleven (11) working days.
 - Five (5) years and up to and including nine (9) years, fifteen (15) working days.
 - Ten (10) years and up to and including fourteen (14) years, one additional day for each year of service over nine (9) years to a maximum of twenty (20) working days with fourteen (14) years of service.
 - Fifteen (15) years and up to and including twenty (20) years, twenty (20) working days.
 - Twenty-one (21) years and up to and including twenty-five (25) years, one additional day for each year of service over twenty (20) years to a maximum of twenty-five (25) working days with twenty-five years of service.

Section 7.1 VACATION SCHEDULING

The vacation period will be set by mutual agreement between the Department Head and the employee. Employees who do not have a Department Head shall make their vacation arrangements with their Appointing Authority and with the Office of the Mayor.

Section 7.2 VACATION SETTLEMENT

- A. Any accrued pro-rata pay due an employee at the time of voluntary termination shall be paid provided the employee has given at least two (2) weeks' notice to the Personnel Director.
- B. In the event of the death of an employee, the employee's legal representative shall receive any accrued pro-rata vacation pay.
- C. Any accrued pro-rata vacation due an employee, or the employee's legal representative, at the time of separation from the City service, regardless of the reason, shall be paid in a lump sum.

Section 7.3

When a Holiday as specified in Section 9.0 occurs during a regular vacation, such time shall be charged as a Holiday and the employee shall not be charged a vacation day for such time.

Section 7.4

Vacation time is accrued retrospectively; e.g., if an employee's anniversary date is August 1, 2008 and the employee will have completed 10 years of service on that date, the employee will have 18 days of vacation time to use between August 1, 2008 and July 31, 2009.

If this employee leaves the City's employ prior to August 1, 2008, the employee will be paid the following:

- a) his/her anniversary date accrual (minus any days taken - if applicable); plus
- b) approved carry-over vacation accrual within the limits of this contract section (i.e. up to 20 days minus any days taken - if applicable); plus
- c) the pro-rata number of days accumulated on a monthly basis subsequent to the anniversary date.

Vacations shall not be accumulated but must be taken within one (1) year of the date earned unless written permission is granted by the Personnel Director and/or Mayor. The Personnel Director and/or Mayor may grant a carry-over of up to 20 days of vacation. Any days which the Personnel Director and/or Mayor allow to be carried over must be used within 6 months of the employee's anniversary date. Employees will be allowed to cash out up to 5 carried over days per year. However the request for payout must be made prior to the expiration of 6 months of the employee's anniversary date. All carried over days will be forfeited if not used within 6 months of the employee's anniversary date.

Section 7.5 ADDITIONAL VACATION

Any employee may purchase up to one week of additional vacation time in the following manner: after the additional time has been used, the cost will be prorated and a portion deducted

from the employee's pay each week for one year. The additional vacation time must be paid back within one calendar year.

ARTICLE VIII DISCIPLINARY PROCEDURE

Section 8.0

All disciplinary actions shall be for just cause, shall be applied in a fair manner and shall be consistent with the infraction. The Department Head, where applicable, has the authority to discipline for up to fifteen (15) days suspension without pay. Disciplinary actions greater than fifteen days, and discharge, may be issued by the Mayor regardless of any board or commission.

In departments where there is no Department Head, the Mayor has full authority under this article.

Section 8.1 ACTION IN WRITING

All suspensions and discharges must be stated in writing with reason given and a copy given to the employee and the Union President at the time of suspension or discharge.

Section 8.2 RECORDS

The disciplinary record of any employee given a letter of reprimand under the provisions of this article shall be removed after a period of one (1) year, unless during that year the employee has been disciplined again for the same offense. Any disciplinary action appealed through the grievance procedure and found to be without just cause shall be removed from the employee's record immediately.

Section 8.3

The parties agree that disciplinary procedures constitute a corrective process designed to improve an employees behavior through counseling and to make the employee aware of the fact that failure to change will result in increased disciplinary action. In the event it is necessary to assess an event or occurrence, an employee shall be afforded the opportunity of a fact finding meeting. Such employee shall be informed that he/she has the right to have a Union Representative present and shall be allowed time to arrange for such representation.

Prior to the imposition of discipline, the following will normally occur:

- (A) Corrective interview conducted during an informal meeting between the Department Head and the employee. The results of the interview shall be reduced to writing by the Department Head and a copy provided to the employee and the Union. Reference shall be made to the required corrective action.
- (B) Oral Warning, putting the employee on notice that unless improvement is shown, disciplinary action will be taken.

Subsequent to a corrective interview or oral warning, as may occur, the following discipline may be imposed:

- (A) Letter of reprimand from the Department Head containing a statement of prior efforts made to direct the employee's improvement and specifying a time limit within which a level of improvement must be made.
- (B) Suspension without pay.
- (C) Dismissal.

The order of disciplinary steps specified need not be followed, such as in the case of serious misconduct or when the well-being of other employees or the public is at risk.

ARTICLE IX HOLIDAYS

Section 9.0

The recognized paid holidays shall be as follows:

New Year's Day	Columbus Day	Christmas Day
Good Friday	Labor Day	Veterans Day
Martin Luther King Day	Memorial Day	Thanksgiving Day
Lincoln's Birthday	Independence Day	Day after Thanksgiving
Washington's Birthday	Juneteenth*	

One (1) Floating Holiday per fiscal year which represents Election Day. If Election day is declared a federal or state holiday, the Union shall not be entitled to another holiday but rather the floating holiday shall remain. Any holiday officially proclaimed as such by the Congress of the United States or the legislature of the State of Connecticut shall be recognized as a holiday.

*The City reserves the right to celebrate the Juneteenth holiday in accordance with the holiday schedule above or as an additional floating holiday which will have to be used by June 30th each year. The City will notify the Union President by January 7th of each year which option will be chosen. If the City decides to treat Juneteenth as a floating holiday and an employee wants to use the floating holiday for June 19th that employee will not be denied but this will only apply when June 19th falls on a workday.

Section 9.1

Holidays falling on a Saturday shall be celebrated on the preceding Friday. Holidays falling on a Sunday shall be celebrated on the following Monday.

Section 9.2

No holiday pay shall be paid to an employee who is under suspension.

Section 9.3

If a Holiday occurs while an employee is out on sick leave, such holiday shall not be charged to an employee's sick leave account.

ARTICLE X WAGES

Section 10.0 PAY GRADES

The salary rates in effect for employees covered under the agreement shall be in accordance with Appendix B which is attached hereto as a part hereof. For the period January 1, 2026 through December 31, 2028, the increases shall be as follows:

1/1/2026	2.75%
1/1/2027	2.75%
1/1/2028	2.75%

An 818 employee who was a permanent resident of the City of New Britain from July 1st to June 30th of each year of the contract shall receive a residency incentive in the amount of \$600.00 on an annual basis. The residency incentive shall be paid in July of each year.

Section 10.0 PAY STEPS

An employee after having served one (1) year, (12 months), in a particular position will advance to the next step of the pay plan. The implementation of this higher rate will become effective the first full work week occurring after such twelve (12) month period. The City reserves the right to withhold step advancement from individual employees whose performance is unsatisfactory, but such withholding shall be subject to the grievance and arbitration provisions of this agreement.

Section 10.1 PROMOTIONS

Any employee within the bargaining unit who is promoted to a new classification shall be placed on a step of the schedule for the classification which is at least equal to the next higher step in his/her former classification with a minimum increase of ten (10) percent whichever is greater.

Section 10.2 ACTING ASSIGNMENTS

- (A) Any Local 818 bargaining unit employee who has been formally assigned to an acting position other than as a department head in or outside the bargaining unit shall receive not less than one (1) full step at the higher level positions pay grade above his/her present rate or the minimum step of the position to which he/she is appointed in an acting capacity, whichever is greater, and any negotiated increases as they become due. If an employee serves in an acting position for more than one; (1) year, he/she shall be advanced to the next pay step, in the higher level positions pay grade, if applicable.

- (B) At the sole discretion of the City, a bargaining unit vacancy may be filled by a City employee on an acting basis. A position may be filled on an acting basis for a period not to exceed six (6) months.
- (C) Long Term Acting is defined as an acting assignment for more than twenty consecutive working days.
1. If a department head is absent, long term, the City agrees to assign an employee to act for the department head. In those cases where the language in a Local 818 job description requires a Local 818 employee to act for the Department Head, that employee must be assigned. If a Local 818 employee is assigned, he or she must accept the assignment.
 2. Any 818 employee assigned to a long term acting assignment will be paid at the lowest step of the pay grade for the respective position or fifteen percent above the employee's current base pay which ever is, greater. At no time will an employee acting as a Department Head receive an amount of pay which exceeds the maximum pay for the position.
 3. Any 818 employee who works in a long term acting assignment shall be subject to the appropriate overtime provisions that apply to the permanent Department Head.
 4. Any 818 employee who works in a long term acting assignment of at least six months duration shall be allowed eligibility for professional association memberships for that respective position.
- (D) Short Term Acting is defined as an acting assignment that is more than 5 consecutive working days and less than 20 consecutive working days.
1. If a Department Head is absent, short term, the City may assign an employee, for administrative purposes only, to act for the department head. In those cases where the language in a Local 818 job description requires a Local 818 employee to act for the department head, that employee must be assigned. If a Local 818 employee is assigned, he or she must accept the assignment.
 2. Any Local 818 employee appointed to a short term acting assignment shall receive an adjustment in pay of not more than 10% percent more than his or her current base pay provided the short term acting assignment exceeds 5 consecutive working days. At no time will an employee acting as a department head receive an amount of pay which exceeds the maximum pay for the position. If such Department Head absence extends for more than 20 consecutive working days, any 818 employee so assigned shall be compensated for the entire period of absence. For periods less than 5 consecutive working days, no short term acting pay shall be made unless mutually agreed upon by the Mayor/His or Her Designee and Union President.

Section 10.3 LABOR GRADES

The classifications and labor grade placement for each classification as of the effective date of this agreement are shown in Appendix A and are made a part of this agreement.

Section 10.4 NEW POSITIONS

The City will notify the Union of the classification level of any new or changed job and will send the Union a copy; of each new or revised position description. The Union may, at its request, within ten (10) working days of such notification, discuss the classification of new or changed positions with the City, and, if dissatisfied with the result of such discussion, may within seven (7) working days, file a grievance on the question of whether such classification bears an equitable relationship to other related and comparable positions. The existing classifications and rates of pay of each employee in the bargaining unit are shown in Appendix A which is a part of this agreement.

Section 10.5 JOB DESCRIPTIONS

Any proposed revisions to the present job specifications and any new job classifications during the life of this agreement shall be negotiated by the Union and the City.

Section 10.6 PAY GRADES OF VACANT POSITIONS

Any position listed in Appendix A whose pay rate has not been established shall be established when the position is filled. If the parties cannot agree on a salary, then the matter shall be submitted to the American Arbitration Association for binding arbitration in accordance with its rules, if the City agrees to pay for all costs of the arbitration. If not then the matter shall be submitted to the Connecticut Board of Mediation and Arbitration for arbitration in accordance with its rules.

ARTICLE XI INSURANCE

Section 11.0

- (A) Effective 7/1/16 all Local #818 members (hereinafter "members") shall be offered a \$2,000/\$4,000 High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). HSA accounts shall be funded fifty percent (50%) of the City's contribution in July and the remaining City fifty percent (50%) in January annually. Members may obtain an advance against the January (second) HSA City 50% contribution in the event the member's HSA account has been exhausted and unpaid bills exceed \$200 prior to January 1 annually. If the member has fully funded his/her 50% portion (\$1,000/\$2,000) of the HSA account prior to the January (second) HSA City 50% contribution, and said member has bills exceeding his/her HSA account total, the City shall make an additional contribution, up to the City's 50% unpaid HSA contribution. Contributions shall be as follows:

7/1/22	13.5% premium cost share and City to pay 50% of HSA
7/1/28	14.5% premium cost share and City to pay 50% of HSA

Dental Plan and contributions remain as present.

Effective July 1, 2019, the High Deductible Health Plan shall be the only option available to members.

- (B) From July 1, 2018 to June 30, 2019, for any member continuing to be enrolled in any plan other than the High Deductible Health Plan, the City will pay the same dollar amount toward the premium cost for each Non-Core Plan as the City pays for premium cost the HDHP for each member enrolled at each level of coverage. The member shall pay 100% of the difference between the City's HDHP premium and the total premium cost for the member's respective Non-Core Plan.
- (C) Employees not eligible to participate in an HSA, may participate in the HDHP with a health reimbursement account plan (HRA) with the same deductibles as the HDHP and same funding (50%), with annual rollover of unused deductibles up to the maximum amount of the deductibles.
- (D) At the employee's sole cost, and only as may be offered by the provider, additional dental coverage beyond the basic coverage offered by the City may be elected.
- (E) Furthermore, any employee who retires on or after July 1, 2006, and who is or becomes Medicare-eligible, may only elect Medicare Supplement insurance. The City shall assume full cost of insurance for the employee retired on a job related disability for the life of the employee. Unless eligible under (g) below, no retiree over age 65 will be eligible to participate in the City's health insurance program.

1. Employees covered under this agreement who were in the bargaining unit as of November 24, 1992, a list of whom follows in subparagraph (g), shall be entitled, to the plans which are offered by the City to active employees. Effective July 1, 2019, the only health insurance available to retirees shall be the High Deductible Health Plan offered to active employees with 100% of the premium share paid by the City during the first seven years of their retirement if he or she retires on or after July 1, 2006, subject to the following restrictions. If the employee chooses to enroll in the HDHP/HSA, the City shall pay 100% of the member's premium cost share for the HDHP/HSA (or HRA where applicable) which shall include up to the spouse for the seven year period. The City's HSA (or HRA where applicable) deductible contribution at the time of retirement shall reduce to fifty percent (50%) in conformity with the collective bargaining agreement, The City's HSA deductible contribution for retirees will be handled and paid in as is done in Section 11A above. The City will pay 100% of bills submitted to the Retiree HRA account up to the City's limit of \$1,000 or \$2,000 without payments from the Retiree.

Where the employee is not enrolled in the High Deductible plan the City will cover only the employee and Spouse:

- (a) The employee must be eligible for and must be collecting normal service retirement benefits as defined by MERS. If during any portion of the seven (7) year period the retiree and spouse are eligible for health insurance through any other employer, whose coverage is reasonably comparable to the basic hospital, surgical and major medical insurance provided by the City on the date of retirement, the City's obligation during that time shall be limited to reimbursement of any portion of the premium for such coverage which is not paid or reimbursed by any other employer.

- (b) For employees hired before July 1, 1989, the City will pay the full cost of the cost share premium coverage for the retiree and spouse or High Deductible Health Plan/HSA coverage for the retiree, and spouse as described above in the case of retirement after at least twenty five (25) years of service with the City or retirement under the service connected disability provisions of the pension plan; eighty (80) percent of such costs for those who retire after at least twenty (20) years of service; sixty (60) percent of such costs for employees who retire after at least fifteen (15) years of such service; and forty (40) percent of such cost for employees who retire after at least ten (10) years of such service, provided in each case the employee meets the age and service requirements for service connected disability retirement benefits. Employees eligible for coverage recited in this subsection are denoted in subsection (g) by the notation "2b" after their names.
- (c) For employees hired after July 1, 1989, the City will pay for such health insurance premiums at the rate of three (3) percent for each year of actual city service credited for purposes of retirement not to exceed one hundred (100) percent. The employee must have a minimum of ten (10) years of city service and must meet all of the eligibility requirements as stated above. Employees eligible for coverage recited in this subsection are denoted in subsection (g) by the notation "2c" after their names.
- (d) Any individual hired into the Local 818 bargaining unit after November 24, 1992, shall not be eligible for any City paid retiree health insurance benefits as outlined in Section 11.0 (F) I (a), (b), (c), (d) above. Any permanent employee hired by the City prior to November 24, 1992, who subsequently becomes a Local 818 bargaining unit member by transfer or promotion and without interruption in employment by the City, shall receive the same level of retiree health insurance benefits, if any, that he/she was afforded prior to their inclusion in the Local 818 bargaining unit, but not to exceed seven (7) years.
- (e) The City may elect to experience rate the retiree group separately in order to determine the cost of benefits and the appropriate premium rates to be assessed under the conditions set forth in this section of the agreement, where applicable.
- (f) Questions relating to the interpretation and application of this section, including eligibility for other insurance coverage and reasonable comparability of such coverage, shall be subject to the grievance and arbitration provisions of this agreement.
- (g) The following is a list of employees who are eligible for retiree health benefits as described under section (B)2 above, and as further delineated under subsections 2b and 2c.

KEVIN DEVAUX (2b)
RAY ESPONDA – See MOU
- (h) An employee who retires after the date of the signing of this contract and who is listed in Section 11.0 (F)I(g) of the contract may, once annually, select insurance coverage under the insurance plans available for active employees, or may choose to have the City-subsidized portion of the COBRA premium for such plan, as determined under subsections 2b and 2c, without any administrative fee, placed in an account for his/her benefit. The deposit will be made at the start of each benefit year, provided the selection

is made 60 days prior to the commencement of the benefit year. An employee who elects to have such premium(s) paid into an account and who purchases a plan(s) of medical insurance will be reimbursed by the City, from his/her account, and only to the extent of funds in that account, for such insurance plan(s). An employee who elects to have such premium(s) paid into an account and who purchases medical services will be reimbursed by the City, from his/her account, and only to the extent of funds in that account, for such services. Any funds remaining in the employee's account at the end of the applicable benefit period of years, as defined in 11.0(B)(2), will be funds of the City, without reservation, condition, or claim by the retiree, by any beneficiary, or by the Union.

- (i) Furthermore, any employee who retires on or after July 1, 2006, and who is or becomes Medicare-eligible, may only elect Medicare Supplement insurance. All other subparts of Section 11(F) 1 shall apply to such elected plans.

All employees enrolled in the City's health insurance are encouraged to participate in the City of New Britain Health Enhancement Program which requires employees to do the following:

1. Have their physician complete a preventative health attestation form indicating each employee/dependent is current for age appropriate screenings:
 - Physical exam
 - Breast cancer screening
 - Colon cancer screening
 - Cervical cancer screening
2. Have their physician provide them with age appropriate biometrical results including:
 - LDL HDL, total cholesterol, blood glucose, height, weight, body mass index, waist circumference, blood pressure and pulse.

Section 11.1 LIFE INSURANCE

Each employee may elect to participate in a group life insurance plan of the City of New Britain in the amount of \$75,000.00 during the term of employment and \$10,000.00 at the time of retirement. The cost of such coverage for the individual group life insurance shall be paid for by the City. The employee will also be permitted to purchase additional life insurance at his/her own expense to a maximum of \$200,000.00 in accordance with the requirements of the optional life benefit program.

Section 11.2 PENSION

Subject to the provisions of Section 11.3a below, pension benefits shall be provided for the employees according to the Connecticut Municipal Retirement Fund Act as contained in sections 7-425 to 7-459, Connecticut General Statutes, Revision of 1958, as amended.

Section 11.3a

Effective no sooner than April 1, 1970, or upon the statutory entrance date, all eligible employees covered by this agreement will be provided with coverage under Plan B of the Connecticut Municipal Employees Retirement Act.

Section 11.3b

All employees of the Department of Municipal Development (DMD) hired before November 17, 1998 will be members of the Hartford. All DMD employees hired after that date shall receive pension benefits in conformance with Plan B of the Connecticut Municipal Employees Retirement Act. Subject to approval by MERF, and with or without limitations as may be prescribed by MERF, an employee of the DMD hired before November 17, 1998 may commence participation in Plan B of the Connecticut Municipal Employees Retirement Act, but only on a date in the future, only as a "new employee," and only without any costs whatsoever to the City for any service prior to such date in the future.

Section 11.4

It is agreed that the \$1,000.00 Life Insurance coverage will be continued for those employees retired prior to the effective date of Plan B. Effective June 30, 1992, the amount shall be increased to \$4,000.00 except as listed above.

Section 11.5

- (A) If the City finds it desirable to obtain equivalent coverage from alternative carriers, at no additional cost to the employee, the Union agrees to negotiate regarding such change of coverage upon written notice from the City of such intent. If the parties are unable to reach agreement, the City may request an evaluation of the equivalency of coverage by an arbitrator chosen under the provisions of Section 13.1. If the arbitrator finds the coverage to be equivalent, the City may exercise its option of changing to the equivalent coverage through an alternate carrier.
- (B) The City may switch from Anthem to an alternate carrier, providing equivalent coverage is provided at no additional cost to the employee, during the life of this agreement. Any dispute concerning equivalency shall be settled in accordance with the provisions of Section 13.1 of this agreement.
- (C) The Union authorizes and approves the City's conversion to a mail order prescription program if the City so elects.

Section 11.6 ALTERNATE HEALTH INSURANCE

An employee who is covered under alternate health insurance through another employer (e.g. spouse) may waive their basic health insurance benefits provided by the City for a minimum period of one (1) year. Employees who opt not to accept health insurance as outlined above shall be compensated on a fiscal year basis in the minimum amount shown in the chart below. Such payment (subject to regular deductions) shall be made during the fourth payroll week in July of each fiscal year. Any employee who becomes ineligible under some alternate health insurance coverage will be re-enrolled under the City's health insurance provisions

provided that the City is notified, in writing, by the employee within 30 days of the qualifying event, with coverage beginning the first of the month following the qualifying event. In a case requiring the re-enrollment of an employee, the employee will receive a pro-rated amount for any full months he/she has participated in the plan. Such payment shall be made during the fourth payroll week in July. Any employee choosing this option will be required to sign a waiver of City insurance and submit proof of alternate health insurance coverage to the Personnel Director and the Union President. If mandated by employer group insurance requirements, the City reserves the right to limit the number of employees who may participate in the plan.

Alternate Insurance Payment Schedule

An employee who is hired prior to June 26, 2019 will receive Alternate Insurance Payment of

Single	\$2,000
Two-person	\$3,500
Family	\$4,500

Any employee hired after June 26, 2019, who is covered under alternate health insurance through another employer other than the City of New Britain (e.g. spouse) may waive their basic health insurance benefits provided by the City prorated as necessary based on the number of calendar months out of the preceding twelve (12) months during which the City was not required to pay any premiums.

An employee who is hired after June 26, 2019 will receive Alternate Insurance Payment of

Single	\$1,200
Two-person	\$2,700
Family	\$3,700

Section 11.7 DISABILITY INSURANCE

Employees, on an individual basis, may choose to enroll in a disability insurance program. The City agrees to collect disability insurance fees through payroll deduction and make payments to the selected insurance company. The City shall reimburse the participant an amount equal to 50% of the participants' premium payment to a maximum of \$250 per fiscal year.

ARTICLE XII SAFETY AND HEALTH

Section 12.0 SAFETY EQUIPMENT

The City shall make reasonable provisions for the safety and health of its employees during the hours of their employment and shall furnish the same protective clothing and equipment to members of this unit as are furnished to other City employees with whom they work.

Section 12.1 SAFETY COMMITTEE

At least one of the City's appointees to the Safety Committee as established under the Local 1186 AFSCME collective bargaining agreement shall be a member of this unit.

ARTICLE XIII GRIEVANCE PROCEDURE

Section 13.0

The term "grievance" shall mean a claim by an employee or group of employees and/or the Union that as to his/her/them there has been a violation, misinterpretation or misapplication of one or more specific provisions of this agreement.

Section 13.1

Any employee(s) and/or the Union who has a grievance shall present it according to the following procedure. Such employee(s) may choose to be accompanied by a Union representative at any step of this procedure.

Step 1: The grievance shall first be presented to the employee's Department Head within fifteen (15) working days of the occurrence of the event or condition on which it is based. The Department Head shall respond to the grievance in writing within five (5) working days from the date the grievance was submitted to him/her. Those employees who have no Department Head may initiate grievances at step 2.

Step 2: Within five (5) working days after receiving the written answer at Step 1, or within five (5) days after the deadline for the Step 1 response, whichever occurs first, the employee may appeal the grievance to the Mayor or his/her designee who shall respond to the grievance in writing within five (5) working days from the date the grievance was submitted to him/her.

Step 3: Within ten (10) working days after receiving the written answer at Step 2, or within five (5) days after the deadline for the Step 2 response, whichever occurs first, the Union may appeal the grievance to arbitration if it thinks that such appeal is justified. The Union shall provide a copy of its request for arbitration to the City. The City acknowledges that failure to do so will not be grounds to invalidate the grievance. Mediation and Arbitration, if applicable shall be conducted by the Connecticut State Board of Mediation and Arbitration in accordance with its rules and procedures. The arbitrators shall hear and decide one case at a time, shall be bound by and comply with all the terms of this agreement, and shall have no power to add to, subtract from, or modify in any way any of the provisions of the agreement. The decision of the arbitrators shall be final and binding on all parties.

Section 13.2

- (A) Any time limits specified in this article, except for the initial filing of a grievance, may be extended by mutual agreement of the City and the Union. If a grievance is not filed within the appropriate time limit it shall be considered waived and if a grievance is not appealed within the appropriate time limit it shall be deemed settled on the basis of the City's answer in the last step considered.
- (B) In the event the City fails to answer a grievance at any step within the time limits specified in this article, the grievance may be taken to the next step at the option of the employee(s) and/or the Union.

Section 13.3 UNION BUSINESS

Officers and Stewards as designated by the Union, not exceeding five (5) in number, shall be afforded the necessary amount of time, without loss of pay, to attend contract negotiating sessions. The same shall be afforded to two (2) Union representatives, plus the aggrieved employee(s), for grievance meetings which are mutually scheduled by the City and the Union.

Section 13.4 UNION BUSINESS

Two (2) Union representatives shall be permitted a reasonable amount of time off without loss of pay for all time actually spent in preparation for, and in, departmental grievance hearings, grievance arbitration, mediation and prohibited practice hearings. The same shall apply for the principal participants as mutually agreed upon by the City and the Union.

Section 13.5

The procedure set forth in this article shall be the sole and exclusive method of resolving grievances as defined in Section 13.0, and no other judicial or administrative procedures shall apply, except for judicial review of arbitration decisions as provided by the statutes.

ARTICLE XIV GENERAL PROVISIONS

Section 14.0

The parties agree that all points covered herein above constitute the full, complete agreement between them. Each party has been fully represented and had adequate opportunity to make proposals and counter proposals and neither shall be required, without its consent, to bargain further on any matter unless and until notice, in accordance with Article XIX below, is given.

Section 14.1 ANTI-DISCRIMINATION

The parties agree there shall be no discrimination against any employee because of age, race, creed, color, religion, national origin, sex, sexual orientation, marital status, disability, political affiliation, or membership or non-membership in the Union.

Section 14.2

Nothing in this agreement shall be construed as abridging any condition of employment (as that term may be defined by the State Labor Relations Board) that employees have enjoyed heretofore (or which may be provided in any Ordinance of the City of New Britain applicable to employees in this bargaining unit) unless it is specifically stated that said practice has been superseded by a provision of this agreement.

Section 14.3

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 decision, the parties agree immediately to negotiate a substitute, for the invalidated Article, Section, or portion thereof.

Section 14.4 LONGEVITY

For each employee hired prior to June 26, 2019 and covered by this agreement with a minimum of ten (10) years of continuous service, the following longevity amounts shall be added to such employee's annual salary for the years of service completed by June 30 of each year, and shall be paid during the second (2nd) payroll week in July:

TEN (10) – FOURTEEN (14) YEARS	\$525.00
FIFTEEN (15) – NINETEEN (19) YEARS	\$600.00
TWENTY (20) OR MORE YEARS	\$700.00

Employees hired after June 26, 2019 shall not be entitled to longevity.

Section 14.5 CLOTHING ALLOWANCE

The Public Health Nursing Supervisor, Fleet Manager, and Golf Course Superintendent shall receive an annual uniform allowance of \$300.00 which shall be paid, as needed, after providing receipts to Department Heads each fiscal year.

Section 14.6 RESIDENCY

There shall be no residency requirements during the term of this agreement for bargaining unit employees.

Section 14.7 EIGHT STEP

Each employee hired prior to June 26, 2019 who progresses to the eight step of a pay grade in a position that he/she presently occupies shall receive, as specified below, a maximum step payment in the amount of \$800.00.

Eight Step payments will be made in the first pay period of January following the completion of one year at maximum pay by that January 1, and in each January thereafter.

Employees hired after June 26, 2019 shall not be entitled to the Eight Step bonus.

Section 14.8 SEPARATION PAYMENT

Payment of \$1,100.00 will be processed as a separation payment in the final year of employment upon the employee's retirement, resignation or layoff. Eighth step eligibility must be satisfied in accordance with section 14.7 above. This payment is due to the following people:

Margaret Malinowski
Jack Pieper
Barbara Yezierski

Any current member of the Union not on the above list may have his or her name added and receive said Separation Payment by forfeiting three personal or vacation days during the life of this contract.

Section 14.9 LABOR/MANAGEMENT COMMITTEE

There shall be a Labor/Management Committee whose membership shall be as follows:

1. Personnel Director
2. Local Union President
3. 2 Department Heads chosen by the Mayor
4. 2 Local Union members chosen by the Local Union President

The Labor Management Committee shall meet as necessary to consider suggestions to improve the working relationships between labor and management and/or improve the level and efficiency of service provided to the residents of the City.

No mandatory subjects of bargaining are to be considered by the committee. The Personnel Director and Local Union President shall serve as co-chairpersons. The committee shall appoint a secretary, and all minutes shall be filed with the Town and City Clerk.

ARTICLE XV PROFESSIONAL SOCIETY MEMBERSHIPS

Section 15.0

The City agrees to pay for the memberships in the professional societies listed below. As vacant positions are filled the City and the Union shall determine the appropriate membership that will be paid for by the City.

Section 15.1

After School Program Coordinator
Administrative Services Officer Police Department
Assistant City Assessor, Connecticut Certified Municipal Assessors
Budget and Capital Projects Officer, Government Finance Officers Association

Capital Projects Administrator

Community Services Administrator, North American Association of Master Psychologists
(with Connecticut Chapter)

City Assessor, Connecticut Certified Municipal Assessors

City Engineer, National Society of Professional Engineers

City Planner II – American Planning Association

Rights of Way Manager, American Congress On Surveying and Mapping (NSPS, AAG,
NGIS, ACA & Fellow)

Civil Engineer 1, American Society of Civil Engineers

Civil Engineer 2, American Society of Civil Engineers

Deputy Director of Finance, Government Finance Officers Association, CT GFOA

Public Safety Telecommunications Manager, Association of Public Safety Communication
Officers

Facilities and Energy Manager

Fleet Manager, Fleet Manager's Association

Finance and Purchasing Administrator, Government Finance Officers Association

Grants Administrator

Golf Course Superintendent, Connecticut Association of Golf Course Superintendents; Golf
Course Superintendents Association of America

IT Manager, Government Managers of Information Services

Neighborhood Preservation Program Administrator

Field Services Superintendent, Connecticut Parks Association, Sports Turf Manager
Association

Senior Center Specialist, Connecticut Association of Senior Center Personnel, National
Council on Aging

Supervising Public Health Nurse

Utilities Superintendent, American Water Works Association

Superintendent of Treatment, American Water Works Association

ARTICLE XVI
FLEXIBLE REIMBURSEMENT

Section 16.0

The City will offer and implement a flexible reimbursement program for any eligible member,
(as per IRS regulations, sections 125 and 129).

The purpose of this plan is to provide a tax effective method for eligible employees of Local 818
to pay certain health care and dependent care expenses.

It is also mutually agreed and understood by the parties that a program (as per IRS regulations,
section 414(h) (2) that will affect MERF contributions from employees, in the event that such a
program becomes allowable by MERF, will be put into effect at the earliest possible date
mutually agreed to by the parties.

**ARTICLE XVII
INDEMINIFICATION**

Section 17.0

The City shall indemnify bargaining unit members in accordance with Sections 7-10a and 7-465 of the Connecticut General Statutes, as amended from time to time.

**ARTICLE XVIII
PROFESSIONAL LICENSES**

Section 18.0

The City agrees to pay for all professional licenses required for employment. The City also agrees to pay for professional and occupational licenses issued by the State of Connecticut that are related to an employee's position but not required by the minimum training and requirements for the position.

**ARTICLE XIX
PARKING AND CITY VEHICLES**

Section 19.0

Union members shall pay for parking in employee designated areas of city parking garages. They shall pay \$25.00 per month.

Section 19.1

The Union recognizes that the City shall retain complete operational control, with respect to the use of City owned and assigned vehicles.

**ARTICLE XX
DURATION**

Section 20.0

This agreement shall be effective as of January 1, 2026 and shall remain in full force and effect through the 31st day of December, 2028 it shall be automatically renewed from year to year thereafter unless either party shall notify the other, in writing, not less than one hundred fifty (150) calendar days prior to the expiration date that it desires to modify this agreement. In the event that such notice is given, negotiations shall begin not later than one hundred twenty (120) calendar days prior to the expiration date.

Section 20.1

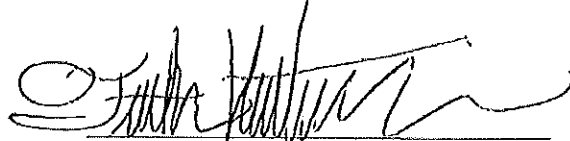
This agreement shall remain in full force and be effective during the period of negotiations.

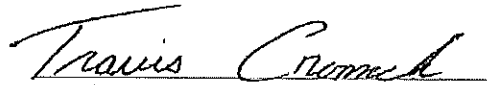
IN WITNESS WHEREOF, THE PARTIES HERETO HAVE SET THEIR HANDS THIS 4th
DAY OF November, 2025.

FOR THE CITY OF NEW BRITAIN

FOR LOCAL 818, AFSCME, COUNCIL
#4, AFL-CIO


Erin E. Stewart, Mayor


Tim Hutvagner, President


Travis Cromack
AFSCME, COUNCIL 4 Representative

Contract ratified by Union Membership on October 15, 2025 and approved by the Common
Council on October 22, 2025.

APPENDIX A**SUPERVISORS, LOCAL 818, AFSCME, COUNCIL #4 AFL-CIO****SALARY GRADE****POSITION TITLE**

3	CIVIL ENGINEER 1 *(1)
4	PROJECT MANAGER
4	AFTER SCHOOL COORDINATOR
4	SENIOR CENTER SPECIALIST
5	ADMINISTRATIVE SUPERVISOR
6	NEIGHBORHOOD PRESERVATION PROGRAM ADMIN.
6	SUPERINTENDENT OF WATER TREATMENT
7	CHIEF BUILDING OFFICIAL
7	FLEET MANAGER
7	ADMINISTRATIVE SERVICE OFFICER - FIRE
7	ADMINISTRATIVE SERVICE OFFICER – PUBLIC SAFETY
7	ADMINISTRATIVE SERVICE OFFICER – PW
7	ADMINISTRATIVE SERVICE OFFICER - RECREATION
7	ADMINISTRATIVE SERVICE OFFICER–SUPPORT SERVICES
7	FACILITIES & ENERGY MANAGER
7	PSTC MANAGER
7	IT MANAGER
8	GRANTS ADMINISTRATOR
8	RIGHTS OF WAY MANAGER
8	BUDGET & CAPITAL PROJECT
8	SANITARIAN SUPERVISOR
9	FISCAL OFFICER – MANAGER OF REVENUE SERVICES
10	CAPITAL PROJECTS MANAGER
10	TRAFFIC OPERATIONS/ENGINEERING PROJECT MANAGER
10	CIVIL ENGINEER 2
10	GOLF COURSE SUPERINTENDENT
10	SUPERVISING PUBLIC HEALTH NURSE
10	CITY PLANNER II
10	ASSISTANT CITY ASSESSOR *(2)
12	FIELD SERVICES SUPERINTENDENT
12	SUPERINTENDENT OF UTILITY DIVISION
13	FINANCE & PURCHASING ADMINISTRATOR
14	CITY ENGINEER
15	DEPUTY DIRECTOR OF FINANCE
16	CITY ASSESSOR

NOTES

- *(1) If a person has a Connecticut Professional Engineer's license at time of hire or obtains one while employed by the City, his or her pay grade will be increased from 3 to 4 when their probation is successfully completed. If the license is obtained after the employee has completed probation, the pay grade will be raised to pay grade 4 immediately.

The City will also pay for the annual renewal of the Civil Engineer 1's engineering license or engineer in training certificate.

The City will pay (not more than two times) for the application fees to the State of Connecticut for the professional engineers examination.

The Civil Engineer 1 shall be allowed time off with pay to take the professional engineer's examination.

- *(2) After the incumbent (T. Hutvagner) leaves the Assistant City Assessor position, the position will return to pay grade 6.

APPENDIX B										
Local 818										
January 2026 2.75%										
Pavgrade	Classification	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	
1		1,264,349.1	1,310,745.7	1,358,794.3	1,408,573.0	1,460,210.9	1,513,784.5	1,569,295.4	1,626,819.9	
2		1,339,859.5	1,389,028.3	1,425,711.6	1,492,742.4	1,547,504.1	1,604,228.4	1,663,043.5	1,724,027.8	
3	Civil Engineer 1 (see footnote 1)	1,419,959.2	1,472,010.0	1,525,971.3	1,581,920.6	1,639,936.0	1,700,093.5	1,762,394.4	1,827,019.0	
4	Project Manager After School Coordinator Senior Center Specialist	1,504,774.0	1,559,974.8	1,617,163.5	1,676,469.5	1,738,689.7	1,801,664.9	1,867,709.3	1,936,155.5	
5		1,589,640.6	1,647,888.2	1,708,329.9	1,770,966.2	1,835,901.0	1,903,236.3	1,973,024.7	2,045,343.3	
6	Neighborhood Preservation Program Administrator Superintendent of Water Treatment	1,679,283.8	1,740,836.0	1,804,660.2	1,870,859.6	1,939,408.6	2,010,539.5	2,084,226.3	2,160,676.0	
7	Community Services Administrator Chief Building Official Fleet Manager Admin Service Officer - Fire Admin Service Officer - Recreation Admin Service Officer - Public Safety Admin Service Officer - Public Works Admin Service Officer - Support Services IT Manager Facilities & Energy Manager PSTC Manager Recreation Program Manager	1,773,935.7	1,838,999.2	1,906,412.2	1,976,329.4	2,048,751.3	2,123,909.9	2,201,753.7	2,282,489.4	
8	Rights of Way Manager Sanitarian Supervisor Budget & Capitol Projects Fiscal Officer Grants Administrator	1,829,222.8	1,894,286.3	1,961,699.5	2,031,616.8	2,104,038.4	2,179,197.3	2,257,041.0	2,337,776.4	
9	Fiscal Officer-Manager of Revenue Services	1,873,957.8	1,942,685.7	2,013,870.0	2,087,712.0	2,164,265.0	2,243,606.2	2,325,865.0	2,411,144.7	

January 2026 2.75%													
10	Capital Projects Manager	1,979.6087	2,052.2111	2,127.4473	2,205.4204	2,286.2849	2,370.1187	2,457.0247	2,547.1087				
	Traffic Operations/Engineering Project Manager												
	Civil Engineer 2												
	Golf Course Superintendent												
	Supervising Public Health Nurse												
	City Planner II												
	Assistant City Assessor - FN2												
11		1,594.7513	1,744.0160	1,893.2790	2,042.5382	2,191.8032	2,341.0644	2,490.3291	2,639.5901				
12	Field Services Superintendent Superintendent of Utility Division	2,091.2491	2,167.8798	2,247.3758	2,329.7639	2,415.1983	2,503.7313	2,595.5687	2,690.7112				
13	Purchasing Administrator	2,146.5362	2,223.1669	2,302.6629	2,385.0510	2,470.4852	2,559.0184	2,650.8560	2,745.9983				
14	City Engineer Assessor - FN3	2,209.1380	2,290.1060	2,374.0689	2,461.1042	2,551.3927	2,644.9085	2,741.8843	2,842.4228				
15	Deputy Finance Director	2,333.6879	2,419.2261	2,507.9139	2,599.9064	2,695.2297	2,794.0384	2,896.4616	3,002.6804				
16		2,465.2612	2,555.6271	2,649.2978	2,746.4800	2,847.1736	2,951.5847	3,059.7658	3,172.0003				
17		2,604.2181	2,699.7221	2,798.7115	2,901.3156	3,007.6891	3,117.9617	3,232.3133	3,350.7959				
18		2,751.0758	2,851.9242	2,956.5162	3,064.9039	3,177.2676	3,293.7880	3,414.4911	3,539.7123				

FOOTNOTES:

1. If a person has a Connecticut Professional Engineers license at the time of hire, or obtains one while employed by the City, his/her paygrade shall be increased from 3 to 4 when their probation is successfully completed. If the license is obtained after the employee has completed probation, the paygrade will be raised to paygrade 4 immediately. The City will pay, up to two times, for the application fee to the State of Connecticut for the Professional Engineers examination. The Civil Engineer I shall be allowed time off, with pay, to take the Professional Engineers Examination. The City will also pay for the annual renewal of the Civil Engineer 1's engineering license or engineer in training certificate.
2. After the incumbent (Tim Hutvagner) leaves his positions (Assistant City Assessor) said position will return to PG 6
3. After candidate who is appointed to the Assessor position on a permanent basis has served in the position for one year and has an above average performance evaluation, the Assessor shall be placed at PG 15

January 2027 2.75%													
10	Capital Projects Manager	2,034,0480	2,108,6469	2,185,9521	2,266,0695	2,349,1578	2,435,2969	2,524,5928	2,617,1542				
	Traffic Operations/Engineering Project Manager												
	Civil Engineer 2												
	Golf Course Superintendent												
	Supervising Public Health Nurse												
	City Planner II												
	Assistant City Assessor - FN2												
11		1,638,6070	1,791,9765	1,945,3442	2,098,7080	2,252,0778	2,405,4437	2,558,8132	2,712,1789				
12	Field Services Superintendent	2,148,7585	2,227,4565	2,309,1786	2,393,8324	2,481,6162	2,572,5839	2,666,9469	2,764,7058				
	Superintendent of Utility Division												
13	Purchasing Administrator	2,205,5660	2,284,3040	2,365,9861	2,450,6399	2,538,4236	2,629,3914	2,723,7545	2,821,5133				
14	City Engineer	2,269,8893	2,353,0840	2,439,3558	2,528,7846	2,621,5560	2,717,6435	2,817,2861	2,920,5894				
	Assessor FN3												
15	Deputy Finance Director	2,397,8644	2,485,7548	2,576,8815	2,671,4038	2,769,3485	2,870,8745	2,976,1142	3,085,2541				
16		2,533,0559	2,625,9069	2,722,1535	2,822,0082	2,925,4709	3,032,7533	3,143,9093	3,259,2303				
17		2,675,8341	2,773,9844	2,875,6760	2,981,1017	3,090,4005	3,203,7056	3,321,2019	3,442,9427				
18		2,826,7304	2,930,3521	3,037,8204	3,149,1888	3,264,6424	3,384,3672	3,508,3896	3,637,0544				

FOOTNOTES:

1. If a person has a Connecticut Professional Engineers license at the time of hire, or obtains one while employed by the City, his/her paygrade shall be increased from 3 to 4 when their probation is successfully completed. If the license is obtained after the employee has completed probation, the paygrade will be raised to paygrade 4 immediately. The City will pay, up to two times, for the application fee to the State of Connecticut for the Professional Engineers examination. The Civil Engineer I shall be allowed time off, with pay, to take the Professional Engineers Examination. The City will also pay for the annual renewal of the Civil Engineer 1's engineering license or engineer in training certificate.
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January 2028 2.75%													
10	Capital Projects Manager	2,089.9843	2,166.6347	2,246.0658	2,328.3864	2,413.7596	2,502.2676	2,594.0191	2,689.1260				
	Traffic Operations/Engineering Project Manager												
	Civil Engineer 2												
	Golf Course Superintendent												
	Supervising Public Health Nurse												
	City Planner II												
	Assistant City Assessor - FN2												
11		1,683.6687	1,841.2558	1,998.8412	2,156.4225	2,314.0100	2,471.5934	2,629.1805	2,786.7638				
12	Field Services Superintendent	2,207.8493	2,288.7527	2,372.6810	2,459.6628	2,549.8607	2,643.3299	2,740.2879	2,840.7352				
	Superintendent of Utility Division												
13	Purchasing Administrator	2,266.2190	2,347.1224	2,431.0507	2,518.0325	2,608.2302	2,701.6997	2,798.6578	2,899.1049				
14	City Engineer Assessor FN3	2,332.3113	2,417.7938	2,506.4381	2,598.3261	2,693.6488	2,792.3787	2,894.7615	3,000.9056				
15	Deputy Finance Director	2,463.8056	2,554.1131	2,647.7457	2,744.8674	2,845.5056	2,949.8235	3,057.9574	3,170.0986				
16		2,602.7149	2,698.1193	2,797.0128	2,899.6135	3,005.9213	3,116.1540	3,230.3668	3,348.8591				
17		2,749.4195	2,850.2484	2,954.7571	3,063.0820	3,175.3866	3,291.8075	3,412.5350	3,537.6237				
18		2,904.4655	3,010.9368	3,121.3604	3,235.7915	3,354.4201	3,477.4373	3,604.8703	3,737.0734				

FOOTNOTES:

1. If a person has a Connecticut Professional Engineers license at the time of hire, or obtains one while employed by the City, his/her paygrade shall be increased from 3 to 4 when their probation is successfully completed. If the license is obtained after the employee has completed probation, the paygrade will be raised to paygrade 4 immediately. The City will pay, up to two times, for the application fee to the State of Connecticut for the Professional Engineers examination. The Civil Engineer I shall be allowed time off, with pay, to take the Professional Engineers Examination. The City will also pay for the annual renewal of the Civil Engineer 1's engineering license or engineer in training certificate.
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Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
New Britain City and Board of Education: Open Access Plus HDHPQ

Coverage Period: 07/01/2025 - 06/30/2026
Coverage for: Individual/Individual + Family | Plan Type: OAP

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/sp. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-800-Cigna24 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	For <u>in-network providers</u> : \$2,000/individual - employee only or \$4,000/family maximum For <u>out-of-network providers</u> : \$2,000/individual - employee only or \$4,000/family maximum Combined medical/behavioral and pharmacy <u>deductible</u> <u>Deductible</u> per individual applies when the employee is the only individual covered under the <u>plan</u> .	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes. In-network <u>preventive care</u> & immunizations, in-network generic and preferred brand preventive drugs.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	For <u>in-network providers</u> : \$2,000/individual - employee only or \$4,000/family maximum For <u>out-of-network providers</u> : \$4,000/individual - employee only or \$8,000/family maximum Combined medical/behavioral and pharmacy <u>out-of-pocket limit</u>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the <u>out-of-pocket limit</u> ?	Penalties for failure to obtain <u>pre-authorization</u> for services, <u>premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why This Matters:
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.cigna.com or call 1-800-Cigna24 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	No charge/visit	20% <u>coinsurance</u>	None
	<u>Specialist</u> visit	No charge/visit	20% <u>coinsurance</u>	None
	<u>Preventive care/ screening/ immunization</u>	No charge <u>Deductible</u> does not apply	20% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	in-network diagnostic mammogram.
	Imaging (CT/PET scans, MRIs)	No charge	20% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition	Generic drugs (Tier 1)	No charge/prescription (retail 30 days), No charge/prescription (retail & home delivery 90 days)	20% <u>coinsurance</u> /prescription (retail); Not covered (home delivery)	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail and home delivery) for <u>Specialty drugs</u> . Certain limitations may apply, including, for example: prior
More information about <u>prescription drug coverage</u> is available at				

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
www.cigna.com	Preferred brand drugs (Tier 2)	No charge/prescription (retail 30 days), No charge/prescription (retail & home delivery 90 days)	20% <u>coinsurance/prescription (retail)</u> ; Not covered (home delivery)	authorization, step therapy, quantity limits. For drugs in the Cigna Patient Assurance Program you may pay less than the noted retail or home delivery cost share amounts. In-network Federally required preventive drugs will be provided at no charge.
	Non-preferred brand drugs (Tier 3)	No charge/prescription (retail 30 days), No charge/prescription (retail & home delivery 90 days)	20% <u>coinsurance/prescription (retail)</u> ; Not covered (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <u>coinsurance</u>	None
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	No charge/visit	No charge/visit	Out-of-network services are paid at the in-network cost share and <u>deductible</u> .
	<u>Emergency medical transportation</u>	No charge	No charge	Out-of-network air ambulance services are paid at the in-network cost share and <u>deductible</u> .
	<u>Urgent care</u>	No charge/visit	20% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% <u>coinsurance</u>	\$750 penalty for no out-of-network precertification.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	\$750 penalty for no out-of-network precertification.
	Outpatient services	No charge/office visit No charge/all other services	20% <u>coinsurance/office visit</u> 20% <u>coinsurance/all other services</u>	Includes medical services for MH/SA diagnoses.
If you need mental health, behavioral health, or substance abuse services	Inpatient services	No charge	20% <u>coinsurance</u>	\$750 penalty for no out-of-network precertification. Includes medical services for MH/SA diagnoses.
	Office visits	No charge	20% <u>coinsurance</u>	Primary Care or <u>Specialist</u> benefit levels apply for initial visit to confirm pregnancy.
If you are pregnant	Childbirth/delivery	No charge	20% <u>coinsurance</u>	
	professional services	No charge	20% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Childbirth/delivery facility services	No charge	20% coinsurance	Cost sharing does not apply for preventive services . Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Home health care	No charge	20% coinsurance	Coverage is limited to 200 days annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
	Rehabilitation services	No charge/PCP visit No charge/ Specialist visit No charge/Chiropractic care visits.	20% coinsurance /PCP visit 20% coinsurance / Specialist visit No charge/Chiropractic care visits.	Coverage is limited to annual max of: 50 days for Rehabilitation services ; 36 days for Cardiac rehab services; 50 days for Chiropractic care services. Out-of-network Chiropractic care services are paid at the in-network cost share and deductible. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Habilitation services	No charge/PCP visit No charge/ Specialist visit	20% coinsurance /PCP visit 20% coinsurance / Specialist visit	Services are covered when Medically Necessary to treat a mental health condition (e.g. autism) or a congenital abnormality. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Skilled nursing care	No charge	20% coinsurance	\$750 penalty for no out-of-network precertification. Coverage is limited to 120 days annual max.
	Durable medical equipment	No charge	20% coinsurance	None
	Hospice services	No charge/inpatient services No charge/outpatient services	20% coinsurance /inpatient services 20% coinsurance /outpatient services	\$750 penalty for no out-of-network precertification.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Dental care (Children) 	<ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine foot care • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none"> • Acupuncture • Bariatric Surgery (in-network only) • Chiropractic care (50 days) 	<ul style="list-style-type: none"> • Hearing aids (1 device per 24 months) • Infertility treatment • Routine eye care (Adult)

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Cigna at 1-800-Cigna24, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cco.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-800-Cigna24. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Connecticut Office of the Health Care Advocate at (866) 466-4446.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This **EXAMPLE** event includes services like:

Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Peg would pay is	\$2,020

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This **EXAMPLE** event includes services like:

Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$40
The total Joe would pay is	\$2,040

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This **EXAMPLE** event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,000

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

Plan Name: HDP2-City1165,1186,1303,818,992,TD HDHPQ Ben Ver: 33 Plan ID: 37580747

Discrimination is against the law.

Medical coverage

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

Cigna Healthcare:

- 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 Healthcare 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 Healthcare
Nondiscrimination Complaint Coordinator
P.O. 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 <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCION: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna Healthcare 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 Healthcare, 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 Healthcare 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 Healthcare, 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 Healthcare 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 Healthcare, 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 Healthcare, 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 Healthcare الحاليين برجاء الاتصال بالرقم المدون على 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 Healthcare 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 Healthcare, 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 Healthcare 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 Healthcare 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 Healthcare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 Healthcare 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 Healthcare-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).

لطفًا با شمارهای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنایان: شماره 711 را شمار هگیری کنید).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می شود. برای مشتریان فعلی Cigna Healthcare لطفاً با شماره ای که در پشت کارت شناسایی شماست تماس

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/sp. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-800-Cigna24 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	For <u>in-network providers</u> : \$2,000/individual or \$4,000/family For <u>out-of-network providers</u> : \$2,000/individual or \$4,000/family Combined medical/behavioral and pharmacy <u>deductible</u> <u>Deductible</u> per individual applies when the employee is the only individual covered under the <u>plan</u> . Amount your employer contributes to your account: Up to \$1,000/individual or \$2,000/family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes. In-network <u>preventive care</u> & immunizations, in-network generic and preferred brand <u>preventive drugs</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	For <u>in-network providers</u> : \$2,000/individual or \$4,000/family For <u>out-of-network providers</u> : \$4,000/individual or \$8,000/family Combined medical/behavioral and pharmacy <u>out-of-pocket limit</u>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the <u>out-of-pocket limit</u> ?	Penalties for failure to obtain <u>pre-authorization</u> for services, <u>premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why This Matters:
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.cigna.com or call 1-800-Cigna24 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	No charge/visit	20% <u>coinsurance</u>	None
	<u>Specialist</u> visit	No charge/visit	20% <u>coinsurance</u>	None
	<u>Preventive care/ screening/ immunization</u>	No charge <u>Deductible</u> does not apply	20% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	in-network diagnostic mammogram.
	Imaging (CT/PET scans, MRIs)	No charge	20% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition	Generic drugs (Tier 1)	No charge/prescription (retail 30 days), No charge/prescription (retail & home delivery 90 days)	20% <u>coinsurance</u> /prescription (retail); Not covered (home delivery)	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail and home delivery) for <u>Specialty drugs</u> . Certain limitations may apply, including, for example: prior
More information about <u>prescription drug coverage</u> is available at				

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
www.cigna.com	Preferred brand drugs (Tier 2)	No charge/prescription (retail 30 days), No charge/prescription (retail & home delivery 90 days)	20% <u>coinsurance</u> /prescription (retail); Not covered (home delivery)	authorization, step therapy, quantity limits. For drugs in the Cigna Patient Assurance Program you may pay less than the noted retail or home delivery cost share amounts. In-network Federally required preventive drugs will be provided at no charge.
	Non-preferred brand drugs (Tier 3)	No charge/prescription (retail 30 days), No charge/prescription (retail & home delivery 90 days)	20% <u>coinsurance</u> /prescription (retail); Not covered (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <u>coinsurance</u>	None
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	No charge/visit	No charge/visit	Out-of-network services are paid at the in-network cost share and <u>deductible</u> .
	<u>Emergency medical transportation</u>	No charge	No charge	Out-of-network air ambulance services are paid at the in-network cost share and <u>deductible</u> .
	<u>Urgent care</u>	No charge/visit	20% <u>coinsurance</u>	None
	Facility fee (e.g., hospital room)	No charge	20% <u>coinsurance</u>	\$750 penalty for no out-of-network precertification.
If you have a hospital stay	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	\$750 penalty for no out-of-network precertification.
	Outpatient services	No charge/office visit No charge/all other services	20% <u>coinsurance</u> /office visit 20% <u>coinsurance</u> /all other services	Includes medical services for MH/SA diagnoses.
If you need mental health, behavioral health, or substance abuse services	Inpatient services	No charge	20% <u>coinsurance</u>	\$750 penalty for no out-of-network precertification. Includes medical services for MH/SA diagnoses.
	Office visits	No charge	20% <u>coinsurance</u>	Primary Care or <u>Specialist</u> benefit levels apply for initial visit to confirm pregnancy.
If you are pregnant	Childbirth/delivery	No charge	20% <u>coinsurance</u>	
	professional services	No charge	20% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Childbirth/delivery facility services	No charge	20% coinsurance	Cost sharing does not apply for preventive services . Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Home health care	No charge	20% coinsurance	Coverage is limited to 200 days annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
	Rehabilitation services	No charge/PCP visit No charge/ Specialist visit	20% coinsurance /PCP visit 20% coinsurance / Specialist visit No charge/Chiropractic care visits.	Coverage is limited to annual max of: 50 days for Rehabilitation services ; 36 days for Cardiac rehab services; 50 days for Chiropractic care services. Out-of-network Chiropractic care services are paid at the in-network cost share and deductible. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Habilitation services	No charge/PCP visit No charge/ Specialist visit	20% coinsurance /PCP visit 20% coinsurance / Specialist visit	Services are covered when Medically Necessary to treat a mental health condition (e.g. autism) or a congenital abnormality. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Skilled nursing care	No charge	20% coinsurance	\$750 penalty for no out-of-network precertification. Coverage is limited to 120 days annual max.
	Durable medical equipment	No charge	20% coinsurance	None
	Hospice services	No charge/inpatient services No charge/outpatient services	20% coinsurance /inpatient services 20% coinsurance /outpatient services	\$750 penalty for no out-of-network precertification.
	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
If your child needs dental or eye care	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)	
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Dental care (Children) 	<ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine foot care • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none"> • Acupuncture • Bariatric Surgery (in-network only) • Chiropractic care (50 days) 	<ul style="list-style-type: none"> • Hearing aids (1 device per 24 months) • Infertility treatment • Routine eye care (Adult)

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Cigna at 1-800-Cigna24, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-800-Cigna24. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Connecticut Office of the Health Care Advocate at (866) 466-4446.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-244-6224.

Navajo (Dine): DineK'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
--------------------	----------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Peg would pay is	\$2,020

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$40
The total Joe would pay is	\$2,040

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,000

The plan would be responsible for the other costs of these EXAMPLE covered services.

Discrimination is against the law.

Medical coverage

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

Cigna Healthcare:

- 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 Healthcare 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 Healthcare
Nondiscrimination Complaint Coordinator
P.O. 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 <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCION: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna Healthcare 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 Healthcare, 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 Healthcare 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 Healthcare, 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 Healthcare 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 Healthcare, 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 Healthcare, 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).

الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. Cigna Healthcare الترجمة المجانية متاحة لكم. لعملاء - **Arabic** 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 Healthcare 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 Healthcare, 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 Healthcare 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 Healthcare 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 Healthcare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 Healthcare 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 Healthcare-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).

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 شمار مگري کنید). **Persian (Farsi)**

Summary of Benefits Cigna Health and Life Insurance Company

Cigna Healthcare Vision New Britain City and Board of Education – High Plan PPO - Scheduled (C1)



Welcome to Cigna Vision
Schedule of Vision Coverage
Effective Date: July 1, 2025

Vision Services and Frequency	In-Network Plan Coverage**	In-Network Member Cost***	Out-of-Network Reimbursement
Exam and Professional Services: Frequency*: once per 12 month <div> Eye Exam Retinal Screening Contact Lens Professional Services (Fit and Follow-up) </div>	100% after Copay Not Covered 100% after \$0 Copay	\$0 Copay Up to \$39 \$0 Copay	Up to \$72 Allowance Not Covered Not Covered
Standard Eyeglass Lenses Allowances: Frequency*: one pair per 12 month <div> Lenses: Single Vision Lined Bifocal Lined Trifocal Lenticular </div>	100% after Copay 100% after Copay 100% after Copay 100% after Copay	\$20 Copay \$20 Copay \$20 Copay \$20 Copay	Up to \$60 Allowance Up to \$85 Allowance Up to \$110 Allowance Up to \$130 Allowance
Lens Enhancements / Options: <div> Oversize lenses Rose #1 and #2 Solid Tints Polycarbonate Lenses <19 years of age Polycarbonate Lenses Standard Progressives+ Premium Progressive+ Plastic Dye Tints Photochromic – Glass or Plastic Standard Scratch Coating Standard Ultraviolet (UV) Coating Standard Anti-Reflective (AR) Coating+ Premium Anti-Reflective Coating+ Hi-Index Lenses All other lens options </div>	100% 100% 100% \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$40 \$65 ¹ Tier 1: \$85 ¹ Tier 2: \$95 ¹ Tier 3: \$110 ¹ Tier 4: \$65 plus 20% off retail Less \$120 allowance ¹ \$15 \$75 \$15 \$15 \$45 Tier 1: \$57 Tier 2: \$68 Tier 3: 20% off Retail 20% off retail 20% off retail	Not Covered Not Covered Not Covered Not Covered Not Covered ¹ Not Covered ¹ Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

Contact Lenses Retail Allowance: Frequency*: one pair or single purchase per 12 month			
Elective – Conventional	100% up to \$300 Retail Allowance; Additional 15% off balance over allowance	Balance over \$300 Allowance	Up to \$180 Allowance
Elective – Disposable	100% up to \$300 Retail Allowance		
Therapeutic	100%	\$0	Up to \$240 Allowance
Frame Allowance Frequency*: one per 12 month			
Retail	100% up to \$250 Allowance	20% off balance over Allowance	Up to \$200 Allowance
Costco	100% up to \$80 Allowance	Balance over Allowance	
*Your Frequency Period begins on January 1 (Calendar year basis) +Changes to the products in each tier and member out-of-pocket amounts are subject to change; All providers are not required to carry all brands at all levels. Check with your in-network provider for details. ¹ Member out-of-pocket includes Lined Bifocal copay. Out-of-network reimbursement based on Lined Bifocal allowance.			
Definitions: Copay: the amount you pay towards your exam and/or materials, lenses and/or frames Coinsurance: the percentage of charges Cigna will pay. Customer is financially responsible for the balance. Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.			

In-Network Coverage Includes**: <ul style="list-style-type: none"> One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses; Contact Lens Professional Services including the fitting, evaluation and two follow-up visits, covered under the contact lens materials allowance, unless otherwise stated above. One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms) including Oversize, Rose #1 or #2 Solid Tint and Polycarbonate lenses < 19 years of age. <ul style="list-style-type: none"> 20% savings on all additional lens enhancements/ option you choose for your lenses, not shown on the Schedule of Vision Coverage above. One pair of Elective conventional contact lenses or a single purchase of a supply of disposable contact lenses – in lieu of eyeglass lenses and frame benefit, (may not receive contact lenses and eyeglasses (lenses and frames) in same benefit year). Coverage for Therapeutic contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Vision Coverage. 	What's Not Covered: <ul style="list-style-type: none"> Orthoptic or vision training and any associated supplemental testing Medical or surgical treatment of the eyes Any eye examination, or any corrective eyewear, required by an employer as a condition of employment Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related Charges in excess of the usual and customary charge for the Service or Materials Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy Experimental or non-conventional treatment or device Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage Prescription sunglasses lens "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage Two pair of glasses, in lieu of bifocals or trifocals Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage VDT (video display terminal)/computer eyeglass benefit Claims submitted and received in excess of twelve (12) months from the original Date of Service
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- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;

** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

*** Provider participation is 100% voluntary and subject to applicable law; please check with your Eye Care Professional for any offered discounts.

In-Network Value Added Savings

- Up to 40% off additional complete pairs of glasses (frame and lenses)
- 20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services***

Interested in Laser Vision Correction service such as LASIK? Visit your MyCigna.com and search for Healthy Rewards® for details.

How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com, under "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision – serviced by EyeMed Directory.
2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select "Find A Doctor", select Employer or School, click on Additional Directories and select Cigna Vision serviced by EyeMed Directory.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna Vision serviced by EyeMed Proof of Coverage Identification at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

Send a completed Cigna Vision service by EyeMed claim form and itemized receipt to: Cigna Vision, Claims Dept. c/oFAA
PO Box 8504, Mason, OH 45040-7111

To get a Cigna Vision serviced by EyeMed claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms, select the Cigna Vision serviced by EyeMed form
- Go to **myCigna.com** and go to your vision coverage page

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



Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Read your plan carefully – this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request or a copy of the NH Vision Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna](#) under Vision Forms. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Healthy Rewards® - is a discount program, not an insured benefit.

Vision coverage



Page 5 of 6

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. Call 1.888.353.2653 (TTY dial 711 for operator, then dial 1-844-230-6498).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.888.353.2653 (TTY: marque 711 para hablar con un operador y luego marque 1-844-230-6498).

Chinese – 注意：我們可為您免費提供語言協助服務。請致電 1.888.353.2653（聽語障人士請撥打 711（聽語障專線）由操作人員為您服務，然後撥打 1-844-230-6498）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.888.353.2653 (TTY xin quay số 711 để kết nối với tổng đài, sau đó quay số 1-844-230-6498).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.353.2653번으로 문의하십시오(TTY는 교환원 연결을 위해 711번으로 전화하신 후, 1-844-230-6498번으로 전화하십시오).

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.888.353.2653 (Para sa TTY, i-dial ang 711 para sa operator, pagkatapos ay i-dial ang 1-844-230-6498).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.353.2653 (линия TTY: наберите 711 для соединения с оператором, затем наберите 1-844-230-6498).

Arabic – ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.353.2653 (TTY الاتصال على الرقم 711 للتحدث إلى عامل الهاتف، ثم الاتصال على الرقم 1-844-230-6498).

French Creole – ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.888.353.2653 (TTY konpoze 711 pou pale ak yon operatè, apresya konpoze 1-844-230-6498).

French – ATTENTION : Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.888.353.2653 (ATS: composez le 711 pour joindre l'opérateur, puis composez le 1-844-230-6498).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.888.353.2653 (TTY: marque 711 para o telefonista e, em seguida, marque 1-844-230-6498).

Polish – UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.888.353.2653 (użytkownicy TTY powinni dzwonić pod numer 711, aby otrzymać połączenie z telefonistą, a następnie wybrać numer 1-844-230-6498).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.888.353.2653 にお電話ください(TTYをご利用の場合は、711 をダイヤルしてオペレーターに接続してから 1-844-230-6498 におかけください)。

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.888.353.2653 (TTY: comporre il 711 per l'operatore, quindi comporre il numero 1-844-230-6498).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Rufen Sie die Nummer 1.888.353.2653 an (TTY-Benutzer wählen 711 für die Vermittlung und dann 1-844-230-6498).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. با شماره 1.888.353.2653 تماس بگیرید (TTY شماره 711 را برای اپراتور گرفته و سپس 1-844-230-6498 را شماره گیری کنید).

824734a 6/23

Cigna Dental Benefit Summary
New Britain City and Board of Education
Dental PPO City Low – 4949
Plan Effective Date: 07/01/2025



Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes Cigna Dental WellnessPlusSM features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature. **Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

DPPO				
Network Options	In-Network: Total Network		Out-of-Network: Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
WellnessPlusSM Progressive Maximum Benefit: When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below. Please refer to your plan materials for additional information on this plan feature.				
Calendar Year Benefits Maximum Applies to: Class II expenses	Year 1: \$750 Year 2: \$800 Year 3: \$850 Year 4 & Beyond: \$900		Year 1: \$750 Year 2: \$800 Year 3: \$850 Year 4 & Beyond: \$900	
Calendar Year Deductible Individual Family	\$0 \$0		\$0 \$0	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Space Maintainers: non-orthodontic Emergency Care to Relieve Pain (Note: This service is administered at the in-network coinsurance level.)	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Oral Surgery: Simple Extractions	100% No Deductible	No Charge	100% No Deductible	No Charge

Benefit Plan Provisions:	
<i>In-Network Reimbursement</i>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
<i>Non-Network Reimbursement</i>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 85th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.
<i>Cross Accumulation</i>	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.
<i>Calendar Year Benefits Maximum</i>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
<i>Calendar Year Deductible</i>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
<i>Pretreatment Review</i>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
<i>Alternate Benefit Provision</i>	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
<i>Oral Health Integration Program*</i>	<p>The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum.</p> <p>For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.</p>
<i>Timely Filing</i>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 2 per calendar year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.
Fluoride Application	2 per covered person per benefit period for covered persons under age 19
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.

Benefit Exclusions:

Covered Expenses will not include, and no payment will be made for the following:

- Procedures and services not included in the list of covered dental expenses;
- Diagnostic: cone beam imaging;
- Preventive Services: instruction for plaque control, oral hygiene and diet;
- Sealants (per tooth);
- Restorative: inlays; onlays; crowns; veneers;
- Filling; Amalgam and Composite;
- Endodontics: minor and major;
- Periodontics: minor and major;
- Periodontics: bite registrations; splinting;
- Oral Surgery; Major;
- Repairs; Dentures, Bridges, Crowns and Inlays;
- Denture Relines, Rebases and Adjustments;
- Prosthodontic: precision or semi-precision attachments;
- Prosthodontics: bridges, dentures or any related services
- Implants: implants or implant related services;
- Orthodontics: orthodontic treatment;
- Anesthesia: general anesthesia or intravenous sedation;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Reimbursable Charge.
- Benefits are not provided for sealants on front teeth or any tooth that has been restored.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at Health Insurance & Medical Forms for Customers | Cigna under Dental Forms.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.



City of New Britain – Group # 4538
Delta Dental PPO plus Premier™
0001 Active / 0002 COBRA

If a Delta Dental PPOSM, Delta
Dental Premier®, or Non
Participating Dentist is used

Calendar Year Deductible

- Per Person

\$0

Plan Pays:

Initial Oral Exam – 1/36 mos.

100%

Periodic Oral Exams, Cleaning (2 per calendar year per person)

100%

Space Maintainers (for children to age 19)

100%

Fluoride Treatments (twice in a 12 month period for persons
18 and under)

100%

X-rays

100%

Emergency Treatment

100%

Simple Extractions (#7140)

100%

Calendar Year Annual Maximum

\$750

Dependent children are covered to age 25

Carryover *Carryover MaxSM* from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for services such as bridges, crowns, and root canals.

Carryover MaxSM is easy and automatic.

- To qualify for *Carryover MaxSM*, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the *Carryover MaxSM* benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover *MaxSM* allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000, and you use \$200, you can carry over \$200 ($\$800 \times 25\% = \200).
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover *MaxSM* dollars are used after the standard annual maximum is met.

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. Maximum benefit may be derived by utilizing the services of a participating dentist.

Where the eligible patient is treated by a Delta Dental PPOSM dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier® dentist who does not participate in Delta Dental PPO or by a Participating Specialist, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or Participating Specialists are paid based on the lesser of the dentist's actual charge or the prevailing fee. Members utilizing non-participating dentists may be billed for the difference between the dentist's charge and Delta Dental's allowable charge. Visit www.deltadentalct.com for a directory of participating dentists.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Member ID number. If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. In CT, Delta Dental of Connecticut writes dental coverage on an insured basis and Delta Dental of New Jersey administers self-funded dental benefit programs. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.

2024



City of New Britain - Group # 4538
Delta Dental PPO plus Premier™
Supervisors – Buy Up Option
1001 Active / 1002 COBRA

If a Delta Dental PPOSM, Delta Dental Premier®, or Non Participating Dentist is used

Calendar Year Deductible	
• Per Person	\$0
	Plan Pays:
Preventive & Diagnostic	100%
Fluoride Treatments (<i>twice in a 12 month period for persons 18 and under</i>)	100%
Fillings (<i>composite fillings on all teeth, posterior and anterior</i>)	100%
Endodontics	100%
Simple Restorations	100%
Simple Extractions	100%
Repair of Dentures	100%
Oral Surgery	80%
Crowns, Inlays and Gold Restorations	50%
Non Surgical Periodontics (\$500 maximum per person per year)	50%
Prosthodontics	50%
Orthodontic Benefits (Adults & Children - \$1,000 lifetime maximum per person)	60%
Annual Maximum	\$1,750
Dependent children are covered to age 25	

Carryover *Carryover MaxSM* from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for services such as bridges, crowns, and root canals.

Carryover MaxSM is easy and automatic.

- To qualify for *Carryover MaxSM*, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the *Carryover MaxSM* benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover MaxSM* allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000, and you use \$200, you can carry over \$200 (\$800 x 25% = \$200).
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- Standard annual maximum dollars are used first. *Carryover MaxSM* dollars are used after the standard annual maximum is met.

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