

AGREEMENT

Between

CITY OF NEW BRITAIN

And

**LOCAL 1303-332 OF COUNCIL 4
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL
EMPLOYEES
AFL-CIO
(Professional Bargaining Unit)**

July 1, 2026 through June 30, 2029

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This Agreement is entered into by and between the City of New Britain (hereinafter referred to as the "City") and Local 1303-332 of Council 4, American Federation of State, County and Municipal Employees, 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 professional Union Local 1303-332 as set forth in the Certification of Representative, issued by the C.S.B.L.R. in Case NO. ME-12,660, Decision No. 3157-A dated November 19, 1993, as the sole and exclusive bargaining agent for the purposes of collective bargaining pursuant to the terms and conditions of the Municipal Employee Relations Act with respect to rates of pay, wages, salaries, hours of employment and other conditions of employment for all employees listed in the compensation plan appended hereto, excluding employees covered under agreement between the City and Locals 818 and 1186, the Managers and Professionals Association, Fire Local 992, Police Local 1165, UE Local 222, CILU/CILU #25, the Director of Finance, Personnel Director, the Chief of Police, the Deputy Chief of Police, the Fire Chief, the Assistant Fire Chief, Director of Parks and Recreation, Director of Health, regardless of how the funding of these positions are obtained.

Section 1.1

No job classification included in the bargaining unit under Section 1.0 above shall be reclassified outside the unit as defined above during the life of this Agreement without mutual consent of the parties.

Section 1.2

If the City shall create a new position during the life of this Agreement and Local 1303-332 feels that this new position falls within its jurisdiction they shall request a meeting with the City in an attempt to arrive at a mutual determination as to inclusion or exclusion from the bargaining unit. In the event 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(s) 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 Local 1303-332 shall negotiate the proper pay grade or use the services of the State Board of Mediation and Arbitration.

Section 1.3

The City of New Britain shall furnish to AFSCME Council 4, a list of all newly hired employees, within fifteen (15) days of the date of hire. In addition, upon request but no more than every 120 days, the City will submit information on employees represented by the bargaining unit in the format of an excel spreadsheet to the Union via secure upload site to be provided by the Union. The spreadsheet will contain the following information:

- a. Date of hire;
- b. Name of employee;
- c. Address of employee;
- d. Department;
- e. Position;
- f. Rate of pay;
- g. Work phone number and email address

ARTICLE II RIGHTS OF THE CITY

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 other lawful provision, over matters involving the municipality, and the complete operational control over the policies, practices, procedures and regulations with respect to its employees shall remain vested solely and exclusively in the City of New Britain.

ARTICLE III UNION SECURITY

Section 3.0

The City agrees to deduct an initiation fee, weekly 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 employees to make such deduction.

Section 3.1

The total amount of dues deducted for any week shall be remitted to the Financial Officer of the Union no later than the following week.

Section 3.2

The weekly 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 City agrees that there will be no lockout of any employee or employees during the life of this Agreement. The Union and the individual employees covered hereunder expressly agree that there will be no strike, slowdown, work stoppage or other interference with the operations of the City during the life of this Agreement.

Section 3.4

The City agrees to deduct from the weekly pay of bargaining unit members who authorize such deduction from their wages, such amounts as each individual employee wishes to contribute to the National People Committee of AFSCME. It is understood that such contributions are voluntary and are not required as a condition of employment. The Union shall provide to the City authorization for payroll deductions signed by the employee, with the weekly deduction amount clearly indicated. The City agrees that the total amount deducted, along with a list of names of contributors and individual contributions shall be forwarded to Local 1303-332 on a monthly basis. Checks for such amounts shall be made payable to the National People Committee.

Section 3.5

The Union agrees to indemnify and save the City 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/service fee deduction provisions of this Article.

Section 3.6

The City shall continue the practice of allowing Local 1303-332 the use of bulletin boards.

Section 3.7

The Union Executive Board shall be permitted to continue using meeting facilities presently afforded them at City Hall. The Union shall be permitted to hold union meetings at City Hall and be allowed to continue the practice of keeping its records, files, etc. in City Hall Offices at no charge. The Union agrees to enter into any discussions requested by the City on the use of the Union's Office in City Hall.

Section 3.8

The City will provide each employee with a copy of this Agreement within thirty (30) days after ratification by both parties or the issuance of an arbitration award. New employees shall be given a copy of this Agreement at the time of employee's orientation.

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 shall be defined as the length of service of an employee in a bargaining unit from his/her last date of hire by the City.

Seniority shall not be broken by vacations, sick leave, suspension, any authorized leave of absence or call to military Service or lay-off.

Employees who were employed under E.E.A. or C.E.T.A. and who had no break in full-time service prior to entering City service, shall have such E.E.A. or C.E.T.A. time credited for the purpose of seniority, longevity and vacation entitlement. Service as a temporary full-time or temporary part-time employee does not count towards seniority.

Section 4.1

The City shall maintain a seniority list of all employees in the bargaining unit showing their length of service with the City which shall be revised as of January 1st of each year with a copy of same furnished to the Union not later than February 1st of the same year. Any clearly undisputed corrections to the list shall be made through official union memorandums, otherwise corrections to the list must be made through the grievance procedure provisions of the Agreement within ninety (90) days after a copy is given to the Union. If no action is requested, the list shall be deemed correct.

Section 4.2

An employee shall lose his/her seniority only under the following conditions:

- A. Termination of employment by voluntary resignation or discharge for just cause;
- B. Failure to respond within fourteen (14) working days after having been notified to return to work pursuant to notice of recall given to a laid-off employee. Notice of recall shall be sent by certified mail with return receipt requested and shall be sent to the employee's last known address.
- C. Failure to return to work at the expiration of a leave of absence.
- D. Refusal to accept recall from layoff when the classification and pay grade is the same as that held by the employee at the time of layoff.

An employee shall be allowed one refusal of recall to any equal (same pay class) or lower rated position than the position held at the time of layoff, provided that he/she meets the minimum qualifications in the job description as determined by the Personnel Director. An employee who refuses recall to the position held at the time of layoff shall forfeit all recall rights.

- E. Remaining on the recall list for more than twenty-four (24) consecutive months.
- F. An employee who is promoted outside the bargaining unit shall lose his/her seniority benefits for the purpose of layoff, promotion and vacation selection unless such employee returns to a bargaining unit position within twelve (12) months of the promotion unless mutually agreed to extend beyond the twelve (12) months by the Union and the City.

Section 4.3 Transfer

- A. Prior to filling a position from an open competitive list, the City shall inform all bargaining unit members that such position is available, through posting. The order of preference for filling such position shall be:
 - 1. Transfer of a bargaining unit employee in an equivalent class and grade.
 - 2. Promotion of a bargaining unit employee from a lower class and grade.
 - 3. Hiring from outside the bargaining unit.

An eligible employee who desires to transfer to such position must file a transfer request with the Personnel Director. A transfer may be effected upon acceptance by the Department Head in which the vacancy exists and approval of the Personnel Director. If the eligible employee meets the minimum qualifications, per Civil Service job description, he/she shall be transferred.

- B. Employees who are transferring from one department or division to another shall retain seniority in the department from which transferred and shall serve a probationary period in the new position of sixty (60) working days. At the end of the probationary period, seniority shall be transferred in the new department. If the employee fails to demonstrate within the probationary period, that he/she can satisfactorily perform the job and is removed during the probationary period, the City shall reinstate the employee to the former position in the classification occupied/held before the transfer with no loss of seniority. Failure to pass the probationary period by a transferred employee shall not be subject to the grievance procedure. During any such probation for transfer or a promotion, each affected employee shall receive adequate orientation as to the procedure for the new position.
- C. On a position for which the City decides not to require an examination, employees within the department, if qualified, shall be given first preference to fill the position by seniority. The provisions of this section shall be administered by the appointing authority and the Personnel Director.

- D. Examinations shall be open to bargaining unit employees who have completed their initial probationary period and meet the established qualification standards as stated in the respective job description.
- E. A position may be filled on an acting basis for a period not to exceed six months. Any acting position beyond six months must be agreed to by the City and the Union.
- F. Employees working on any shift or work week shall be given preference by seniority to transfer to any other shift or work week provided a vacancy exists in the same classification. Such transfer may be made only once during the life of this Agreement.
- G. An employee working a work week other than the basic Monday through Friday work week shall be given preference by seniority to transfer to the regular work week provided a vacancy exists in the same classification.

Section 4.4

A. Probation -Initial

1. No new employee shall attain seniority rights under this Agreement until the employee has worked twelve (12) months in the Department for which employed. During such period, the employee shall be subject to all other clauses of this Agreement but shall be on probation and may be discharged by the City for any reason and without recourse to the grievance and arbitration provision of this Agreement by either the Union or the employee. Upon completion of the probationary period, the employee's seniority shall date back to the time the employee started work with the City.

The initial probationary period may be extended upon the recommendation of the Department Head and with the approval of the Personnel Director and the Union, providing such recommendation is made at least two (2) weeks prior to the expiration of the initial probationary period.

2. At any time during the initial probationary period, the Department Head may recommend in writing to the Personnel Director the removal of an employee, if in his/her opinion, the working test indicates that such employee is unable or unwilling to perform the duties of the position satisfactorily or that his/her habits and dependability do not merit his/her continuance in the service. Such recommendation of the Department Head and the reasons therefore shall be in writing to the Personnel Director with a copy to the employee and to the Union if it requests it. No employee shall be removed from a position during his/her probationary period without the approval of the Personnel Director. The employee, if removed, shall not have any right to be restored to the eligibility list from which he/she was appointed.

B. Probation - Promotional

The probationary period for promotional appointments is six (6) months. During the probationary period, an employee shall receive a written evaluation at the end of two (2) months and at the end of four (4) months. Such evaluations shall indicate to the employee the areas where performance has been satisfactory and those where improvements are needed. In the latter case, the improvements required shall be clearly indicated. Evaluations shall be completed by a supervisor familiar with the employee's job performance and work habits. The evaluating supervisor with or without the Department Head shall meet with the employee to review each evaluation. An employee who fails to pass the probationary period in the judgment of the Department Head shall be reinstated to the position occupied immediately prior to his/her promotion. In the event an evaluation is not completed at the time specified above, the employee's performance shall be considered to have been satisfactory. The employee may be removed at any time during the probationary period for failure to meet the performance standards of the position.

Under extenuating circumstances, the probationary period may be extended for up to three (3) months upon the recommendation of the Department Head and with the approval of the Personnel Director and the Union providing such recommendation is made at least two (2) weeks prior to the expiration of the probationary period.

Section 4.5 - Voluntary Demotion

Employee requests for a voluntary demotion to a vacant position in a lower job classification for which they are qualified shall be subject to the approval of the Department Head(s) affected and the Personnel Director. If more than one department is involved, agreement must be obtained from both Department Heads in addition to the Personnel Director. Notice of the action taken by the Department Head shall be given promptly to the employee. Denial of a voluntary demotion shall not be subject to the grievance procedure.

Such voluntary demotion may be given without the necessity for a competitive examination. If the employee's salary is higher than the maximum for the class to which he/she is being demoted, the employee shall be placed at the maximum salary for the class. If his/her salary is less than the maximum for the class, he/she shall be placed in the closest step in the new salary range. An employee must serve a probationary period of sixty (60) working days in the case of a voluntary demotion to a position not previously held. If the employee does not successfully complete the probationary period in the judgment of the Department Head with the approval of the Personnel Director, he/she may be reassigned, transferred or terminated but such action may be appealed through the grievance procedure.

ARTICLE V
LAYOFF AND RECALL

Section 5.0

Layoff shall mean any of the following measures initiated by the City:

- A. Involuntary, non-disciplinary termination of an employee because of lack of work or elimination of a position or the elimination of an activity.
- B. Reduction of an employee's hours of work, below the established work week for that classification.
- C. The City shall notify the Union and the employee at least thirty (30) calendar days in advance of any layoff of a permanent employee. Notice shall be delivered in person or be sent by certified mail.

Section 5.1

- 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 bump 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 in accordance with the job description as determined by the Personnel Director.
- B. An employee electing the option to bump must submit his/her request in writing to the Department Head and the Personnel Director within ten (10) working days of receipt of notice of layoff. The Personnel Director shall meet with the employee if the employee so requests to discuss positions for which the laid off employee believes he/she is qualified for. Upon a decision to bump, the Department Head shall reassign the employee to the lower classification if the employee meets the requirements as set forth above.

Section 5.2

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

President
Vice President
Secretary/Treasurer
Chief Steward
Steward

Section 5.3

Layoffs shall take place within a Department or Division as identified in Appendix B. Layoffs should be within classification with the least senior employee being laid off first. The order of layoff shall be as follows:

- A. Substitute employees.
- B. Temporary and Seasonal employees.
- C. Part-time employees (working less than the standard work week for the classification).
- D. Full-time employees serving an initial probationary period.
- E. Permanent, full-time employees.

Section 5.4

- A. An employee recalled under the provisions of this article shall not suffer any loss of rights, privileges or benefits.
- B. Any employee laid off in accordance with the above article shall have his/her name placed on a reemployment list for the position last worked or position(s) in which he/she held prior to layoff or any bargaining unit position in a lower grade specifically identified and requested by the employee for which the employee is qualified. The names of employees shall be arranged on the reemployment list in order of seniority and shall remain thereon for a period of two (2) years.

Section 5.5

Employees on a reemployment list shall be rehired, reclassified to their former positions or reinstated to their former work week in accordance with their seniority and there shall be no appointments to such positions from outside the bargaining unit until employees on such reemployment list have been restored to their original status. The employee shall have the right to refuse one (1) offer of employment in a position below the class held at the time of layoff without loss of recall rights. A second offer shall not be in the same job position as the first refusal.

Section 5.6

An employee appointed from a reemployment list to a position in his/her former classification shall be paid at the same pay step as held when he/she was reduced in status or laid off.

Section 5.7

In the event an employee is recalled into a lower classification, or assigned to a lower classification in lieu of layoff, such employee shall be paid at the pay step in the lower

classification which is closest to but not more than his/her previous step. The employee shall have the right of first refusal to return to his/her former position should the City decide to fill the position.

ARTICLE VI HOURS OF WORK, OVERTIME AND HOLIDAY PREMIUM PAY

Section 6.0

A. The regular work day and week for bargaining unit employees on a salary basis shall be seven and one-quarter (7 1/4) hours per day. The hours shall be 8:15 a.m. to 4:00 p.m., with a one-half (1/2) hour lunch and one (1) twenty (20) minute coffee break for five (5) consecutive days a week, Monday through Friday, for a total of thirty-six and one-quarter (36 1/4) hours per week or as noted below. Hours other than those listed may be acceptable, provided an employee works the minimum of thirty-six and one-quarter (36-1/4) or forty (40) hours per week as their position requires. Any such work schedules must be submitted in writing and approved by the employee's supervisor. In the event the employee is required to work more than the seven and one-quarter (7 1/4) hours daily, the appropriate overtime rate will be applicable.

1. Hours of work for Youth Worker in Community Service Division of the Parks and Recreation Department shall be as follows:

Seven and one-quarter (7 1/4) hours per day Monday through Friday with a one-half (1/2) hour lunch and one (1) fifteen (15) minute coffee break for a total of thirty-six and one-quarter (36 1/4) hours per week. The hours of work shall be flexible with a starting time of 8:15 a.m. and an ending time of 8:00 p.m.

2. Hours of work for the Recreation Division including but not limited to the After School Program shall be as follows:

Seven and one-quarter (7 1/4) hours per day Monday through Friday with a one-half (1/2) hour lunch and one (1) fifteen (15) minute coffee break for a total of thirty-six and one-quarter (36 1/4) hours per week. The hours of work shall be flexible with a starting time of 8:15 a.m. and an ending time of 8:00 p.m. and the hours may vary from day to day or week to week depending on the needs of the division.

- B. Bargaining unit employees shall not be required to use a time clock.

C. The City, if it decides to do so, may offer the employees in the Town Clerk, Tax and Assessor departments, the opportunity to work extended working hours to 7:00 p.m. on Thursday evenings as it deems practicable. Employees shall only work such hours on a voluntary basis. If such hours are worked, the employee(s) will receive compensatory time in accordance with Section 6.2. If at any time coverage of the extended hours on Thursday night is not provided on a voluntary basis sufficient to meet the needs of these departments, the City and the Union agree to meet and discuss the staffing issue.

Employees who volunteer for such Thursday working schedule must be able to provide the necessary services to the public as determined by the Department Head.

In addition, the Assessor may require employees to work beyond normal work hours in December and January to complete the grand list by the statutory date of January 31st each year. If required to work beyond normal work hours, employees will receive overtime or compensatory time in accordance with Section 6.2

D. The hours of Construction Inspectors and Surveyors shall be 7:00 a.m. to 3:30 p.m.

Section 6.1. Flextime

An employee may request a flexible work schedule and if it fits the needs of the City and there is mutual agreement between the professional employee and his/her department head. Flexible work schedules may be established within the confines of the workday. Such schedule shall be negotiated by the Union and the City, and shall be subject to an annual review with either the Union or the City reserving the right to cancel the agreement.

Section 6.2

A. Time and one-half shall be paid as follows:

1. For all work performed by an employee in excess of his/her regular work day or work week.
2. For all work performed on the sixth day of an employee's regular work week as set forth in Section 6.0.

B. Double time shall be paid as follows:

1. For all work performed on the seventh day of the employee's regular work week as set forth in Section 6.0.
2. For all work performed on holiday plus regular holiday pay.

C. Compensatory Time

Overtime may be compensated at the request of the employee by compensatory time off, computed in the same manner as financial compensation would otherwise have been computed. The City may elect to grant compensatory time once monthly after an employee has worked one call in overtime assignment in a month. The employee shall be paid at the appropriate rate of pay as stated in Section 6.2A and 6.2B above.

The employee must notify his supervisor in writing at the time that payroll is submitted, if he/she requests payment in compensatory time, otherwise payment will be financial.

- D. Employees shall not accrue more than 50 hours of compensatory time on a rolling basis. In addition, any compensatory time earned must be used within one (1) year from the date earned. If an employee produces proof that he/she was unable to use his/her compensatory time as the result of a denial by the Department Head, then the Employee shall have a three month extension in which to use the compensatory time. If the Employee is again unable to use the compensatory time as the result of a denial by the Department Head, the Employee shall be paid out for that compensatory time at the appropriate rate.

Any current employee who has more than 50 hours of compensatory time at the time of ratification shall be allowed to use those hours which are in excess of 50 hours within one year of ratification.

- E. No more than five (5) consecutive days of compensatory time can be taken in any one month unless approved by the Department Head.

Section 6.3

- A. Full time employees within a department shall be given preference on all overtime assignments.
- B. Overtime work for all employees of the department shall be assigned on as equitable a basis as possible within respective job classifications.

If the Union requests, overtime assignment rosters shall be conveniently and conspicuously posted in each department, listing all employees by their respective classifications. Overtime assignments offered to but not accepted by an employee shall be indicated on such rosters as time worked for purposes of overtime distribution only. The City is not required to offer overtime to an employee who has not worked his last scheduled shift.

- C. The Union shall be given, upon request, a list of all overtime hours, rates paid to each employee as of October 1st and April 1st.
- D. Overtime hours shall not be considered as part of an employee's regularly scheduled hours of work.
- E. 1. An employee called in to work outside regularly scheduled working hours shall be guaranteed a minimum of four (4) hours pay at one and one-half (1 1/2) times or double time, whichever is applicable. The minimum four (4) hours shall be for each call-in event and the change of the day shall not break the continuity of the four (4) hour minimum. If an employee is required to return to work during any 4 hour call in, he or she shall only receive one 4 hour call in. This does not apply to additional call ins if they are outside of the 4 hour time frame of a call in.
2. Whenever overtime of two hours or less prior to the start of a regular work day is scheduled at least seventy-two (72) hours in advance, the employee shall be

guaranteed a minimum of two (2) hours at the time and one-half (1½) rate. If such overtime is scheduled on a weekend or holiday, or with less than seventy-two (72) hours notice, the provisions of (1) above shall apply.

3. An 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 be guaranteed a minimum of two (2) hours at the time and one half rate or hours worked at the time and one half rate whichever is greater.
4. When overtime is requested of an employee, which overtime shall extend the normal end of an employee's shift and said employee elects with the supervisor's approval to perform said overtime prior to the start of said employee's normal shift, said employee shall be paid for the actual time worked prior to said shift at time and one-half of said employee's normal hourly rate.

Section 6.4

If an Inspector in any of the four following fields (Plumbing, HVAC, Electrical, Building) has the necessary qualifications under the Connecticut General Statutes to perform inspections in any of the other fields, he/she may perform such inspections.

ARTICLE VII LEAVE PROVISIONS

Section 7.0

- A. Each employee hired prior to February 13, 2019 shall receive leave of absence with full pay for illness or incapacity at the rate of one and one-quarter (1¼) days per month. Employees hired after February 13, 2019 shall only receive leave of absence with full pay for illness or incapacity at the rate of one (1) day per month. If requested, each employee shall be notified by letter of accumulated sick leave during the month of July each year. Employees in the bargaining unit shall be allowed to use their sick time in one hour increments
- B. In the case of an employee's use of sick leave in excess of three (3) consecutive working days, he/she, if the Department Head or his designee requests, must complete a sick-leave usage form stating the general nature of the illness or the need for sick leave and whether or not medical assistance was required. The form must be signed by the employee. (The sick leave usage form is attached as Appendix F)
- C. Each employee shall receive four (4) personal days every first of July. For each six-month period of perfect attendance the employee shall receive an additional personal day. 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 shall be paid out those personal days

- 1) Personal Days, vacation days, holidays, compensatory days, CT Paid Sick Leave, funeral leave days not chargeable to sick leave and days covered by Worker's Compensation shall not break continuity for perfect attendance.
- 2) In the event that continuity is broken, a new six (6) month accumulation period shall begin immediately upon the employees return to work.

Section 7.1

- A. 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.
- B. The City reserves the right to propose an alternative to the present sick leave program. Such proposal however, shall be subject to full negotiations with the Union and may not be implemented unilaterally by the City. Any such agreed upon change shall be subject to ratification by Union members.

Section 7.2

Employees shall be allowed to use paid sick leave for the twelve-week period of that leave under the provisions of the Family and Medical Leave Act (FMLA). In addition to the utilization of any sick leave balance, donated sick leave from other employees may be utilized for anytime up to the conclusion of the eligible twelve-week period, assuming that the individual's sick bank has been depleted prior to use of donated time.

Section 7.3

A. Bereavement Leave

Employees shall be entitled to bereavement leave with full pay as follows:

1. In the event of death in the employee's immediate family or the immediate family of his/her spouse or civil union partner, 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 maximum time for a brother-in-law and/or sister-in-law shall be two (2) days. Three of the five working days are not to be deducted from the employee's sick leave account. Immediate family for purpose of this clause is defined as parents, grandparents, spouse, brother, sister, 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.

Other individuals domiciled in the employee's household, or their immediate family members, will be considered in a case-by-case basis and will not have recourse to the grievance and/or arbitration procedure. Proof of death may be required by the Personnel Director.

2. Employees shall be entitled to one (1) day, for each funeral outside of the immediate

family, chargeable to sick leave. Proof of death may be required by the Personnel Director.

3. The aforementioned days may be extended for extenuating circumstances when requested by the employee and approved by the Department Head and Personnel Director. Said request and approvals shall be in writing and all extensions shall be deducted from the employee's accumulated sick leave or vacation time account.

B. Maternity and Adoption Leave

Employees shall be entitled to maternity or adoption leave pursuant to the following procedures:

1. Child-Bearing Leave

- a. Maternity leave, chargeable to sick leave, shall begin when the employee's personal physician submits to the City a letter stating when the period of disability commences and when the period of disability ceases. Except in the case of documented medical difficulties, sick leave is not normally expected to continue for more than six (6) weeks after delivery. Upon her return, the employee shall be assigned to her former position.
- b. Any other leave shall be considered in accordance with the provisions of the Federal Family and Medical Leave act of 1993.
- c. If said employee is on his/her initial probationary period the probationary period shall resume when he/she returns to work.

Section 7.4 - Leave of Absence

- A. Upon written request and with approval of the Department Head, Personnel Director and Mayor, a leave of absence for a specific purpose and for a specific period not exceeding one (1) calendar year may be granted to an employee without pay and without loss of seniority. However, a leave of absence shall not be granted for purposes of pursuing other employment.
- B. In addition to (A) above, a leave of absence without pay up to a total of ten (10) working days in any fiscal year may be granted by the Department Head in consultation with the Personnel Director and/or Mayor to any employee with not less than six months of employment.

Section 7.5

- A. In lieu of eligibility under Section 7.2, when the serious illness or injury of a member of the employee's immediate family requires the employee's personal attendance, up to fifteen (15) 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 from the physician in charge. For purposes of immediate family, it is defined for this section as spouse, civil union partner, parents, step-parents, foster-parents, grandparents, child, step-child, foster-child, brother, sister or a relative domiciled in the employee's household. Use of sick time shall not count as use toward accumulated personal days.

Section 7.6 - Retirement/Death Benefit

- A. At the time of an employee's 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 according to the following formula –

0-75 days	-	15 days or the actual amount of accrued days which is less
76-250 days	-	35%

For employees hired after October 23, 1996, only the death benefit pay-out shall apply.

Section 7.7 – Workers Compensation Act

- A. Whenever an employee is absent from work due to an injury or other incapacity resulting from his/her employment with the City, and is entitled to compensation under the Workers' Compensation Act, such absence shall not be charged against the employee's accumulated sick leave for a period not to exceed six (6) consecutive months. During said period, such employee shall be paid wages which together with weekly workers' compensation checks do not exceed his/her regular net weekly wage. If an employee is absent for this cause beyond six (6) months, the employee may, at his/her option make up the difference between weekly workers' compensation checks and his/her regular net weekly wage through the use of accumulated sick leave to the extent it is available. Thereafter, the employee shall receive only his/her workers' compensation entitlement. Net pay shall mean gross base pay less deductions for pension, income tax and FICA, if applicable.
- B. No employee will be eligible for sick leave during any period he/she is eligible for and/or collecting Workers' Compensation from an employer other than the City of New Britain.

Section 7.8 - Military Leave

Any permanent, full time employee in the bargaining unit who is a member of the national guard, naval militia or the military, air or naval forces 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.

Any permanent, full time employee in the bargaining unit who is a member of the national guard, naval militia or the military, air or naval forces of the United States who is activated or otherwise required to perform military service over and above the two-week training period referenced above shall be paid the difference between his/her military pay and his/her regular pay upon submission by the employee of a form certifying the amount of money which he/she has been paid during his/her period of absence. No employee shall lose any seniority standing because of any military service including service in the National Guard or organized reserves. On return from military service, an employee shall be reinstated in his former job or one of like rank and shall receive credit for the increments awarded during his absence on military service provided he reports for duty within ninety (90) days of his discharge from military service. The employee's accumulation of sick leave, upon leaving, shall be retained to his credit when he returns.

Section 7.9 - 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 7.10 - Jury Duty

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

Section 7.11

Employees shall be granted leave with pay for the following reasons:

- A. Participation in conference or official meetings which enhance the employee's value to the City and is approved by the Department Head or is required for state certifications.
- B. Participation in job-related seminars; educational or training course which enhance the employee's value to the City and is approved by the Department Head or is required for State certification.

ARTICLE VIII VACATIONS

Section 8.0

Employees shall earn vacation credits according to the schedule cited below. Vacation time is credited on a monthly basis (with the exception of Section 8A and B below) and may be taken by the employee as it is earned. Effective March 1, 2019 vacation time shall be credited on an annual basis (with the exception of Section 8A and B below) on the anniversary date of each employee.

- 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 up to and including four (4) years, ten (10) working days.

Five (5) years up to and including nine (9) years, fifteen (15) working days.

Ten (10) years up to and including fourteen (14) years, one additional day for each year of service over nine (9) years to maximum of twenty (20) working days with fourteen (14) years service.

Fifteen (15) years up to and including twenty (20) years, twenty (20) working days.

Twenty-one (21) years 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 (25) years service.

Section 8.1

The vacation period will be set by mutual agreement between the Department Head and the employees except that seniority shall govern preference, provided a department's efficiency is not impaired.

Section 8.2

- A. Any accrued pro-rata vacation pay due an employee at the time of separation from City service, regardless of the reason, shall be paid in a lump sum.

- B. In the event of the death of an employee, the employee's estate shall receive any accrued, pro-rata vacation pay.

Section 8.3

- A. When a holiday as specified in Article IX 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 8.4

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 15 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 or said days will be forfeited. The Personnel Director shall notify the Department Head. If an employee is unable to use 5 of his/her carried vacation over days as the result of being denied time off by the Department Head/Appointing Authority, the Employee shall be allowed to cash out those 5 carried over vacation days. However, the request for the payout must be made prior to the expiration of 6 months of the employee's anniversary date. All other carried over vacation days will be forfeited if not used within 6 months of the employee's anniversary date.

ARTICLE IX HOLIDAYS

Section 9.0

- A. The recognized paid holidays shall be as follows: New Year's Day, Martin Luther King, Jr. Day, Lincoln's Birthday, Washington's Birthday, Good Friday, Memorial Day, Juneteenth*, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving Day, Christmas Day, a floating holiday for Election Day**, and any holiday officially proclaimed as such by the Congress of the United States or the Legislature of the State of Connecticut.

*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 that floating holiday for June 19th, that employee will not be denied but this will only apply when June 19th falls on a workday.

**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.

Section 9.1

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

Section 9.2

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

Section 9.3

No holiday pay shall be paid to an employee who is under suspension or on a leave of absence without pay when the holiday occurs.

Section 9.4

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

Section 9.5

Employees may elect to convert his/her floating holiday and/or one vacation day into seven and one-quarter (7¼) hours of compensatory time which may be used in increments of one quarter hour or more. This compensatory time shall not be used for tardiness.

ARTICLE X WAGES/LONGEVITY

Section 10.0

The salary rate in effect for employees covered under the Agreement shall be increased in accordance with Appendix "A" which is attached hereto as a part hereof.

The salary rates shall be adjusted as follows:

July 1, 2026,	3% General Wage Increase
July 1, 2027,	2.9% General Wage Increase
July 1, 2028,	2.75% General Wage Increase

Section 10.1

- A. An employee after having served one (1) year, (12 months), in a particular position will advance to the next step on 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 10.2

- A. Any employee within the bargaining unit who is promoted to a new classification or is temporarily required and assigned to work in higher classifications shall be placed on a step of the schedule or the classification which is at least equal to the next higher step-in his/her former classification with a minimum increase of ten percent (10%) whichever is greater and any negotiated increases as they become due. Not to exceed the maximum step in the applicable paygrade.
- B. An employee who has been required and assigned to work in a higher classification outside the bargaining unit, after having served one year (12 months) in such higher classification, shall be advanced to the next step of the pay plan to which he/she has been temporarily assigned. In the event the employee continues to be assigned to such higher classification, step advances shall be made annually thereafter.

Section 10.3

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

Section 10.4

Any significant 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. The Union and the City agree to expedited arbitration on any outstanding issues regarding job specifications, as it applies to new and revised job descriptions in the current job study. The Union may submit requests for upgradings and/or title changes to the Department Head who shall provide a recommendation to the Personnel Director. Any upgrade and/or title change denied by the Personnel Director may be raised during negotiation of the successor collective bargaining agreement.

Section 10.5

Any position listed in Appendix C whose pay rate has not been established shall be established when the position is filled. If the parties can not agree on a salary, then the matter shall be submitted to the Connecticut State Board of Mediation and Arbitration for arbitration in accordance with its rules.

Section 10.6

For each employee hired prior to February 13, 2019 covered by this Agreement with a minimum of ten (10) years of continuous service as of April 1, each year the following amounts shall be added to such employee's annual salary for the years of service completed by April 1 of each year:

For ten (10) through
fourteen (14) years service

525

For fifteen (15) through
nineteen (19) years service

600

For twenty (20) or more
years of service

700

Such longevity payments shall be made during the month of June of each year. In the case of retirement only, the City agrees to prorate the above longevity amount (1/12 for each month of service).

Employees hired after February 13, 2019 shall not be entitled to longevity

Section 10.7

Employees working on a regularly scheduled shift operation, other than snow removal or other similar emergency type work, shall receive a shift differential as follows:

- A. Employees on the second shift shall receive 6% in addition to their regular rate.
- B. Employees on the third shift shall receive 8% in addition to their regular rate.

Section 10.8

The City shall provide those members who are employed in the Building and Health Departments with a smart phone in lieu of a flip phone and in lieu of internet services on the google tablets. The smart phone shall be used as a hotspot for internet services for the tablet.

ARTICLE XI INSURANCE

Section 11.0

- A. Effective July 1, 2015 and thereafter, all Local #1303 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 on or about July 1 and the remaining City fifty percent (50%) on or about January 1 annually. Members may choose to contribute their portion of the deductible in equal installments through payroll deduction. Members shall 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 is participating in payroll deduction for his/her portion of the annual deductible or has prefunded his/her portion of the deductible 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. The HDHP services shall be equivalent as present through the PPO. Contributions shall be as follows:

7/1/26 11% fully insured premium cost and City to pay 50% of the deductible
7/1/27 12% fully insured premium cost and City to pay 50% of the deductible
7/1/28 13% fully insured premium cost and City to pay 50% of the deductible

The premium cost share shall be based on the equivalent fully underwritten rates as set forth in the Anthem PPO Annual Renewal Package. The Plan design of the PPO shall remain equivalent to the current PPO.

Dental Plan cost share premium shall remain at 10% for Anthem flex dental until such time as the health insurance cost share premium exceeds 10% and at such time the dental cost share premium shall be the same as the health cost share premium. At the employee's sole cost, and only as may be offered by the provider, additional Delta Dental coverage beyond the basic coverage offered by the City may be elected.

Vision is a separate rider and vision rates will be included in the rates of the HDHP. For any member continuing to be enrolled in any plan other than the High Deductible Health Plan, i.e. Century Preferred, the City will pay the same dollar amount toward the premium cost for each plan as the City pays for premium cost in the High deductible plan for each member enrolled at each level of coverage. The member shall pay 100% of the difference between the City's total dollar premium (Core Plan) and the total premium cost for Century Preferred.

An outline of the benefits provided under these plans are attached in Appendix D. Any individual hired by the City after 7/1/2015 shall only be offered the High Deductible Health Plan with HSA for health insurance.

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.

- B. All employees and dependents 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.
- C. 1. The City shall assume full cost of insurance for employees retired on a job related disability for the life of the employee.
2. The City shall pay the cost of insurance for individuals covered under this Agreement who were employed by the City on or before October 23, 1996, for the first seven (7) years of their retirement. Such individuals shall have the choice of the Century Preferred PPO, or High Deductible Health Plan. If the City changes carriers for the Anthem PPO Plan, or HDHP Plan, it shall have the equivalent plan design.

All shall be subject to the following restrictions:

- 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 equal to or better than 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. If the retired employee is enrolled in the High Deductible Health Plan/HSA, City shall pay 100% of member's HDHP premium cost share for the period of 7 years who are eligible for post-retirement health insurance under the CBA which shall include up to the spouse and family. The City's HSA (or HRA where applicable) deductible contribution remain at 50%. The City's HSA deductible contribution for retirees will be handled and paid in as is done in Section 3a above. The City will pay 100% of bills submitted to the Retiree HRA account up to the City's 50% limit without payments from the Retiree.

At the time of retirement, those employees who are eligible for post-retirement health insurance in accordance with the CBA shall have a one-time option to enroll into Anthem Century Preferred PPO. If the employee does not take the option to enroll in PPO, at the time of retirement, they shall remain enrolled in the HDHP/HSA for the 7 year post-retirement period. The City will pay the full cost of coverage for the Anthem PPO, for the retiree and spouse only 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 early retirement benefits or meets the requirements for service connected disability retirement benefits.

If during the seven year period, the employee or the spouse reaches age 65, he or she shall be placed on Medicare (if eligible) as primary and the City's Medicare supplement with a dental, vision and prescription drug rider coverage shall be secondary, both subject to the City of New Britain's obligation to pay all or a portion of the cost of the premium as outlined above. The employee agrees to meet with City and select the best Medicare Supplement plan that works for the employee. If the employee (retiree) and/or spouse are not eligible for Medicare, the City of New Britain's coverage as primary shall continue through the seven year period. The City shall reimburse the retiree and/or spouse for Medicare Part B only for those employees who qualify for the 7 years post-retirement health insurance benefits and only during that 7 year period.

- c. Any retiree and/or his or her spouse who are both age 65 or older and eligible and enrolled in Medicare as primary who wish to remain enrolled in a Medicare supplement beyond seven (7) years after the date of retirement, and any spouse of a deceased retiree age 65 or older and eligible and enrolled in Medicare as primary who beyond the seven (7) year period wishes to remain enrolled in a Medicare supplement after the death of the retiree, shall pay the full cost of the fully insured group insurance premiums. This section shall apply only if the Medicare Supplements offered by the City are fully insured. Should the City choose not to be fully insured for the Medicare Supplements, it agrees to meet with the Union and negotiate any impacts.
- d. Any individual hired into the Local bargaining unit after the October 23, 1996, shall not be eligible for any City paid retiree health insurance benefits as outlined in Section 11.0(B)(2)(a)(b)(c) above. Any permanent City employee hired prior to October 26, 1996 who subsequently becomes a Local 1303 bargaining unit member, shall receive the same level of retiree health insurance benefits that he/she was afforded prior to their inclusion in the Local 1303 bargaining unit, but not to exceed seven (7) years.
- e. The City may elect to experience rate the retiree's 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 equal to or better than coverage, shall be subject to the grievance and arbitration provisions of this agreement.
- g. The Parties agree should the State Partnership Plan 2.0 become more cost effective than the current insurance plans, the parties agree to meet and discuss.

Section 11.1

An employee 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 (HMO, Anthem Blue Cross/Shield, and the related riders) 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, capped at the rates of:

single-	\$1,200
two-person-	\$2,700
family-	\$3,700

Such payment (subject to regular deductions) shall be made during the fourth payroll week in July of each fiscal year. Employees choosing this option shall only be able to change their option effective on July 1 of each fiscal year by notifying the Personnel Director by the preceding April 1. However, any employee who becomes ineligible under some alternate health insurance coverage during the one (1) year period will be re-enrolled under the City's health insurance provisions provided that the City is notified, in writing, by the employee. No proof of insurability will be required. In a case requiring the re-enrollment of an employee before the one (1) year period has expired, the employee will receive a pro-rated amount for any full month he/she has participated in the plan; provided, however, that a minimum participation of six (6) full months in the plan is required. 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 (HMO, Blue Cross/Shield and the related riders) 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.

Section 11.2

A. Life Insurance

Each employee shall be enrolled in a group life insurance plan with Accidental Death and Dismemberment double indemnity (AD&D) in the amount of \$50,000.00 during the term of employment and \$10,000 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 if allowed by the City's insurance carrier to a maximum of \$100,000 in accordance with the requirements of the optional life benefit program. The employee may purchase at his/her own expense additional life insurance for spouse, civil union partner and dependent children of the employee in units of \$10,000.00, if allowed by the City's insurance carrier. Each member shall be issued a copy of the Life Insurance Policy above.

It is agreed that the \$1,000 Life Insurance Coverage will be continued for those employees retired prior to the effective date of Plan B. Effective July 1, 1994 any Local 1303-332 retiree who left the City prior to July 1, 1988, will receive life insurance coverage in the amount of \$ 6,000.

B. Dental Plan

Anthem Blue Cross/Blue Shield of Connecticut Flexible Dental Benefit as outlined in Appendix "D".

Section 11.3

The City shall set up a pre-tax feature and a dependent care account at no cost to the employee.

A. A tax savings plan within the meaning of Section 125 of the Internal Revenue Code of 1986, as amended, and the income designated by the employee in compliance with such plan shall be excludable from the employee's taxable income as provided by law.

An employee may designate pre-tax dollars for certain medical/dependent care costs such as premium cost sharing amounts, deductibles co insurance charges and certain medical care not covered under existing insurance programs, and a dependent care account to pay expenses for children, disabled dependent or elderly parent.

Section 11.4 - Pension Benefits

Subject to the provisions of Section 11.5 below, pension benefits shall be provided for the employees according to the Connecticut Municipal Retirement Fund Act as contained in Section 7-425 and 7-459, Connecticut General Statutes, Revision of 1958, as amended.

Section 11.5

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. All DMD employees hired after November 17, 1998, will be provided with coverage under Plan B of the Connecticut Municipal Employees Retirement Act.

Section 11.6

If the City finds it desirable to obtain equivalent insurance coverage(s) from alternate 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 Article 14.4. If the arbitrator(s) finds the coverage to be equivalent, the City may exercise the option of changing to the equivalent coverage through an alternate carrier.

Section 11.7 – Tax-Sheltered Annuity Plan

The City agrees to continue the tax sheltered annuity plan for all employees who choose to participate. The plan shall conform to guidelines set forth for governmental deferred compensation plans.

Section 11.8 - Disability

Any member of Local 1303-332 who has been retired by reason of physical or mental disability, pursuant to the provisions of Section 7-432, Connecticut General Statutes, may be required by the State of Connecticut to submit to a re-examination. Such examination is to be conducted by a surgeon or physician appointed by the State Employees' Retirement Commission and paid for either by said commission or the City of New Britain. Should the employee be found capable of returning to active duty, the employee shall be reinstated at the pay grade and step held at the time of the employee's retirement under terms of the Local contract in force at the time of re-instatement. In the event said retired member shall fail to comply with the order for re-examination, or if after re-examination, shall fail to comply with the request of the City or State to return to duty, said City or State shall have the power to stop further pension payments until the order has been complied with. This section shall apply to all members effective the signing date of this Agreement exclusive of employees not enrolled in MERF.

ARTICLE XII SAFETY AND HEALTH

Section 12.0

The City shall make reasonable provisions for the safety and health of its employees during the hours of their employment including the furnishing of foul weather gear, boots and gloves, protective helmets, authorized safety glasses or goggles, respirators, etc., to those employees exposed to severe elements or required to work in hazardous locations.

Section 12.1

A joint safety committee shall be formed by the City and the Union. The committee which shall be comprised of two (2) representatives designated by the Union and two (2) representatives designated by the City shall meet monthly to review and recommend safety and health measures in the various departments covered by this Agreement. Corrective measures against hazardous and unsafe conditions shall be implemented promptly. The selection of the appropriate corrective action shall be the sole responsibility of the City. One additional union member shall be allowed, who in the absence of the regular member will be allowed to vote on matters before the committee.

Section 12.2

The City shall reimburse employees in the following positions, Sanitarians, Housing Inspector, Building Inspector, Electrical Inspector, Plumbing/HVAC Inspector, Construction Inspector, Engineering Technician 1, Senior Engineering Technician, Assistant Golf Superintendent in the following amount for the purchase of safety shoes which will be worn while working:

Effective 7/1/23 \$350.00

The employee will be eligible for the reimbursement of one pair of safety shoes. Any remaining balance after purchase of safety shoes can be used for shoe inserts and/or work clothing.

Such payment will be reimbursed in the second pay period from the day of submission of the proof of purchase. The City may contract with a vendor to provide safety shoes. Employees shall have the option of using the vendor or purchasing shoes from other sources.

If the City creates a new position or fills a vacancy and that position requires that safety shoes be worn while working, then that position shall be eligible pursuant to this section.

ARTICLE XIII DISCIPLINARY PROCEDURE

Section 13.0

No employee covered by this Agreement shall be discharged or disciplined except for just cause.

Section 13.1

Other than in the case of initial probationary employees, any disciplinary action including discharge may be appealed through the grievance procedure of this Agreement.

Section 13.2

Any disciplinary action shall be stated in writing, giving the reason for same and a copy given to the employee and the Union President at the time of such action.

Section 13.3

The disciplinary record of any employee given a written warning 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. Such written warning will not be used as the basis for other discipline. 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 13.4 - Progressive Discipline

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 penalties. In the event it is necessary to discipline an employee, an employee shall be afforded the opportunity of a pre-disciplinary 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. The procedure for the imposition of disciplinary action shall occur in the following order:

Section 13.5

- A. Corrective interview conducted during an informal meeting between the supervisor (with or without the Department Head) and the employee. The results of the interview shall be recorded in writing. This document shall detail specific area of deficient performance and identify the minimum acceptable level of performance and a reasonable time in which improvement must be achieved.
A copy shall be provided to the employee and the Union. This shall not be considered a disciplinary action and shall not be added to the employee's personnel records.
- B. Written warning, putting the employee on formal notice that unless improvement is shown, further disciplinary action will be taken.
- C. 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.
- D. Suspension without pay.
- E. Dismissal

The order of disciplinary actions 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. For purposes of the above, the term "supervisor" shall mean the next immediate supervisor excluded from the bargaining unit.

ARTICLE XIV GRIEVANCE/ARBITRATION PROCEDURE

Section 14.0

A grievance shall mean a claim by an employee or the Union that rights under the specific language of this Agreement have been violated, or that there has been a misinterpretation or misapplication of the specific provisions of this Agreement. As used in this Agreement, the term "Employee" shall mean either (1) an individual employee, or (2) a group of employees having the same grievance.

Section 14.1

No grievance may be filed after fifteen (15) working days of the event giving rise to it. Any grievance which involves a continuing violation must be filed within fifteen (15) working days of the Union's knowledge of it.

Section 14.2

Grievances shall be filed on official Union grievance forms which specify:

- a. the facts;
- b. the issue;
- C. the date(s) of the violation alleged;
- d. the controlling contract provision(s); and
- e. the remedy or relief sought.

Grievances may be modified up to and including Step III.

Section 14.3 - Informal Resolutions

The grievance procedure outlined herein is designed to facilitate resolution of disputes at the lowest possible level of the procedure. It is therefore urged that the parties attempt informal resolution of any dispute and to avoid the formal procedures.

Section 14.4

Non-disciplinary grievances shall be processed in the following manner:

Step I - The employee, in company with the Union Representative, shall first discuss the grievance with the next immediate supervisor excluded from the bargaining unit, who shall answer within two (2) working days. If no satisfactory settlement is reached at this step, the grievance shall be put in writing and may be submitted to the employee's Department Head within five (5) working days from the date on which the supervisor answered.

Step II - Within five (5) working days of receipt of the grievance, the Department Head shall meet with the employee and/or the Union Representative in an effort to resolve the grievance. The Department Head will answer in writing within three (3) working days after such meeting.

Step III - If not settled, the grievance may be submitted within five (5) working days after receipt of the answer of the Department Head to the Personnel Director. The Personnel Director shall meet with the employee and/or the Union Representatives within five (5) working days of the

receipt of the grievance in an attempt to settle it. The Personnel Director shall answer the grievance in writing within five (5) working days after such meeting

Step IV - If the grievance is not settled by Step III within the required time, the Union, but not an individual employee, may submit such grievance to arbitration. Notice of intention to arbitrate must be in writing addressed to the Personnel Director, and must be made not later than twenty (20) working days following receipt of the Step III decision or the expiration of the time limits for making such decision, whichever shall occur first. The matter shall be heard by the Connecticut State Board of Mediation and Arbitration in accordance with its administrative procedures, practices and rules. If designated by the Union in its notice of intent to arbitrate, the Union may request the services of a mediator prior to submitting the matter to arbitration, provided in no event may the case be submitted to arbitration later than twenty (20) working days after the first meeting with the mediator unless mutually agreed otherwise. The arbitrator shall hear and decide only one grievance at a time and shall be bound by and must comply with all the terms of this agreement. The arbitrator shall have no power to add to, delete from or modify in any way any of the provisions of this agreement. The decision of the arbitrator shall be binding upon both parties during the life of this Agreement, as provided by law. Fees and expenses, if any, of the arbitrator shall be borne equally by the Union and the City. References to "Arbitrator" include a single arbitrator or a panel of arbitrators.

Section 14.5 - Disciplinary Grievances

Pursuant to the provisions of Article XIII, a Department Head may discipline an employee up to and including a suspension without pay not to exceed fifteen (15) days. In the event a Department Head decides to recommend a disciplinary action be taken against an employee which exceeds the limit stated herein, such recommendation shall be put in writing and first provided to the employee and the Union President. The employee, a Union Representative and the Department Head shall meet within five (5) working days of notice of such recommendation and attempt to resolve the issue. If resolution is reached, the settlement shall be reduced to writing by the Department Head within three (3) working days of the meeting and signed by the employee, the Union and the Personnel Director with copies provided to each. If settlement is not reached within three (3) working days of the meeting, the Department Head may submit his recommendation to the appointing authority with copies to the employee and the Union President. Such pre-disciplinary hearing shall be held within thirty (30) calendar days of the appointing authority's receipt of the recommendation. The employee shall be permitted to have legal counsel and union representation at the hearing, if desired. The decision of the appointing authority shall be reduced to writing with a copy provided to the employee, the Union and the Personnel Director, within ten (10) working days after the hearing.

Section 14.6

An employee disciplined by an appointing authority or Department Head in accordance with the provisions of Section 14.5, may appeal such action beginning at Step III as provided for in Section 14.4.

Section 14.7

- A. The grievance procedure shall be the sole method of processing claims concerning rights and/or privileges provided herein or concerning interpretation or application of provisions of this Agreement.
- B. Nothing contained herein shall prevent any employee from presenting his/her grievance and representing himself in Steps 1 through 3 of these procedures. Such employee may not enter into any arrangement with the City that is in violation of any of the provision of this Agreement.
- C. The Union President may submit a written request for specific factual information, as related to a disciplinary action case from the Department Head or Personnel Director. The City will make such requested data available to the President.
- D. Employees covered by this Agreement shall have full rights to union representation in grievance hearings and investigatory meetings which the employee believes may lead to disciplinary action.

Section 14.8

- A. Any time limits specified within this Article, except for the initial filing of a grievance, may be extended by mutual agreement of the Union and the City provided that if a grievance is not submitted to a higher step in the above procedure, 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 set forth in the Agreement, the grievance may be taken to the next step subject to the provisions herein.

Section 14.9

- A. Not more than two (2) stewards in each department shall be permitted to handle grievances. Such persons shall be permitted to adjust grievances during working hours without loss of pay up to a maximum of eight (8) hours each per month, provided that they shall notify their immediate supervisor when leaving their position for such purposes.
- B. Two officers of the Local Union shall be permitted to adjust grievances during working hours without loss of pay, provided that the total number of hours spent by the two employees between them shall not exceed eight (8) hours in any calendar week. Meetings requested by, or scheduled with representatives of the City, the State Board of Mediation and Arbitration under any of the provisions of Article XIV, and relating to the negotiation, enforcement, interpretation or application of this Agreement, shall not be charged against such time limit.

- C. Four employees of the Local Union shall be permitted time off to participate in negotiations for renewal or modification of this contract under Article XVI without loss of pay for any hours during which they would have been scheduled to work.
- D. Two officers of the Local Union shall be permitted time off without loss of pay for all time actually spent in arbitration hearings. The same shall apply for the principal participants as mutually agreed upon by the Personnel Director and the Union.
- E. Upon five (5) days notice to the respective supervisor (unless waived by the supervisor), a member of the Union who serves as President or Vice-President shall be allowed up to no more than a total of eight (8) hours combined per month to attend meetings between the Union and the Board of Education and/or the City in reference to any union matters.
- F. Whenever possible, all grievance meetings shall be scheduled within normal working hours.
- G. An employee required to be present at negotiations, a grievance meeting, arbitration hearing during regular working hours, shall not suffer any loss of pay for absence from work.

ARTICLE XV COMPLETE AGREEMENT

Section 15.0

The parties agree that all points covered herein above constitute the full and 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 Section 24.1 below is given.

Section 15.1

No amendments, additions, subtractions or modifications shall be made to rules and regulations of the employer which shall override or contradict specific provisions of this Agreement or reduce the benefits provided herein without the mutual agreement of the parties.

Section 15.2

All memoranda of understandings (prior to July 1, 1994) between Local 1186 and the City shall become part of this Agreement as attached to an original master contract on file in the Personnel Department.

Section 15.3

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

ARTICLE XVI
NONDISCRIMINATION

Section 16.0

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

Section 16.1

The City and Union shall abide by all Sections of the Americans with Disabilities Act, as it pertains to members of the bargaining unit.

ARTICLE XVII
PRIOR PRACTICE

Section 17.0

Nothing in this Agreement shall be construed as abridging any right, benefit, privilege or condition of employment (as the 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.

ARTICLE XVIII
SEPARABILITY

Section 18.0

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

ARTICLE XIX
EMPLOYEE ASSISTANCE PROGRAM

Section 19.0 - Employee Assistance Program

- A. The City and the Union recognize the value of counseling and assistance programs to those employees who have personal problems which interfere with the employee's efficient and productive performance of his/her job duties and responsibilities.
- B. The City shall provide informational EAP letters and/or meetings, at least twice a year for all employees.

ARTICLE XX
RESIDENCY PROVISIONS

Section 21.0

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

ARTICLE XXI
INDEMNIFICATION

Section 22.0 - Indemnification

The City shall provide indemnification as required by State of Connecticut General Statutes Section 7-101a and 7-465.

ARTICLE XXII
PROFESSIONAL FEES, LICENSES AND ASSOCIATIONS

Section 23.0 - Professional Fees, Licenses and Associations

The City shall continue to pay all costs of fees, licenses, certifications, occupational taxes, required to meet minimum job qualifications. As of July 1, 1999, the City shall pay \$150 per year, per person for the membership fees of job related professional organizations. Payment shall not exceed three (3) memberships per person.

ARTICLE XXIII
DURATION AND RENEWAL

Section 24.0 – Duration and Renewal

This Agreement shall be binding upon the City and the Union from the first day of July, 2023 and shall continue in full force and effect until midnight-of the thirtieth day of June, 2026, when it shall expire provided that if neither party gives the notice provided for in Section 24.1, this Agreement shall automatically renew itself for additional periods of one (1) year each and all provisions shall remain in effect with the same force as during the original term thereof.

Section 24.1

If either the Union or the City desire to meet for the purpose of negotiating changes or modifications in the provisions of this Agreement, they shall give written notice of such desire to the other by certified or registered mail not more than one hundred fifty (150) days prior to the expiration of this Agreement. Negotiations will commence not less than one hundred twenty (120) days prior to expiration of the existing Agreement.

APPENDIX A

Local 1303 Pay Grades

		7/1/2026		7/1/2027		7/1/2028	
		3.00%		2.90%		2.75%	
		Hourly	Weekly	Hourly	Weekly	Hourly	Weekly
3	36.25 Hours Building Official	Step 1 46.27	1,677.78	47.61	1,726.44	48.92	1,773.92
		Step 2 48.64	1,763.18	50.05	1,814.32	51.42	1,864.21
		Step 3 51.15	1,854.26	52.63	1,908.03	54.08	1,960.51
		Step 4 53.84	1,951.93	55.41	2,008.54	56.93	2,063.78
4	36.25 Hours Sanitarian Human Rights/Affirmative Action Officer Benefits Administrator - Human Resources Recreation Services Coordinator GIS Manager	Step 1 44.14	1,599.79	45.42	1,646.19	46.66	1,691.46
		Step 2 46.38	1,681.23	47.72	1,729.98	49.04	1,777.56
		Step 3 48.77	1,768.06	50.18	1,819.33	51.56	1,869.36
		Step 4 51.35	1,861.25	52.84	1,915.22	54.29	1,967.89
4A	Chief Inspector	Step 1 44.14	1,765.52	45.42	1,816.72	46.67	1,866.68
		Step 2 46.39	1,855.41	47.73	1,909.22	49.04	1,961.72
		Step 3 48.77	1,950.68	50.18	2,007.24	51.56	2,062.44
		Step 4 51.34	2,053.75	52.83	2,113.31	54.29	2,171.43
5	36.25 Hours IT Analyst/Public Safety IT Analyst Senior Center Community Services Coord. Administrative Accountant Benefits Administrator - Payroll Public Health Nurse Building Inspector with ABO or BO Electrical Inspector with ABO or BO Plumbing/HVAC Inspector with ABO or BO Economic Development Coordinator	Step 1 41.99	1,521.81	43.20	1,565.94	44.39	1,609.00
		Step 2 44.11	1,599.26	45.39	1,645.64	46.64	1,690.89
		Step 3 46.39	1,681.87	47.74	1,730.64	49.05	1,778.24
		Step 4 48.84	1,770.56	50.25	1,821.90	51.63	1,872.00
5A	40 Hours Asst. Golf Course Supt. Construction Inspector Surveyors	Step 1 39.01	1,560.79	40.14	1,606.05	41.24	1,650.22
		Step 2 41.39	1,655.12	42.59	1,703.12	43.76	1,749.96
		Step 3 45.15	1,805.93	46.46	1,858.30	47.74	1,909.41
		Step 4 46.54	1,861.81	47.89	1,915.80	49.21	1,968.48

6	36.25 Hours Special Tax Agent	Step 1	40.21	1,457.65	41.38	1,499.92	42.51	1,541.17
	Building Inspector if hired with no ABO or BO	Step 2	42.08	1,525.20	43.30	1,569.43	44.49	1,612.59
	Electrical Inspector if hired with no ABO or BO	Step 3	44.07	1,597.66	45.35	1,643.99	46.59	1,689.20
	Plumbing Inspector/HVAC Inspector if hired with no ABO or BO	Step 4	46.21	1,675.09	47.55	1,723.66	48.85	1,771.06
7	Epidemiologist							
	Zoning Code Enforcement Officer							
	36.25 Hours							
	Housing Inspector	Step 1	39.30	1,424.53	40.44	1,465.84	41.55	1,506.15
8		Step 2	41.17	1,492.08	42.37	1,535.35	43.53	1,577.57
		Step 3	43.16	1,564.53	44.41	1,609.90	45.63	1,654.17
		Step 4	45.30	1,641.98	46.61	1,689.60	47.89	1,736.06
	36.25 Hours							
9	Assessment Analyst	Step 1	38.17	1,383.24	39.27	1,423.35	40.35	1,462.50
	Drafter III	Step 2	40.02	1,450.79	41.18	1,492.86	42.32	1,533.91
	Grants Coordinator	Step 3	42.01	1,523.22	43.23	1,567.39	44.42	1,610.50
	Law Enforcement Grants Admin. Planner I	Step 4	44.16	1,600.68	45.44	1,647.10	46.69	1,692.39
9A								
	36.25 Hours							
	Bacteriologist	Step 1	36.99	1,340.85	38.06	1,379.74	39.11	1,417.68
		Step 2	38.75	1,405.13	39.88	1,445.88	40.97	1,485.64
		Step 3	40.64	1,473.26	41.82	1,515.99	42.97	1,557.68
		Step 4	42.67	1,546.56	43.90	1,591.41	45.11	1,635.18
	36.25 Hours							
	9A	Step 1	36.66	1,328.63	37.72	1,367.17	38.76	1,404.76
		Step 2	38.35	1,390.68	39.47	1,431.01	40.55	1,470.36
		Step 3	40.76	1,477.71	41.94	1,520.56	43.09	1,562.38
		Step 4	42.12	1,526.95	43.34	1,571.24	44.53	1,614.44

10	36.25 Hours	Step 1	35.80	1,298.17	36.84	1,335.82	37.85	1,372.56
	Adolescent Specialist	Step 2	37.51	1,359.74	38.60	1,399.17	39.66	1,437.65
	Community Life Skills Educator	Step 3	39.93	1,447.27	41.09	1,489.25	42.22	1,530.20
	Drafter II	Step 4	41.28	1,496.41	42.48	1,539.80	43.64	1,582.15
	Engineering Tech./Computer Operator							
	Plan Review Technician							
	Systems of Care/Care Coordinator							
	Youth Counselor							
	Youth Worker							
	Paralegal							
10A	40 Hours							
	Supv. Signalization & Control							
		Step 1	32.99	1,319.61	33.94	1,357.88	34.88	1,395.22
		Step 2	34.48	1,379.74	35.48	1,419.75	36.46	1,458.80
		Step 3	36.19	1,447.26	37.24	1,489.23	38.26	1,530.19
		Step 4	37.95	1,517.79	39.05	1,561.80	40.13	1,604.75
10B	36.25 Hours	Step 1	35.37	1,282.08	36.39	1,319.26	37.39	1,355.54
		Step 2	36.97	1,340.09	38.04	1,378.96	39.09	1,416.88
		Step 3	38.70	1,402.82	39.82	1,443.50	40.92	1,483.20
		Step 4	40.54	1,469.62	41.72	1,512.24	42.86	1,553.82
11	36.25 Hours	Step 1	34.44	1,248.23	35.44	1,284.43	36.41	1,319.75
	Assessment Technician	Step 2	36.03	1,306.44	37.07	1,344.33	38.09	1,381.30
	Bilingual/Bicultural Caseworkers	Step 3	37.75	1,368.63	38.85	1,408.32	39.92	1,447.05
	Disabilities Services Specialist	Step 4	39.58	1,435.34	40.73	1,476.96	41.85	1,517.58
	Immunization Coordinator							
	Victim Services Coordinator							
	Homeless Prevention and Housing Coordinator							
	Assistant After School Coordinator							
15B	36.26 Hours	Step 1	33.40	1,210.61	34.37	1,245.72	35.31	1,279.97
	Engineer I	Step 2	35.07	1,271.30	36.09	1,308.17	37.08	1,344.15
	Projection Coordinator (CCND)	Step 3	36.62	1,327.31	37.68	1,365.80	38.72	1,403.36

16	36.25 Hours Drafter I	Step 4	38.29	1,387.99	39.40	1,428.25	40.48	1,467.52
		Step 1	31.92	1,156.91	32.84	1,190.46	33.75	1,223.20
		Step 2	33.36	1,208.70	34.33	1,243.75	35.27	1,277.96
		Step 3	34.87	1,264.05	35.88	1,300.71	36.87	1,336.48
		Step 4	36.51	1,323.33	37.57	1,361.71	38.60	1,399.16
23	36.25 Hours Laboratory Assistant	Step 1	29.42	1,066.41	30.27	1,097.34	31.11	1,127.51
		Step 2	30.67	1,111.95	31.56	1,144.19	32.43	1,175.66
		Step 3	32.01	1,160.57	32.94	1,194.23	33.84	1,227.07
		Step 4	33.45	1,212.59	34.42	1,247.75	35.37	1,282.06

APPENDIX B

DEPARTMENT LISTING FOR PURPOSES OF ARTICLE V (LAY OFF)

Assessor
Building
Civil Service Commission
Common Council
Municipal Development
Corporation Counsel
Finance
Health
Human Rights Commission
Parks & Recreation
Police (Civilians)
Public Works
Senior Citizen Center
Welfare
IT

APPENDIX C

PROFESSIONAL LOCAL 1303-332, COUNCIL 4 AFSCME, AFL-CIO

Title	Pay Grade
Adolescent Specialist	10
Administrative Accountant	5
Administrative Coordinator for Health & SS	5
Assessment Analyst	8
Assistant After School Program Coordinator	11
Assessment Technician	11
Assistant Golf Course Superintendent	5A
Bacteriologist	9
Benefits Administrator – Human Resources	4*
Benefits Administrator - Payroll	5
Bilingual/Bicultural Hispanic Caseworker (JJC)	11
Building Inspector	5**
Construction Inspector	5A
Chief Inspector	4A
Disabilities Services Specialist	11
Drafter 1	16
Drafter 2	10
Drafter 3	8
Economic Development Coordinator	5
Electrical Inspector	5**
Engineer 1 (Survey Technician)	15B
Surveyor	5A
Engineering Technician 1/Computer Operations	10
Epidemiologist	6
GIS Manager	4
Grants Coordinator	8
Homeless Prevention and Housing Coordinate	11
Housing Inspector	7
Human Rights/Affirmative Action Officer	4
IT Analyst	5
Laboratory Assistant	23
Law Enforcement Grants Administrator	8
Paralegal	10
Planner 1	8
Plumbing/HVAC Inspector	5**
Police Planner	8
Project Coordinator	15B
Public Health Nurse	5***
Public Safety IT Analyst	5
Recreation Services Coordinator	4

Sanitarian	4
Senior Center Community Services Coordinator	5
Senior Center Program Coordinator	11
Social Worker	11
Special Tax Agent	6
Supervisor Signalization & Control	10A
Victim Services Coordinator	11
Youth Caseworker (JJC)	11
Youth Counselor	10
Youth Worker	10
Immunization Coordinator	11
Zoning Enforcement Officer	6

* Effective 7/1/23 Benefits Administrator was upgraded from PG5 to PG4

**Effective 7/1/23 the Building Inspector, Electrical Inspector and Plumbing/HVAC Inspector were upgraded from PG6 to PG5. Any new hire in the Building Inspector, Electrical Inspector or Plumbing/HVAC Inspector who does not have all certifications (ABO or BO) will be placed at PG6 until they received all certifications (ABO or BO) then they will be placed at PG5.

**Effective 7/1/23 Public Health Nurse was upgraded to PG5. Either party can revisit the paygrade in year three of the contract.

APPENDIX D

INSURANCE

BENEFIT SUMMARY



Administered by - Cigna Health and Life Insurance Co.

For - New Britain City and Board of Education

Open Access Plus HDHPQ Plan

HDP2-City1165,1186,1303,818,992,TD HDHPQ

Effective - 07/01/2026

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

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

Plan Highlights

In-Network

Out-of-Network

Lifetime Maximum	Unlimited	Unlimited
Plan Year Accumulation	Your plan's deductibles, out-of-pockets and benefit level limits accumulate on a contract year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between in- and out-of-network unless otherwise noted.	
Plan Coinsurance	Plan pays 100%	Plan pays 80%
Maximum Reimbursable Charge	Not Applicable	250%
Plan Deductible	Individual - Employee Only: \$2,000 Family Maximum: \$4,000	Individual - Employee Only: \$2,000 Family Maximum: \$4,000

• The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles.

• Plan deductible always applies before any benefit copay/deductible or coinsurance.

• Plan deductible does not apply to in-network preventive services.

• All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.

• This plan includes a combined Medical/Pharmacy plan deductible.

• In-network generic and preferred brand preventive drugs and products included in the preventive plus package will not be subject to deductible. This may apply to drugs for: Asthma, cholesterol lowering, depression, diabetes (including diabetic supplies and continuous glucose monitor supplies), heart disease and stroke, high blood pressure, osteoporosis, smoking cessation, prenatal vitamins.

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

07/01/2026

ASO

Open Access Plus HDHPQ - HDP2-City1165,1186,1303,818,992,TD HDHPQ

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Plan Highlights		In-Network	Out-of-Network
Plan Out-of-Pocket Maximum		Individual - Employee Only: \$2,000 Family Maximum: \$4,000	Individual - Employee Only: \$4,000 Family Maximum: \$8,000
<ul style="list-style-type: none"> The amount you pay for all covered expenses counts towards both your in-network and out-of-network out-of-pocket maximums. Plan deductible contributes towards your out-of-pocket maximum. All benefit copays/deductibles contribute towards your out-of-pocket maximum. Covered expenses that count towards your out-of-pocket maximum include coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum. All eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100%. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. 			
Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
Physician Services - Office Visits			
Primary Care Physician (PCP) Services/Office Visit		Plan pays 100% ^	Plan pays 80% ^
Specialty Care Physician Services/Office Visit		Plan pays 100% ^	Plan pays 80% ^
NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).			
Surgery Performed in Physician's Office		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Allergy Treatment/Injections and Allergy Serum Allergy serum dispensed by the physician in the office		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Virtual Care			
Dedicated Virtual Providers - MDLIVE			
MDLIVE Urgent Virtual Care Services		Plan pays 100% ^	Not Covered
MDLIVE Primary Care Services		Plan pays 100% ^	Not Covered
MDLIVE Specialty Care Services		Plan pays 100% ^	Not Covered
<ul style="list-style-type: none"> Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care. For MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below). Lab services supporting a virtual visit must be obtained through dedicated labs. Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies. 			

07/01/2026

ASO

Open Access Plus HDHPQ - HDP2-City1165,1186,1303,818,992,TD HDHPQ

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Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
Virtual Physician Services - Office Visits		Plan pays 100% ^	Plan pays 80% ^
Primary Care Physician (PCP) Services/Office Visit		Plan pays 100% ^	Plan pays 80% ^
Specialty Care Physician Services/Office Visit			
<ul style="list-style-type: none"> Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services). Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting. 			
NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).			
Convenience Care Clinic		Plan pays 100% ^	Plan pays 80% ^
Convenience Care Clinic			
Preventive Care			
Preventive Care		Plan pays 100%	PCP: Plan pays 80% ^ Specialist: Plan pays 80% ^
<ul style="list-style-type: none"> Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit. Annual Limit: Unlimited 			
Immunizations		Plan pays 100%	PCP: Plan pays 80% ^ Specialist: Plan pays 80% ^
Mammogram, PAP, and PSA Tests		Plan pays 100%	Covered same as other x-ray and lab services, based on Place of Service
<ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on Place of Service. Includes coverage for diagnostic mammograms, breast ultrasounds, and breast MRIs at 100% coinsurance, after deductible. 			
Inpatient			
Inpatient Hospital Facility Services		Plan pays 100% ^	Plan pays 80% ^
Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Pharmaceutical Drugs			
Inpatient Hospital Physician's Visit/Consultation		Plan pays 100% ^	Plan pays 80% ^
Inpatient Professional Services		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 			
Outpatient			
Outpatient Facility Services		Plan pays 100% ^	Plan pays 80% ^
Outpatient Professional Services		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 			

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Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
Emergency Services			
Emergency Room		Plan pays 100% ^	Plan pays 100% ^
• Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit.			
Urgent Care Facility		Plan pays 100% ^	Plan pays 80% ^
• Includes Professional, X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit.			
Ambulance		Plan pays 100% ^	Plan pays 100% ^
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.			
Ambulance - Mental Health and Substance Use Disorder		Plan pays 100% ^	Plan pays 100% ^
• Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.			
Inpatient Services at Other Health Care Facilities			
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities		Plan pays 100% ^	Plan pays 80% ^
• Annual Limit: 120 days			
Laboratory Services			
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit		Covered same as Physician Services - Office Visit
Independent Lab	Plan pays 100% ^		Plan pays 80% ^
Outpatient Facility	Plan pays 100% ^		Plan pays 80% ^
Radiology Services			
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit		Covered same as Physician Services - Office Visit
Outpatient Facility	Plan pays 100% ^		Plan pays 80% ^
Advanced Radiological Imaging (ARI)	Includes MRI, MRA, CAT Scan, PET Scan, etc.		
Outpatient Facility	Plan pays 100% ^		Plan pays 80% ^
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit		Covered same as Physician Services - Office Visit

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Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
Outpatient Therapy Services			
Outpatient Therapy Services	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	
Annual Limits:			
<ul style="list-style-type: none"> All Therapies Combined - Includes Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy - 50 days - combined with Chiropractic Services Limits are not applicable to mental health conditions for Physical, Speech and Occupational Therapies. 			
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.			
Chiropractic Services	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	
Annual Limit:			
<ul style="list-style-type: none"> Chiropractic care - 50 days - combined with Other Therapy Services 			
Cardiac Rehabilitation Services	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	
Annual Limit:			
<ul style="list-style-type: none"> Cardiac rehabilitation - 36 days 			
Hospice			
Inpatient Facilities	Plan pays 100% ^	Plan pays 80% ^	
Outpatient Services	Plan pays 100% ^	Plan pays 80% ^	
Note: Includes Bereavement counseling provided as part of a hospice program.			
Bereavement Counseling (for services not provided as part of a hospice program)			
Services Provided by a Mental Health Professional	Covered under Mental Health benefit	Covered under Mental Health benefit	
Medical Pharmaceutical Drugs			
Outpatient Facility	Plan pays 100% ^	Plan pays 80% ^	
Physician's Office	Plan pays 100% ^	Plan pays 80% ^	
Home	Plan pays 100% ^	Plan pays 80% ^	
Note: This benefit only applies to the cost of the infusion therapy drugs administered. This benefit does not cover the related facility, office visit or professional charges.			

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Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
Maternity			
Initial Visit to Confirm Pregnancy		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (Global Maternity Fee)		Plan pays 100% ^	Plan pays 80% ^
Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Delivery - Facility (Inpatient Hospital, Birthing Center)		Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit
Abortion			
Abortion Services		Coverage varies based on Place of Service	Coverage varies based on Place of Service
Note: Elective and non-elective procedures			
Family Planning			
Women's Services		Plan pays 100%	Coverage varies based on Place of Service
Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)			
Men's Services		Coverage varies based on Place of Service	Coverage varies based on Place of Service
Includes surgical sterilization services, such as vasectomy (excludes reversals)			
Infertility			
Infertility Treatment		Coverage varies based on Place of Service	Coverage varies based on Place of Service
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.			
• Lifetime Maximum: Unlimited			
Outpatient Dialysis Services			
Physician's Services/Office Visit		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Home Dialysis		Covered same as plan's Home Health Care benefit	Covered same as plan's Home Health Care benefit
Note: Dialysis visits will not accumulate to Home Health Care maximum			
Outpatient Facility Services		Covered same as plan's Outpatient Facility Services benefit	Covered same as plan's Outpatient Facility Services benefit
Outpatient Professional Services		Covered same as plan's Outpatient Professional Services benefit	Covered same as plan's Outpatient Professional Services benefit

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Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
Other Health Care Facilities/Services			
Home Health Care		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> Annual Limit: 200 days (The limit is not applicable to mental health and substance use disorder conditions.) 			
Note: Includes outpatient private duty nursing when approved as medically necessary			
Organ Transplants			
Inpatient Hospital Facility Services			
LifeSOURCE Transplant Network® facility		Plan pays 100% ^	Not Applicable
Other Facility		Plan pays 100% ^	Plan pays 80% ^
Inpatient Professional Services			
LifeSOURCE Transplant Network® facility		Plan pays 100% ^	Not Applicable
Other Facility		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> Travel Maximum - Cigna LifeSOURCE Transplant Network® facility only: After the plan deductible is met, \$10,000 maximum per Transplant 			
Durable Medical Equipment		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> Annual Limit: Unlimited 			
Breast Feeding Equipment and Supplies			
<ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or prescribed by a physician Includes related supplies 		Plan pays 100%	Plan pays 80% ^
External Prosthetic Appliances (EPA)		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> Annual Limit: Unlimited 			
Temporomandibular Joint Disorder (TMJ)		Coverage varies based on Place of Service	Coverage varies based on Place of Service
<ul style="list-style-type: none"> Unlimited lifetime maximum 			
Note: Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment.			
Routine Foot Care		Not Covered	Not Covered
Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.			
Routine Eye Care		Plan pays 100%	Plan pays 100%
Hearing Aids		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> Maximum of 1 device per 24 months Includes testing and fitting of hearing aid devices at Physician Office Visit cost share 			
Wigs		Plan pays 100% ^	Plan pays 100% ^
<ul style="list-style-type: none"> Maximum of 1 wig per 12 months 			
Acupuncture		Plan pays 100% ^	Covered same as Physician Services - Office Visit
<ul style="list-style-type: none"> Annual Limit: Unlimited 			

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Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
Mental Health and Substance Use Disorder			
Inpatient Mental Health		Plan pays 100% ^	Plan pays 80% ^
Outpatient Mental Health - Physician's Office		Plan pays 100% ^	Plan pays 80% ^
Outpatient Mental Health - MDLIVE Behavioral Services		Plan pays 100% ^	Not Covered
Outpatient Mental Health - All Other Services		Plan pays 100% ^	Plan pays 80% ^
Inpatient Substance Use Disorder		Plan pays 100% ^	Plan pays 80% ^
Outpatient Substance Use Disorder - Physician's Office		Plan pays 100% ^	Plan pays 80% ^
Outpatient Substance Use Disorder - MDLIVE Behavioral Services		Plan pays 100% ^	Not Covered
Outpatient Substance Use Disorder - All Other Services		Plan pays 100% ^	Plan pays 80% ^
Annual Limits:			
<ul style="list-style-type: none"> Unlimited maximum 			
Notes:			
<ul style="list-style-type: none"> Inpatient includes Acute Inpatient and Residential Treatment. Outpatient - Physician's Office and MDLIVE Behavioral Services - may include Individual, family and group therapy, psychotherapy, medication management, etc. Outpatient - All other services - may include partial hospitalization, intensive outpatient services, Applied Behavior Analysis (ABA therapy), etc. Services are paid at 100% after you reach your out-of-pocket maximum. 			
Important Note on Mental Health and Substance Use Disorder Coverage: Covered medical services listed above, which are received to diagnose or treat a Mental Health or Substance Use Disorder condition will be payable according to this section titled "Mental Health and Substance Use Disorder."			
Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs			
Cigna Total Behavioral Health - Inpatient and Outpatient Management			
<ul style="list-style-type: none"> Inpatient utilization review and case management Outpatient utilization review and case management Partial Hospitalization Intensive outpatient programs Changing Lives by Integrating Mind and Body Program Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management. Narcotic Therapy Management inMyndSM program - a comprehensive, holistic solution to help recognize and find resources to treat behavioral health conditions. 			

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Pharmacy		In-Network	Out-of-Network
Cost Share and Supply			
Cigna Pharmacy Cost Share <ul style="list-style-type: none"> Retail – up to 90-day supply (except Specialty up to 30-day supply) Home Delivery – up to 90-day supply (except Specialty up to 30-day supply) 		Retail (per 30-day supply): Generic: You pay \$0 ^ Preferred Brand: You pay \$0 ^ Non-Preferred Brand: You pay \$0 ^ Retail and Home Delivery (per 90-day supply): Generic: You pay \$0 ^ Preferred Brand: You pay \$0 ^ Non-Preferred Brand: You pay \$0 ^	Retail: You pay 20% ^ Your plan pays 80% ^ Home Delivery: Not Covered
<ul style="list-style-type: none"> Cigna 90 Now CVS: Retail drugs for a 30-day supply may be obtained in-network at a wide range of pharmacies across the nation although prescriptions for a 90-day supply (such as maintenance drugs) will be available at select network pharmacies. Walgreens will be considered out-of-network for a 90-day supply. Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan. Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered. Patient is responsible for the applicable cost share based upon the tier of the dispensed medication. Your pharmacy benefits share an annual deductible and out-of-pocket maximum with the medical/behavioral benefits. The applicable cost share for covered drugs applies after the combined deductible has been met. If you receive a supply of 34 days or less at home delivery (including a Specialty Prescription Drug), the home delivery pharmacy cost share will be adjusted to reflect a 30-day supply. 			
Preventive Drugs: Federally required preventive drugs will not be subject to deductible and will be provided at no charge. In addition, in-network generic and preferred brand preventive drugs and products included in the preventive plus package will not be subject to deductible and will be provided at no charge. This may apply to drugs for: Asthma, cholesterol lowering, depression, diabetes (including diabetic supplies and continuous glucose monitor supplies), heart disease and stroke, high blood pressure, osteoporosis, smoking cessation, prenatal vitamins			
Drugs Covered			
Prescription Drug List: Your Cigna Legacy Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com. Some highlights: <ul style="list-style-type: none"> Coverage includes self administered injectables and optional injectable drugs – but excludes infertility drugs. Contraceptive devices and drugs are covered with federally required products covered at 100%. Lifestyle drugs are covered - limited to sexual dysfunction. Oral fertility drugs are covered. 			

Pharmacy Program Information

Pharmacy Clinical Management

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

- Prior authorization requirements
- Quantity over time edits and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

Patient Assurance Program

Your plan includes the Patient Assurance Program, which waives the deductible and reduces the amount you owe for certain medications used to treat chronic conditions included in the program. Additionally:

- Any amount you pay for these medications only count toward meeting your out-of-pocket maximum.
- Any discount provided by a pharmaceutical manufacturer for these medications only count toward meeting your out-of-pocket maximum.

Additional Information

Case Management

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

Cigna Diabetes Prevention Program in collaboration with Omada

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

Comprehensive Oncology Program

- Care Management outreach
- Case Management

Included

Healthy Pregnancies/Healthy Babies

- Care Management outreach
- Maternity Case Management
- Neo-natal Case Management

\$150 (1st trimester) / \$75 (2nd trimester) - Option 3

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Additional Information

Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (250%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the Maximum Reimbursable Charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a contract year deductible and Maximum Reimbursable Charge limitations.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the in-network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (out-of-network) provider.
2. The allowable amount used to determine the plan's benefit payment for covered Emergency Services rendered in an out-of-network hospital, or by an out-of-network provider in an in-network hospital, is the amount agreed to by the out-of-network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable in-network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the out-of-network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

Medicare Coordination

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

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent Spouse and/or Dependent Child(ren), including a former Employee's Domestic Partner, or a COBRA continuant (whose insurance is continued for any reason), and who is also eligible for Medicare due to age or disability;
- (b) an Employee's Domestic Partner who is also eligible for Medicare due to age;
- (c) an Employee, a former Employee, an Employee's or former Employee's Dependent Spouse and/or Dependent Child(ren), an Employee's Dependent, including a Domestic Partner, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

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

Multiple Surgical Reduction

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

One Guide

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

Pre-Certification - Continued Stay Review - Basic Care Low Management Inpatient - required for all inpatient admissions

In-Network: Coordinated by your physician

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

- The lesser of 50% of covered expenses or \$500 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.
- Benefits are denied for any admission reviewed by Cigna Healthcare and not certified.
- Benefits are denied for any additional days not certified by Cigna Healthcare.

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Additional Information

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

Well-Being Solution: Core

- Health assessment
- Device/app integration
- Personalized online content and data-driven actions
- Social connections

Your Health First - 200

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

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

Holistic health support for the following chronic health conditions:

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

Definitions

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

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

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

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

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

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

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

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

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Exclusions

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

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

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

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Exclusions

therapy; applied kinesiology; rolfing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.

- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. However, charges made for a continuous course of dental treatment for an Injury to teeth are covered. Additionally, charges made by a Physician for any of the following Surgical Procedures are covered: excision of unerupted impacted wisdom tooth, including removal of alveolar bone and sectioning of tooth; removal of residual root (when performed by a Dentist other than the one who extracted the tooth).
- For medical and surgical services, initial and repeat, intended for the treatment or control of obesity including clinically severe (morbid) obesity, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Reversal of male or female voluntary sterilization procedures.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Non-medical counseling and/or ancillary services including, but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, return to work services, work hardening programs and driver safety courses.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets and dentures.
- Aids or devices that assist with non-verbal communications, including but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- All non-injectable prescription drugs, unless Physician administration or oversight is required, injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.

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Exclusions

- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvements in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under Covered Expenses.
- Massage therapy.

These are only the highlights

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

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.

EHB State: CT

07/01/2026

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Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.



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 Iowa, Inc., Cigna HealthCare of Kansas, Inc., Cigna HealthCare of Kentucky, Inc., Cigna HealthCare of Louisiana, Inc., Cigna HealthCare of Maryland, Inc., Cigna HealthCare of Massachusetts, Inc., Cigna HealthCare of Michigan, Inc., Cigna HealthCare of Minnesota, Inc., Cigna HealthCare of Missouri, Inc., Cigna HealthCare of Montana, Inc., Cigna HealthCare of Nebraska, Inc., Cigna HealthCare of Nevada, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of New York, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of North Dakota, Inc., Cigna HealthCare of Ohio, Inc., Cigna HealthCare of Oklahoma, Inc., Cigna HealthCare of Oregon, Inc., Cigna HealthCare of Pennsylvania, Inc., Cigna HealthCare of Rhode Island, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of South Dakota, 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 Healthcare customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna

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, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the

Civil Rights Coordinator
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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>

Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意: 如果您讲中文, 我们提供免费的语音援助服务。适当的辅助设备和/或服务也可以免费提供, 以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与您的服务提供商联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711로 전화)로 전화하시거나 제공자에게 문의하십시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyang tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

يك (الطلب 711 - TTY: 1-800-244-6224): إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم، أو تحدث إلى مقدم الخدمة الخاص بك (الطلب 711 - TTY: 1-800-244-6224)

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòm ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセラ可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711にダイヤル)に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: componi il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) – هشدار: اگر به فارسی تکلم می‌کنید یا (شماره 711 را بگردید - TTY) ارائه اطلاعات در قالبهای قابل دسترسی به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224. ارائه‌دهنده خود صحبت کنید.

Persian (Farsi) – هشدار: اگر به فارسی تکلم می‌کنید یا (شماره 711 را بگردید - TTY) ارائه اطلاعات در قالبهای قابل دسترسی به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224. ارائه‌دهنده خود صحبت کنید.

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: 07/01/2026 - 06/30/2027
Coverage for: Individual/Individual + Family | Plan Type: OAP

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

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider?	Yes. See www.cigna.com or call 1-800-Cigna24 for a list of network providers.	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider in the 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 for the difference between the provider's charge and what your plan pays (balance billing)</u> . Be aware your <u>network provider</u> might use an <u>out-of-network provider for some services</u> (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a specialist?	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 provider's office or clinic	Primary care visit to treat an injury or illness	No charge/visit	20% <u>coinsurance</u>	None
	Specialist visit	No charge/visit	20% <u>coinsurance</u>	None
	Preventive care/ <u>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/prescription</u> (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% coinsurance/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% coinsurance/prescription (retail); Not covered (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% coinsurance	None
	Physician/surgeon fees	No charge	20% coinsurance	None
If you need immediate medical attention	Emergency room care	No charge/visit	No charge/visit	Out-of-network services are paid at the in-network cost share and deductible.
	Emergency medical transportation	No charge	No charge	Out-of-network air ambulance services are paid at the in-network cost share and deductible.
	Urgent care	No charge/visit	20% coinsurance	None
	Facility fee (e.g., hospital room)	No charge	20% coinsurance	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
If you have a hospital stay	Physician/surgeon fees	No charge	20% coinsurance	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
	Outpatient services	No charge/office visit No charge/all other services	20% coinsurance/office visit 20% coinsurance/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% coinsurance	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification. Includes medical services for MH/SA diagnoses.

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 are pregnant	Office visits	No charge	20% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Cost sharing does not apply for preventive services. Depending on the type of services, a <u>copayment, coinsurance or deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Coverage is limited to 200 days annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	No charge	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	No charge	20% coinsurance	Coverage is limited to annual max of: 50 days for Rehabilitation services; 36 days for Cardiac rehab services; 50 days for Chiropractic care services. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies. Services are covered when <u>Medically Necessary</u> 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.
	Rehabilitation services	No charge/PCP visit No charge/Specialist visit	20% coinsurance/PCP visit 20% coinsurance/ Specialist visit	
	Habilitation services	No charge/PCP visit No charge/Specialist visit	20% coinsurance/PCP visit 20% coinsurance/ Specialist visit	

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)	
	<u>Skilled nursing care</u>	No charge	20% coinsurance	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification. Coverage is limited to 120 days annual max.
	<u>Durable medical equipment</u>	No charge	20% coinsurance	None
	<u>Hospice services</u>	No charge/inpatient services No charge/outpatient services	20% coinsurance/inpatient services 20% coinsurance/outpatient services	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
	<u>Children's eye exam</u>	Not covered	Not covered	None
If your child needs dental or eye care	<u>Children's glasses</u>	Not covered	Not covered	None
	<u>Children's dental check-up</u>	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"> • Bariatric Surgery • 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 • 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](http://HealthInsuranceMarketplace). 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): Dineke'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

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.

Plan Name: HDP2-City1165,1186,1303,818,992,TD HDHPQ Ben Ver: 33 Plan ID: 37874723

Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.



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 Iowa, Inc., Cigna HealthCare of Kansas, Inc., Cigna HealthCare of Kentucky, Inc., Cigna HealthCare of Louisiana, Inc., Cigna HealthCare of Maine, Inc., Cigna HealthCare of Maryland, Inc., Cigna HealthCare of Massachusetts, Inc., Cigna HealthCare of Michigan, Inc., Cigna HealthCare of Minnesota, Inc., Cigna HealthCare of Missouri, Inc., Cigna HealthCare of Montana, Inc., Cigna HealthCare of Nebraska, Inc., Cigna HealthCare of Nevada, Inc., Cigna HealthCare of New Hampshire, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of New Mexico, Inc., Cigna HealthCare of New York, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of North Dakota, Inc., Cigna HealthCare of Ohio, Inc., Cigna HealthCare of Oklahoma, Inc., Cigna HealthCare of Oregon, Inc., Cigna HealthCare of Pennsylvania, Inc., Cigna HealthCare of Rhode Island, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of South Dakota, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance service, 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). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna

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, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the

Civil Rights Coordinator

P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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>

Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意: 如果您讲中文, 我们提供免费的语言援助服务。适当的辅助设备和和服务也可以免费提供, 以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与服务提供者联系。

Vietnamese – XIN LỰU Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyang tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

اتصل بالرقم. أو تحدث إلى مقدم الخدمة الخاص بك (طلب 711 - Arabic): إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم. أو تحدث إلى مقدم الخدمة الخاص بك (طلب 711 - Arabic)

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòm ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセ可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: componi il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) – هشدار: وسهیل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنند، توجه:

اگر به فارسی تلاش بگرید یا با (شماره 711 را بگرید (TTY: ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 خود صحبت کنید

BENEFIT SUMMARY



Administered by - Cigna Health and Life Insurance Co.
For - New Britain City and Board of Education
Choice Fund Open Access Plus HRA Plan
HRA2-City 1165,1186,1303,818,992,TD
Effective - 07/01/2026

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

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

Your employer has established a health reimbursement account that you can use to pay for eligible out-of-pocket expenses during the contract year.

Employer Contribution

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

Plan Highlights

In-Network

Out-of-Network

Lifetime Maximum	Unlimited	Unlimited
Plan Year Accumulation	Your plan's deductibles, out-of-pockets and benefit level limits accumulate on a contract year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between in- and out-of-network unless otherwise noted.	
Plan Coinsurance	Plan pays 100%	Plan pays 80%
Maximum Reimbursable Charge	Not Applicable	250%

07/01/2026

ASO

Choice Fund Health Reimbursement Account (HRA) Open Access Plus - HRA2-City 1165,1186,1303,818,992,TD

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Plan Highlights		In-Network		Out-of-Network	
Plan Deductible		Individual - Employee Only: \$2,000 Family Maximum: \$4,000		Individual - Employee Only: \$2,000 Family Maximum: \$4,000	
<ul style="list-style-type: none">The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles.Benefit copays/deductibles always apply before plan deductible and coinsurance.All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.This plan includes a combined Medical/Pharmacy plan deductible.In-network generic and preferred brand preventive drugs and products included in the preventive plus package will not be subject to deductible. This may apply to drugs for: Asthma; cholesterol lowering, depression, diabetes (including diabetic supplies and continuous glucose monitor supplies), heart disease and stroke, high blood pressure, osteoporosis, smoking cessation, prenatal vitamins.					
Note: Services where plan deductible applies are noted with a caret (^).					
Plan Out-of-Pocket Maximum		Individual - Employee Only: \$2,000 Family Maximum: \$4,000		Individual - Employee Only: \$4,000 Family Maximum: \$8,000	
<ul style="list-style-type: none">The amount you pay for all covered expenses counts towards both your in-network and out-of-network out-of-pocket maximums.Plan deductible contributes towards your out-of-pocket maximum.All benefit copays/deductibles contribute towards your out-of-pocket maximum.Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum.All eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100%.This plan includes a combined Medical/Pharmacy out-of-pocket maximum.					
Benefit		In-Network		Out-of-Network	
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.					
Physician Services - Office Visits					
Primary Care Physician (PCP) Services/Office Visit		Plan pays 100% ^		Plan pays 80% ^	
Specialty Care Physician Services/Office Visit		Plan pays 100% ^		Plan pays 80% ^	
NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).					
Surgery Performed in Physician's Office		Covered same as Physician Services - Office Visit		Covered same as Physician Services - Office Visit	
Allergy Treatment/Injections and Allergy Serum		Covered same as Physician Services - Office Visit		Covered same as Physician Services - Office Visit	
Allergy serum dispensed by the physician in the office					
Virtual Care					
Dedicated Virtual Providers - MDLIVE					
MDLIVE Urgent Virtual Care Services		Plan pays 100% ^		Not Covered	
MDLIVE Primary Care Services		Plan pays 100% ^		Not Covered	
MDLIVE Specialty Care Services		Plan pays 100% ^		Not Covered	

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Choice Fund Health Reimbursement Account (HRA) Open Access Plus - HRA2-City 1165,1186,1303,818,992,TD

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Benefit	In-Network	Out-of-Network
<p>Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.</p> <ul style="list-style-type: none"> Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care. For MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below). Lab services supporting a virtual visit must be obtained through dedicated labs. Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies. 		

Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.			
Virtual Physician Services - Office Visits		Plan pays 100% ^	Plan pays 80% ^
Primary Care Physician (PCP) Services/Office Visit		Plan pays 100% ^	Plan pays 80% ^
Specialty Care Physician Services/Office Visit			
<ul style="list-style-type: none"> Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services). Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting. 			
NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).			
Convenience Care Clinic		Plan pays 100% ^	Plan pays 80% ^
Convenience Care Clinic			
Preventive Care			
Preventive Care		Plan pays 100%	PCP: Plan pays 80% ^ Specialist: Plan pays 80% ^
<ul style="list-style-type: none"> Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit. Annual Limit: Unlimited 			
Immunizations		Plan pays 100%	PCP: Plan pays 80% ^ Specialist: Plan pays 80% ^
Mammogram, PAP, and PSA Tests		Plan pays 100%	Covered same as other x-ray and lab services, based on Place of Service
<ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on Place of Service. Includes coverage for diagnostic mammograms, breast ultrasounds, and breast MRIs at 100% coinsurance, after deductible. 			
Inpatient			
Inpatient Hospital Facility Services		Plan pays 100% ^	Plan pays 80% ^
Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Pharmaceutical Drugs			
Inpatient Hospital Physician's Visit/Consultation		Plan pays 100% ^	Plan pays 80% ^
Inpatient Professional Services		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 			
Outpatient			
Outpatient Facility Services		Plan pays 100% ^	Plan pays 80% ^
Outpatient Professional Services		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 			

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Choice Fund Health Reimbursement Account (HRA) Open Access Plus - HRA2-City 1165,1186,1303,818,992,TD

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Benefit		In-Network		Out-of-Network	
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.					
Emergency Services					
Emergency Room <ul style="list-style-type: none">Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit.		Plan pays 100% ^		Plan pays 100% ^	
Urgent Care Facility <ul style="list-style-type: none">Includes Professional, X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit.		Plan pays 100% ^		Plan pays 80% ^	
Ambulance		Plan pays 100% ^		Plan pays 100% ^	
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.					
Ambulance - Mental Health and Substance Use Disorder <ul style="list-style-type: none">Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.		Plan pays 100% ^		Plan pays 100% ^	
Inpatient Services at Other Health Care Facilities					
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities <ul style="list-style-type: none">Annual Limit: 120 days		Plan pays 100% ^		Plan pays 80% ^	
Laboratory Services					
Physician's Services/Office Visit		Covered same as Physician Services - Office Visit		Covered same as Physician Services - Office Visit	
Independent Lab		Plan pays 100% ^		Plan pays 80% ^	
Outpatient Facility		Plan pays 100% ^		Plan pays 80% ^	
Radiology Services					
Physician's Services/Office Visit		Covered same as Physician Services - Office Visit		Covered same as Physician Services - Office Visit	
Outpatient Facility		Plan pays 100% ^		Plan pays 80% ^	
Advanced Radiological Imaging (ARI)					
Outpatient Facility		Includes MRI, MRA, CAT Scan, PET Scan, etc.		Plan pays 80% ^	
Physician's Services/Office Visit		Plan pays 100% ^		Covered same as Physician Services - Office Visit	

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Choice Fund Health Reimbursement Account (HRA) Open Access Plus - HRA2-City 1165,1186,1303,818,992,TD

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Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.			
Outpatient Therapy Services			
Outpatient Therapy Services		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limits:			
<ul style="list-style-type: none"> All Therapies Combined - Includes Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy - 50 days - combined with Chiropractic Services Limits are not applicable to mental health conditions for Physical, Speech and Occupational Therapies. 			
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.			
Chiropractic Services		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limit:			
<ul style="list-style-type: none"> Chiropractic care - 50 days - combined with Other Therapy Services 			
Cardiac Rehabilitation Services		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limit:			
<ul style="list-style-type: none"> Cardiac rehabilitation - 36 days 			
Hospice			
Inpatient Facilities		Plan pays 100% ^	Plan pays 80% ^
Outpatient Services		Plan pays 100% ^	Plan pays 80% ^
Note: Includes Bereavement counseling provided as part of a hospice program.			
Bereavement Counseling (for services not provided as part of a hospice program)			
Services Provided by a Mental Health Professional		Covered under Mental Health benefit	Covered under Mental Health benefit
Medical Pharmaceutical Drugs			
Outpatient Facility		Plan pays 100% ^	Plan pays 80% ^
Physician's Office		Plan pays 100% ^	Plan pays 80% ^
Home		Plan pays 100% ^	Plan pays 80% ^
Note: This benefit only applies to the cost of the infusion therapy drugs administered. This benefit does not cover the related facility, office visit or professional charges.			

Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.			
Maternity			
Initial Visit to Confirm Pregnancy		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (Global Maternity Fee)		Plan pays 100% ^	Plan pays 80% ^
Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Delivery - Facility (Inpatient Hospital, Birthing Center)		Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit
Abortion			
Abortion Services		Coverage varies based on Place of Service	Coverage varies based on Place of Service
Note: Elective and non-elective procedures			
Family Planning			
Women's Services		Plan pays 100%	Coverage varies based on Place of Service
Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)			
Men's Services		Coverage varies based on Place of Service	Coverage varies based on Place of Service
Includes surgical sterilization services, such as vasectomy (excludes reversals)			
Infertility			
Infertility Treatment		Coverage varies based on Place of Service	Coverage varies based on Place of Service
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. • Lifetime Maximum: Unlimited			
Outpatient Dialysis Services			
Physician's Services/Office Visit		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Home Dialysis		Covered same as plan's Home Health Care benefit	Covered same as plan's Home Health Care benefit
Note: Dialysis visits will not accumulate to Home Health Care maximum		Covered same as plan's Outpatient Facility Services benefit	Covered same as plan's Outpatient Facility Services benefit
Outpatient Facility Services		Covered same as plan's Outpatient Professional Services benefit	Covered same as plan's Outpatient Professional Services benefit

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Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.			
Other Health Care Facilities/Services			
Home Health Care		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> Annual Limit: 200 days (The limit is not applicable to mental health and substance use disorder conditions.) 			
Note: Includes outpatient private duty nursing when approved as medically necessary			
Organ Transplants			
Inpatient Hospital Facility Services			
LifeSOURCE Transplant Network® facility		Plan pays 100%	Not Applicable
Other Facility		Plan pays 100% ^	Plan pays 80% ^
Inpatient Professional Services			
LifeSOURCE Transplant Network® facility		Plan pays 100%	Not Applicable
Other Facility		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> Travel Maximum - Cigna LifeSOURCE Transplant Network® facility only: \$10,000 maximum per Transplant 			
Durable Medical Equipment		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> Annual Limit: Unlimited 			
Breast Feeding Equipment and Supplies			
<ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or prescribed by a physician Includes related supplies 		Plan pays 100%	Plan pays 80% ^
External Prosthetic Appliances (EPA)		Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> Annual Limit: Unlimited 			
Temporomandibular Joint Disorder (TMJ)		Coverage varies based on Place of Service	Coverage varies based on Place of Service
<ul style="list-style-type: none"> Unlimited lifetime maximum 			
Note: Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment.		Not Covered	Not Covered
Routine Foot Care			
Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.		Plan pays 100%	Plan pays 100%
Routine Eye Care			
		Plan pays 100% ^	Plan pays 80% ^
Hearing Aids			
<ul style="list-style-type: none"> Maximum of 1 device per 24 months Includes testing and fitting of hearing aid devices at Physician Office Visit cost share 			
Wigs		Plan pays 100% ^	Plan pays 100% ^
<ul style="list-style-type: none"> Maximum of 1 wig per 12 months 			
Acupuncture		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
<ul style="list-style-type: none"> Annual Limit: Unlimited 			

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Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.			
Mental Health and Substance Use Disorder			
Inpatient Mental Health		Plan pays 100% ^	Plan pays 80% ^
Outpatient Mental Health - Physician's Office		Plan pays 100% ^	Plan pays 80% ^
Outpatient Mental Health - MDLIVE Behavioral Services		Plan pays 100% ^	Not Covered
Outpatient Mental Health - All Other Services		Plan pays 100% ^	Plan pays 80% ^
Inpatient Substance Use Disorder		Plan pays 100% ^	Plan pays 80% ^
Outpatient Substance Use Disorder - Physician's Office		Plan pays 100% ^	Plan pays 80% ^
Outpatient Substance Use Disorder - MDLIVE Behavioral Services		Plan pays 100% ^	Not Covered
Outpatient Substance Use Disorder - All Other Services		Plan pays 100% ^	Plan pays 80% ^
Annual Limits:			
<ul style="list-style-type: none"> Unlimited maximum 			
Notes:			
<ul style="list-style-type: none"> Inpatient includes Acute Inpatient and Residential Treatment. Outpatient - Physician's Office and MDLIVE Behavioral Services - may include Individual, family and group therapy, psychotherapy, medication management, etc. Outpatient - All other services - may include partial hospitalization, intensive outpatient services, Applied Behavior Analysis (ABA therapy), etc. Services are paid at 100% after you reach your out-of-pocket maximum. 			
Important Note on Mental Health and Substance Use Disorder Coverage: Covered medical services listed above, which are received to diagnose or treat a Mental Health or Substance Use Disorder condition will be payable according to this section titled "Mental Health and Substance Use Disorder."			
Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs			
Cigna Total Behavioral Health - Inpatient and Outpatient Management			
<ul style="list-style-type: none"> Inpatient utilization review and case management Outpatient utilization review and case management Partial Hospitalization Intensive outpatient programs Changing Lives by Integrating Mind and Body Program Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management Narcotic Therapy Management inMyndSM program - a comprehensive, holistic solution to help recognize and find resources to treat behavioral health conditions. 			

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Pharmacy		In-Network	Out-of-Network
Cost Share and Supply			
Cigna Pharmacy Cost Share <ul style="list-style-type: none"> Retail – up to 90-day supply (except Specialty up to 30-day supply) Home Delivery – up to 90-day supply (except Specialty up to 30-day supply) 		Retail (per 30-day supply): Generic: You pay \$0 ^ Preferred Brand: You pay \$0 ^ Non-Preferred Brand: You pay \$0 ^ Retail and Home Delivery (per 90-day supply): Generic: You pay \$0 ^ Preferred Brand: You pay \$0 ^ Non-Preferred Brand: You pay \$0 ^	Retail: You pay 20% ^ Your plan pays 80% ^ Home Delivery: Not Covered
<ul style="list-style-type: none"> Cigna 90 Now CVS: Retail drugs for a 30-day supply may be obtained in-network at a wide range of pharmacies across the nation although prescriptions for a 90-day supply (such as maintenance drugs) will be available at select network pharmacies. Walgreens will be considered out-of-network for a 90-day supply. Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan. Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered. Patient is responsible for the applicable cost share based upon the tier of the dispensed medication. Your pharmacy benefits share an annual deductible and out-of-pocket maximum with the medical/behavioral benefits. The applicable cost share for covered drugs applies after the combined deductible has been met. If you receive a supply of 34 days or less at home delivery (including a Specialty Prescription Drug), the home delivery pharmacy cost share will be adjusted to reflect a 30-day supply. 			
Preventive Drugs: Federally required preventive drugs will not be subject to deductible and will be provided at no charge. In addition, in-network generic and preferred brand preventive drugs and products included in the preventive plus package will not be subject to deductible and will be provided at no charge. This may apply to drugs for: Asthma, cholesterol lowering, depression, diabetes (including diabetic supplies and continuous glucose monitor supplies), heart disease and stroke, high blood pressure, osteoporosis, smoking cessation, prenatal vitamins			
Drugs Covered			
Prescription Drug List: Your Cigna Legacy Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com. Some highlights: <ul style="list-style-type: none"> Coverage includes self administered injectables and optional injectable drugs – but excludes infertility drugs. Contraceptive devices and drugs are covered with federally required products covered at 100%. Lifestyle drugs are covered - limited to sexual dysfunction. Oral fertility drugs are covered. 			

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Pharmacy Program Information

Pharmacy Clinical Management

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

- Prior authorization requirements
- Quantity over time edits and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

Patient Assurance Program

Your plan includes the Patient Assurance Program, which waives the deductible and reduces the amount you owe for certain medications used to treat chronic conditions included in the program. Additionally:

- Any amount you pay for these medications only count toward meeting your out-of-pocket maximum.
- Any discount provided by a pharmaceutical manufacturer for these medications only count toward meeting your out-of-pocket maximum.

Additional Information

Case Management

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

Cigna Diabetes Prevention Program in collaboration with Omada

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

Comprehensive Oncology Program

- Care Management outreach
- Case Management

Healthy Pregnancies/Healthy Babies

- Care Management outreach
- Maternity Case Management
- Neo-natal Case Management

Included

\$150 (1st trimester) / \$75 (2nd trimester) - Option 3

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Additional Information

Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (250%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the Maximum Reimbursable Charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a contract year deductible and Maximum Reimbursable Charge limitations.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the in-network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (out-of-network) provider.
2. The allowable amount used to determine the plan's benefit payment for covered Emergency Services rendered in an out-of-network hospital, or by an out-of-network provider in an in-network hospital, is the amount agreed to by the out-of-network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable in-network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the out-of-network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

Medicare Coordination

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

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent Spouse and/or Dependent Child(ren), including a former Employee's Domestic Partner, or a COBRA continuant (whose insurance is continued for any reason), and who is also eligible for Medicare due to age or disability;
- (b) an Employee's Domestic Partner who is also eligible for Medicare due to age;
- (c) an Employee, a former Employee, an Employee's or former Employee's Dependent Spouse and/or Dependent Child(ren), an Employee's Dependent, including a Domestic Partner, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

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

Multiple Surgical Reduction

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

One Guide

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

Pre-Certification - Continued Stay Review - Basic Care Low Management Inpatient - required for all inpatient admissions

In-Network: Coordinated by your physician

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

- The lesser of 50% of covered expenses or \$500 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.
- Benefits are denied for any admission reviewed by Cigna Healthcare and not certified.
- Benefits are denied for any additional days not certified by Cigna Healthcare.

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Additional Information

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

Well-Being Solution: Core

- Health assessment
- Device/app integration
- Personalized online content and data-driven actions
- Social connections

Your Health First - 200

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

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

Holistic health support for the following chronic health conditions:

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

Definitions

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

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

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

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

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

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

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

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

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Exclusions

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

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

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

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Exclusions

- therapy; applied kinesiology; rolfing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. However, charges made for a continuous course of dental treatment for an injury to teeth are covered. Additionally, charges made by a Physician for any of the following Surgical Procedures are covered: excision of unerupted impacted wisdom tooth, including removal of alveolar bone and sectioning of tooth; removal of residual root (when performed by a Dentist other than the one who extracted the tooth).
 - For medical and surgical services, initial and repeat, intended for the treatment or control of obesity including clinically severe (morbid) obesity, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
 - Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
 - Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
 - Reversal of male or female voluntary sterilization procedures.
 - Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
 - Non-medical counseling and/or ancillary services including, but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, hypnosis, sleep therapy, return to work services, work hardening programs and driver safety courses.
 - Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
 - Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
 - Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
 - Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
 - Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets and dentures.
 - Aids or devices that assist with non-verbal communications, including but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
 - Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
 - All non-injectable prescription drugs, unless Physician administration or oversight is required, injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in this plan.
 - Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
 - Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
 - Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any

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Exclusions

symptoms or any significant, proven risk factors for genetically linked inheritable disease.

- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvements in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under Covered Expenses.
- Massage therapy.

These are only the highlights

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

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.

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Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.



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 Iowa, Inc., Cigna Healthcare of Kansas, Inc., Cigna Healthcare of Kentucky, Inc., Cigna Healthcare of Louisiana, Inc., Cigna Healthcare of Maryland, Inc., Cigna Healthcare of Massachusetts, Inc., Cigna Healthcare of Michigan, Inc., Cigna Healthcare of Minnesota, Inc., Cigna Healthcare of Missouri, Inc., Cigna Healthcare of Montana, Inc., Cigna Healthcare of Nebraska, Inc., Cigna Healthcare of Nevada, Inc., Cigna Healthcare of New Jersey, Inc., Cigna Healthcare of New York, Inc., Cigna Healthcare of North Carolina, Inc., Cigna Healthcare of North Dakota, Inc., Cigna Healthcare of Ohio, Inc., Cigna Healthcare of Oklahoma, Inc., Cigna Healthcare of Oregon, Inc., Cigna Healthcare of Pennsylvania, Inc., Cigna Healthcare of Rhode Island, Inc., Cigna Healthcare of South Carolina, Inc., Cigna Healthcare of South Dakota, Inc., Cigna Healthcare of Tennessee, Inc., and Cigna Healthcare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance service, 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). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna

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, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the

Civil Rights Coordinator

P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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>

Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1- 800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意: 如果您讲中文, 我们提供免费的语言援助服务。适当的辅助设备和服 务也可以免费提供, 以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn.

Korean – 주의: 한국어를 사용하지는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하지거나 제공자에게 문의하십시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

يُطلب 711 - تفتيح: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم. أو تحدث إلى مقدم الخدمة الخاص بك (الطلب 711 - Arabic 1-800-244-6224 (TTY: 711-طلب

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan foma ki aksesib yo disponib tou gratis. Rele 1-800-244- 6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセシブルな形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: componi il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) – هشدار: وند لیل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت میکنند، توجه:

اگر به فارسی تماس بگیرید یا با (شماره 711 را بگيريد (TTY: ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 ارائه دهنده خود صحبت کنید

 <p>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 <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> 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.</p>		
Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	For in-network providers: \$2,000/individual or \$4,000/family For out-of-network providers: \$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 deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible 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 and mammography.	This plan 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 plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your deductible. See a list of covered preventive services 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 in-network providers: \$2,000/individual or \$4,000/family For out-of-network providers: \$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 plan, 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, premiums, <u>balance-billing</u> charges, and health care this plan 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 network provider?	Yes. See www.cigna.com or call 1-800-Cigna24 for a list of network providers.	This plan 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 charge</u> 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 specialist?	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 office</u> or clinic	Primary care visit to treat an injury or illness	No charge/visit	20% <u>coinsurance</u>	None
	Specialist 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/prescription</u> (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 Specialty drugs. Certain limitations may apply, including, for example: prior
More information about prescription drug coverage 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% coinsurance/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% coinsurance/prescription (retail); Not covered (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% coinsurance	None
	Physician/surgeon fees	No charge	20% coinsurance	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 deductible.
	<u>Emergency medical transportation</u>	No charge	No charge	Out-of-network air ambulance services are paid at the in-network cost share and deductible.
	<u>Urgent care</u>	No charge/visit	20% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% coinsurance	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
	Physician/surgeon fees	No charge	20% coinsurance	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
	Outpatient services	No charge/office visit No charge/all other services	20% coinsurance/office visit 20% coinsurance/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% coinsurance	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification. Includes medical services for MH/SA diagnoses.

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 are pregnant	Office visits	No charge	20% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. 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). Coverage is limited to 200 days annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	No charge	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	No charge	20% coinsurance	Coverage is limited to annual max of: 50 days for <u>Rehabilitation services</u> ; 36 days for Cardiac rehab services; 50 days for Chiropractic care services.
	<u>Rehabilitation services</u>	No charge/PCP visit No charge/ <u>Specialist</u> visit	20% coinsurance/PCP visit 20% coinsurance/ <u>Specialist</u> visit	
	<u>Habilitation services</u>	No charge/PCP visit No charge/ <u>Specialist</u> visit	20% coinsurance/PCP visit 20% coinsurance/ <u>Specialist</u> visit	Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies. Services are covered when <u>Medically Necessary</u> to treat a mental health condition (e.g. autism) or a congenital abnormality.
		No charge/PCP visit No charge/ <u>Specialist</u> visit	20% coinsurance/PCP visit 20% coinsurance/ <u>Specialist</u> visit	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)	
	<u>Skilled nursing care</u>	No charge	20% coinsurance	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification. Coverage is limited to 120 days annual max.
	<u>Durable medical equipment</u>	No charge	20% coinsurance	None
	<u>Hospice services</u>	No charge/inpatient services No charge/outpatient services	20% coinsurance/inpatient services 20% coinsurance/outpatient services	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
	<u>Children's eye exam</u>	Not covered	Not covered	None
If your child needs dental or eye care	<u>Children's glasses</u>	Not covered	Not covered	None
	<u>Children's dental check-up</u>	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"> • Bariatric Surgery • 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 • 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 atohwol ninisingo, kwiljigo 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:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$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
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$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
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$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: HRA2-City 1165, 1186, 1303, 818, 992, TD Ben Ver: 33 Plan ID: 37874725

Discrimination is against the law

[illegible]

ACAGrievance@CignaHealthcare.com



1. *Pharmaceutical industry* – The pharmaceutical industry is a major player in the healthcare sector, responsible for the development, production, and distribution of drugs. It is a highly regulated industry with significant barriers to entry, including high R&D costs and complex regulatory requirements. The industry is characterized by a high concentration of large, multinational corporations.

2. *Healthcare providers* – Healthcare providers, including hospitals, clinics, and ambulatory care centers, are the primary users of pharmaceuticals. They are responsible for the diagnosis, treatment, and management of patients. The industry is highly competitive, with many providers vying for market share.

3. *Insurance companies* – Insurance companies play a crucial role in the healthcare system, covering the costs of medical services and pharmaceuticals. They are responsible for negotiating prices with pharmaceutical manufacturers and providers. The industry is highly competitive, with many insurers vying for market share.

4. *Government* – The government is a major player in the healthcare sector, responsible for regulating the industry and providing funding for research and development. It is also responsible for setting prices for pharmaceuticals and providing coverage for low-income populations.

5. *Patients* – Patients are the ultimate beneficiaries of the healthcare system. They are responsible for paying for their medical services and pharmaceuticals. The industry is highly competitive, with many providers vying for market share.

Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1- 800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意: 如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与您的服务提供商联系。

Vietnamese – XIN LUY Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn.

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시기거나 제공자에게 문의하십시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic – تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضاً مساعدات قابلة للوصول لأتباء، وذلك مجاناً. اتصل بالرقم، أو تحدث إلى مقدم الخدمة الخاص بك (الطلب 711 TTY: 1-800-244-6224)

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòm ki aksesib yo disponib tou gratis. Rele 1-800-244- 6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: componi il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - همتی: وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت میکند. توجه: اگر به فارسی، تماس بگیرید یا با (شماره 711 را بگردید: TTY:) از راه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شمار 1-800-244-6224 از راه اطلاعات خود صحبت کنید

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, 2026

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			Up to \$200 Allowance
Retail	100% up to \$250 Allowance	20% off balance over 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:**

- 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.
 - 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:

- 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



- 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



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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 اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.353.2653 (يُنصح باستخدامي 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).

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Cigna Dental Benefit Summary

New Britain City and Board of Education – LOW

Plan Renewal Date: 07/01/2026



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: See Out-of-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
WellnessPlus SM 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	Level 1: \$750 Level 2: \$800 Level 3: \$850 Level 4 & Beyond: \$900		Level 1: \$750 Level 2: \$800 Level 3: \$850 Level 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: minor	100% No Deductible	0% No Deductible	100% No Deductible	0% No Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Out-of-Network Reimbursement	For services provided by an out-of-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.			
Cross Accumulation	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.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.			
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.			

Oral Health Integration Program*	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. 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.
Timely Filing	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:	
<ul style="list-style-type: none"> • 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; • Restorative: fillings; • 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; • Prosthodontics: bridges, dentures or any related services; • Prosthodontic: precision or semi-precision attachments; • Implants: implants or implant related services; prosthesis over implants; • Anesthesia: general and IV sedation; • Orthodontics: orthodontic treatment; • 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.

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

	<u>If a Delta Dental PPOSM, Delta Dental Premier[®], or Non Participating Dentist is used</u>
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 carryover \$200 (\$800 x 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.



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

100%

Fillings (composite fillings on all teeth, posterior and anterior)

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

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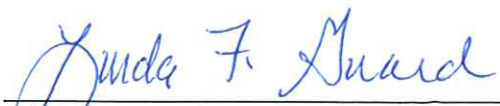
Appendix E
Employee Listing for Retirement Benefits
updated August 2015

Individuals who are listed below are eligible for 7-year health benefits, in accordance with Section 11.0 (D). Only employees who were on the City payroll on or before October 23, 1996 are on this list. Employees hired after October 23, 1996 are not eligible for this benefit.

McDew, Omar; Youth Caseworker
Trish Haddad, Benefits Administrator (Personnel)
Michelle Pavano, Grants Coordinator

CITY OF NEW BRITAIN



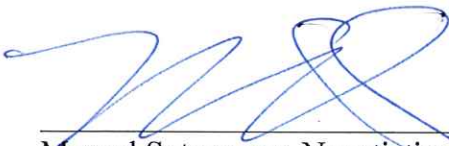
Robert Sanchez, Mayor

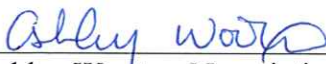
Linda F. Guard,
Human Resources Director

LOCAL 1303-332 OF COUNCIL 4
AFSCME, AFL-CIO



Brian Falkner, President

Danielle Lutz, Negotiating Committee

Manuel Sotomayor, Negotiating Committee

Ashley Wooten, Negotiating Committee

Travis Cromack, Staff Representative

Dated at New Britain this 27 day of
October, 2026

Contract was ratified by Union membership
on August 25, 2026 and approved by the
Common Council on September 9, 2026