

COLLECTIVE BARGAINING AGREEMENT

between

The EAST HAMPTON BOARD OF EDUCATION

and

**The EAST HAMPTON SCHOOL ADMINISTRATORS' ASSOCIATION
CONNECTICUT FEDERATION OF SCHOOL ADMINISTRATORS
LOCAL 42J**

July 1, 2017 through June 30, 2020

TABLE OF CONTENTS

<u>ARTICLE</u>	<u>DESCRIPTION</u>	<u>PAGE</u>
I	GENERAL	1
II	RECOGNITION.....	1
III	ABSENCES.....	3
IV	ANNUAL LEAVE.....	7
V	ADMINISTRATIVE ASSIGNMENTS	8
VI	COPIES OF CONTRACT	8
VII	GRIEVANCE PROCEDURE.....	9
VIII	JUST CAUSE.....	11
IX	INSURANCE BENEFITS	11
X	PROFESSIONAL DEVELOPMENT	13
XI	MILEAGE	14
XII	SALARIES	14
XIII	SEVERANCE PAY	15
XIV	SEVERABILITY	15
XV	DURATION	15
	SIGNATURE BLOCK.....	16
	SCHEDULE A	17
	SCHEDULE B	18
	SCHEDULE C	30

COLLECTIVE BARGAINING AGREEMENT
Between the
EAST HAMPTON BOARD OF EDUCATION
and the
EAST HAMPTON SCHOOL ADMINISTRATORS' ASSOCIATION
CONNECTICUT FEDERATION OF SCHOOL ADMINISTRATORS
LOCAL 42J

INTRODUCTION

This Agreement is by and between the EAST HAMPTON BOARD OF EDUCATION (hereinafter referred to as the "Board") and the EAST HAMPTON SCHOOL ADMINISTRATORS' ASSOCIATION (hereafter referred to as the "EHSAA").

ARTICLE I
GENERAL

- A. This Agreement is negotiated under §§10-153a-g of the Connecticut General Statutes.
- B. Nothing in this Agreement which changes pre-existing Board policy, rules, or regulations shall operate retroactively unless expressly so stated.
- C. The contract shall be interpreted in accordance with all present Board policy as amended from time to time.
- D. Nothing in this Agreement between the Board and the EHSAA shall in any way limit or contravene the authority of any other municipal, state or federal board, commission, agency or other governmental body or authority.

ARTICLE II
RECOGNITION

- A. The Board recognizes the EHSAA as the exclusive bargaining representative for all certified personnel employees of the East Hampton School District who are employed in positions requiring an intermediate administrator or supervisor certificate, or the equivalent thereof, and are not excluded from the purview of §10-153 a-g.
- B. The EHSAA agrees to represent equally all administrators without regard to membership or participation in, or association with, the activities of the EHSAA or any other employee organization.
- C. As a condition to the Board's payroll deduction of service fees, as noted above, the Association shall provide each non-member with a statement of the major categories of expenditures incurred by the Association for collective bargaining, contract administration,

and grievance representation made in the prior fiscal year at least 30 days before the commencement of the succeeding contract year, said statement verified by an independent auditor. At the same time, the Association shall notify each non-member of the amount of the agency fee for the succeeding contract year. Any non-member who shall object to the amount required as agency fee, as herein provided, shall, within 30 days after notification of the amount thereof, file with the Association objection to said amount, setting forth generally the nature of such objection and the amount such non-member believes is the proper amount. The Association, upon receipt of such objection: shall notify all other non-members of such objection and a hearing shall be held before the Association governing board. Said hearing shall take place promptly but no later than 20 days after receipt of the objection. The hearing shall be conducted so as to assure all parties a fair hearing. Appeals from the decision of said Association governing body may be made by the objecting party to the American Arbitration Association which shall select from its membership an arbitrator to hear the matter. When an arbitration award is final, the amount established for the agency fee shall remain in effect for the contract year to which it applied. Each party shall bear the cost of its attorneys and the cost of the arbitrator's fees and expenses shall be paid by the Association. During the pendency of any hearing or appeal from any hearing with respect to agency fee, the objecting non-member shall not be required to pay the agency fee.

- D. The Board agrees to make deductions from the pay of members of the Association and the service fee deduction from non-association employees upon the receipt of a written authorization from the employee. Such deduction shall continue for the duration of this Agreement or any extension thereof.
- E. Said deduction shall be made during a regular payroll week of each month and shall be remitted to the EHSAA, together with a list of the names of employees from whose salaries such deduction have been made, not later than ten (10) days following the end of the month. With respect to any non-association employee who disputes the amount of the service fee, the EHSAA shall deposit his/her salary deduction in an escrow account bearing a reasonable rate of interest pending a resolution of the dispute between the employee and the EHSAA.
- F. The EHSAA agrees to indemnify and to hold and save the Board harmless against any and all claims, damages, suits or other forms of liability including reasonable attorney's fees that shall or may arise out of or by reason of any action taken by the Board for the purpose of complying with the provisions of the Article.

ARTICLE III
ABSENCES

Administrators must document on the semi-monthly substitute report all personal absences.

A. Sick Leave

1. "Twelve Month" administrators shall be granted eighteen (18) sick days per year for personal illness, quarantine or injury cumulative to one hundred ninety (190) days. "10 Month" administrators shall be granted fifteen (15) sick days per year for personal illness, quarantine or injury cumulative to one hundred fifty (150) days.
2. Administrators shall be saved harmless in accordance with §§10-235 and 10-236a of the Connecticut General Statutes as they may be amended from time to time. This provision is not subject to the grievance procedure under the contract.
3. Pregnancy Disability Leave - Administrators will be granted pregnancy disability leave in accordance with the law.
4. Additional Sick Leave
 - a. When all sick days granted in Article III, section A-1 are exhausted, a new 12 month administrator may be allowed twelve (12) additional sick leave days, and a new 10 month administrator may be allowed ten (10) sick leave days. All borrowed days will be paid back the following school year.
 - b. When sick leave accumulates to one hundred ninety days (190), administrators will have the following options:
 1. In any school year, sick leave will be taken from the days accumulated by the administrator for this purpose. Up to a total not exceeding two hundred and eight days (208) may be applied to a prolonged absence at full pay in accordance with the conditions of this contract.
 2. Once an administrator has accumulated one hundred ninety (190) sick days in any year and is eligible for the additional eighteen days (18), or portion thereof, all or part of these eighteen days (18) can be placed and accumulated in a special "bank" under the following conditions:
 - a. If he/she has used less than (190) days for sick leave, these days will be subtracted from the 190 accumulated days and the 18 days above this will be placed in the "bank."

- b. If he/she has used more than 190 days, but less than the 208 day maximum defined in section 1 above, those days of the additional 18 not used for sick leave will accumulate in the special bank.
 - c. Days accumulating in the special bank cannot be used to restore sick leave to the 190 day accumulation level. Only those 18 days restored each school year may be used to build the accumulation level to 190 again.
 - d. Administrators who have accumulated days in the special bank will be paid for these days at the rate of Thirty (\$30.00) Dollars. Payment for these days will be made at the time of resignation, retirement, or death of the administrator. In the event of the death of an administrator, the monies for the payment of such days will be paid to the estate of the administrator.
 - e. All days accumulating in the special bank will be recorded by the office of the Superintendent at the end of the school year in June of any year. The total accumulation of days in the special bank will be posted for verification by the administrator on the Notification of Salary and Benefits form given to each administrator by October 31.
5. Each administrator shall receive written notification of his/her accumulated sick leave each year.

B. Personal Leave

1. Current 12 month administrators may receive up to five (5) personal leave days and current 10 month administrators up to four (4) personal leave days in any school year with full pay. Such leave days may be taken with the approval of the Superintendent to attend to private personal business that cannot otherwise be transacted outside of the regular work day or work year or other compelling matters as determined by the Superintendent.
2. 12 month administrators hired on or after July 1, 2017 may receive up to four (4) personal leave days in each of their first three, full years of employment with the Board. 10 month administrators hired on or after July 1, 2017 may receive up to three (3) personal leave days in their first three, full years of employment with the Board.

3. In addition to the five personal leave days, previously noted, an administrator may also be allowed four (4) special leave days) for necessary, private personal business that cannot be transacted outside the regular work day, or for observance of religious holidays. 10 month administrators who have been employed by the Board as an administrator for three years and longer may be allowed three (3) special leave days. Special leave may only be granted if the following conditions are met:
 - a. The Superintendent must have received the employee's request in writing at least twenty-four hours in advance, if possible;
 - b. No other administrator in the school system has submitted a written request for special leave on any of the days requested;
 - c. Such special leave does not fall on a school day immediately before or after a weekend, personal vacation, or school holiday.
4. Upon recommendation of the Superintendent, and with the approval of the Board, an administrator may be granted a leave of absence with or without pay for a period of time determined by the Board. Each such situation shall be viewed as unique and shall have no precedent setting impact on any other request for any personal leave. Any approved absence without pay shall result in a deduction of 1/260 of the annual salary for each day for a 12 month administrator and 1/204th for each day taken by a 10 month administrator.

C. Professional Leave - Absence for Professional Reasons: Subject to prior approval by the Superintendent, an administrator may be absent for visiting days, attendance at conventions, participation in school evaluation, educational conferences, and/or other forms of professional improvement, without deduction from his/her salary, or loss of days granted for other categories of excused absences.

D. In the event an administrator is called to Jury Duty, he/she will notify the Superintendent. The Board will pay the administrator the difference between the compensation he/she received for jury duty and his/her regular salary.

E. Catastrophic Illness or Physical Disability

In the event of absence due to catastrophic illness or physical disability of a tenured administrator beyond the granted sick leave allotment, the Board shall make the requisite payments to maintain in full force all existing insurance programs for this administrator for the remainder of the fiscal year in which his/her sick leave is exhausted and shall provide said administrator with the opportunity to continue at his/her own expense this policy at the premium amount. This paragraph does not apply to terminated or retired employees.

F. Extended Professional Leave

In its desire to reward and to encourage independent research and achievement, the East Hampton Board of Education hereby initiates the policy of extended professional leave for administrators upon recommendation of the Superintendent for approved scholarly programs contributing to the East Hampton Public Schools. Requests for extended Professional leave must relate directly to the administrators assigned responsibilities and duties in the East Hampton Public Schools.

1. No more than one (1) member of the administrative staff shall be absent on extended professional leave at one time.
2. Requests for extended professional leave for a school year must be given to the Superintendent in written form no later than December 31 of the preceding year. The Superintendent shall forward to the Board of Education the administrator's request and the Superintendent's recommendation for Board approval. An administrator on extended leave must give written notice of his/her intention to return by February 1 of the year prior to the school year of his/her return.
3. Extended professional leave for administrators may be granted with or without pay or fringe benefits.
4. The administrator must have completed at least nine (9) consecutive full school years of service as an administrator in the East Hampton schools to apply for Professional Leave.
5. If an extended professional leave is granted with pay, the administrator will be paid one half of his/her annual salary rate, providing that such pay, when added to any program grant, shall not exceed the administrator's full annual salary rate.
6. The administrator shall agree to return to East Hampton for three (3) full years work.
7. Prior to commencement of extended professional leave, the administrator will sign an agreement to return to the district for three (3) years of future service immediately following extended professional leave, or in the alternative, will repay the Board of Education the full amount of extended professional leave payment received reduced by 1/3 for each year worked, immediately upon failure to comply with the future service agreement. In cases of exceptional hardship, the Board may release the administrator from the obligations to pay all or part of the extended professional leave payments upon his/her failure to comply with the future service requirement.

G. Association Leave

A leave of absence may be granted without pay upon application by an administrator for a period not to exceed one school year for the purpose of serving as an officer of a national administrators' association. The status of the administrator shall be continued in respect to seniority, salary, retirement and in any other areas as though such leave were not taken.

ARTICLE IV
ANNUAL LEAVE

A. All 12 month administrators represented by the EHSAA shall be entitled to five weeks (25 days) paid vacation subject to Section A.3.

1. Administrators are encouraged to utilize all vacation time during the year in which it is earned. Vacation leave may be taken during the school year with the prior approval of the Superintendent.
2. During the first year of employment of an administrator, vacation shall be prorated based on whole months of service.
3. It is agreed that administrators will not take vacation time two (2) weeks prior to the opening of school.
4. Vacation schedules shall be approved by the Superintendent based on requests submitted by administrators by June 1st of each year.
5. With written approval received from the Superintendent and granted prior to April 1st of a school year, an administrator may carry over into the following school year up to ten (10) earned but unused vacation days. Additional days may be carried over with the approval of the Superintendent of Schools.
6. At the time the employment of an Administrator terminates, he or she shall be compensated for accumulated and unused vacation at a rate of 1/260 (work year = work days + vacation + holidays), provided vacation earned during that year shall be credited on a pro-rata basis for purposes of calculating such payment.

B. The following paid holidays shall be granted:

- | | |
|------------------------|--|
| New Year's Day and Eve | Labor Day |
| Martin Luther King Day | Columbus Day |
| President's Day | Veterans' Day* |
| Good Friday | Thanksgiving and the day after |
| Memorial Day | Christmas Eve Day |
| Independence Day | Christmas Day (if Christmas is a Thursday, |
| Lincoln's Birthday * | Friday is a paid holiday) |

*Lincoln's Birthday and Veteran's Day shall only be a holiday when school is not in session. If school is in session, the Superintendent shall designate another day off when school is not in session, after consultation with the administrators.

- C. Administrators shall be released from their duties as soon as they have completed all arrangements for an emergency school closing and have notified the central office.
- D. Ten (10) month administrators shall not be eligible for paid vacation or holidays.

ARTICLE V
ADMINISTRATIVE ASSIGNMENTS

- A. In the event the Board decides to permanently transfer, change or alter the duties or responsibilities of any position represented by the Association, it shall notify the administrator(s) at least thirty (30) days prior to the proposed change. The administrator(s) shall have an opportunity to meet and consult with the Board. Any affected administrator will continue to receive his/her present salary for three (3) months or the remainder of the current fiscal year in which the appointment becomes effective, whichever is longer.
- B. Administrators involuntarily transferred should be furnished with a letter to be placed in their personnel files, and a copy for their personal files, stating the reason for their transfer.
- C. If an administrator is relieved of his/her duties because of a reduction in staff or an elimination of position and employed as a teacher, he/she shall be given the experience credit on the salary schedule in accordance with the teacher contract and shall retain all accumulated sick leave up to the maximum permitted by the teachers' contract, and shall be paid for any sick bank days previously earned as an administrator.
- D. Any administrator who has been displaced as aforesaid shall be placed on a reappointment list for three years for his/her former administrative position.
- E. Vacancy notices for new positions shall be posted within five (5) school days after the position becomes vacant or is created.

ARTICLE VI
COPIES OF CONTRACT

The Board shall furnish or make available to all members of the Association complete copies of the contract agreement together with salary schedules.

ARTICLE VII
GRIEVANCE PROCEDURE

A. Purpose

The purpose of this procedure is to secure at the lowest possible administrative level, equitable solutions to problems which may arise under the specific provisions of this Agreement. Both parties agree that these procedures shall be kept as informal and confidential as may be appropriate at any given level.

B. Definitions

1. A grievance shall mean a complaint by a member of the EHSAA regarding a violation of the specific provision or provisions of this Agreement to the detriment of the administrator(s) involved.
2. The term "administrator" as used in this grievance procedure shall mean any administrator within the bargaining unit covered by this Agreement.
3. An "aggrieved person" is the person or persons making the claim.

C. Time Limit

1. "Days" shall mean when school is in session, except after May 1 when days shall be calendar days, so that the matter may be resolved before the end of the school term or as soon as possible thereafter.
2. If an administrator does not file a grievance, in writing, as provided herein within twenty (20) days after the act or condition on which the grievance is based, then the grievance shall be considered as waived.

D. Procedure

1. A grievance may be instituted by the following procedure:
 - a. An aggrieved person shall appeal in person and in writing to the Superintendent and shall be accompanied by a representative.
2. Level One
 - a. Any grievance must be first brought to the attention of the Superintendent, in person, accompanied by a written statement setting forth the provision or provisions of the agreement alleged to have been violated. Said grievance must be answered, in writing, within ten (10) working days.

3. Level Two

- a. In the event that an aggrieved person is not satisfied with the disposition of the grievance by the Superintendent, he/she may, within five (5) working days of receipt of the Superintendent's decision, appeal in writing to the Board of Education.
- b. The Board shall meet with the aggrieved person by the date of its next regularly scheduled Board meeting provided the grievance is submitted by the Wednesday prior to the next regularly scheduled Board meeting. In no case shall the appeal be delayed longer than thirty (30) calendar days.
- c. The Board shall render its decision within twenty (20) working days from the Board hearing date. The Board's decision will be in writing and submitted to the aggrieved person.

4. Level Three

- a. In the event the aggrieved person is not satisfied with the decision of the Board, he/she may, within three (3) days after receipt of the Board's decision, request in writing to the Association President that this grievance be submitted to binding arbitration.
- b. The Association may within five (5) days after the receipt of such request (a total of eight days after the administrator has received the Board's decision) submit the grievance to binding arbitration by filing a demand for arbitration with the American Arbitration Association. Such submission shall set forth the provision or provisions alleged to have been violated by the Board of Education and shall be filed simultaneously with the Superintendent of Schools.
- c. The Chairman of the Board and the President of the Association shall, within five (5) days after such written notice, jointly submit the grievance to the American Arbitration Association.
- d. The arbitrator designated shall hear and decide only one grievance at a time, and shall be bound by and must comply with all terms of this Agreement and shall have no power to add to, subtract from, or in any way modify the provision of this Agreement. The decision of the arbitrator shall be final and binding upon parties.
- e. Under no circumstances shall administrators approach individual Board members on questions of policy or administration.
- f. The cost of binding arbitration shall be borne equally by the Board and the Association.

E. **Miscellaneous**

1. Any agreement to alter the timetable of the grievance procedure shall be by mutual consent between the Board and the Association and reduced to writing.
2. Grievance records shall be kept separate from regular personnel records.
3. No reprisals of any kind shall be taken by either party against any individual by reason of such individual's participation or non-participation in the grievance procedure.
4. If an aggrieved administrator elects to carry a grievance to binding arbitration independent of the Association, then the cost for the services of the arbitrator shall be borne by the aggrieved.
5. If an aggrieved administrator elects to submit a grievance to binding arbitration, he/she must file such submission within fifteen (15) calendar days after receipt of the Board's decision under Level Two of the grievance procedure. Such submission shall state the provision or provisions alleged to have been violated by the Board of Education and shall be filed simultaneously with the Superintendent of Schools.

ARTICLE VIII
JUST CAUSE

No administrator shall be suspended or demoted without just cause.

ARTICLE IX
INSURANCE BENEFITS

- A. The Board shall offer the following coverage, subject to the conditions herein stated, to all bargaining unit employees
1. High Deductible Health Plan with Health Savings Account (HDHP-HSA) with deductibles of \$2,000 for single coverage and \$4,000 for two-person/family coverage. All summary plan information is set forth in the attached Schedule of Benefits attached hereto as Schedule B.
 2. CIGNA Dental Plan. (Schedule C)
- B. All of the health insurance coverage noted above shall follow case management and prior authorization guidelines of the insurance carrier.

C. To be eligible to receive health, medical and dental insurance benefits set forth in Section A above, the employee shall annually contribute the following amount of such benefits:

1. HDHP-HSA and Dental Plan.

The employee shall pay a share of the insurance premium cost (or allocation rate if self insured) by automatic payroll deduction as follows:

10 % effective July 1, 2017.

10.5 % effective July 1, 2018.

11% effective July 1, 2019.

D. Subject to law, including the rules and regulations of the Internal Revenue Service, the Board shall maintain a "Section 125" salary reduction agreement which shall be designed to permit exclusion from taxable income of the employee's share of health insurance premiums.

E. The Board shall also provide group life insurance coverage in an amount equal to two times the annual salary of each administrator rounded to the nearest \$500.00.

F. Having successfully performed his/her contract obligations to the school system, an administrator who resigns is entitled to appropriate fringe benefits through August 31.

G. Notwithstanding the foregoing, the Board shall have the right to change insurance carriers (including a change in third party administrators) in whole or in part, in order to provide insurance coverage set forth above provided that the plan(s) which result(s) from change in carriers or third-party administrators are, substantially equivalent to the plan(s) described above, in terms of coverage, benefits, and administration.

The president of the Association shall be notified in writing within thirty days of any intention to change carriers or third-party administrators and shall have a reasonable opportunity to review the proposed changes, but shall have no more than thirty days from the date the new plan is presented to the Association. The proposed changes shall be presented to the Association through a Board Committee including a representative of the insurance carrier who will explain the proposed changes. If the Association does not approve of the proposed changes recommended by the Superintendent, it shall submit a written statement detailing the reasons for such disapproval, specifically listing the reduction in the level of coverage, benefits or administration to which it objects. The Association must submit this written statement within thirty days of the meeting noted above. Failure to submit such statement within the thirty days time period shall be deemed approval of the proposed plan and a waiver of any right to arbitrate the issue.

If the Association disapproves of any change pursuant to the written statement noted above, it may submit the issue to arbitration within fifteen calendar days of receipt of notice from the Superintendent that the Board intends to implement the new plan. The Board must receive a written decision therein prior to implementing any change. The sole substantive

issue for arbitration shall be as follows: Is the proposed insurance plan(s) substantially equivalent to the existing plan(s) in terms of benefits, coverage, and administration.

Reopener: the Board may reopen negotiations on this provision (Section G only) anytime during the contract term in the event different change of insurance carrier language is negotiated or awarded for the teachers (EHEA contract).

- H. The Board will insure that any active certified professional employee, having reached the age of 65 or over, will receive the same health insurance benefits as are being enjoyed by other active employees as permitted by law, e.g. through the provision of health reimbursement account instead of a health savings account.
- I. All insurance coverages shall be provided in accordance with the terms of the insurance carrier or third-party administrator administering the plan in effect. Disputes concerning an employee's eligibility or entitlement to the benefits contained herein are matters which are to be resolved by the employee and the insurance carrier administering the plan.
- J. The Plan documents for the above noted plan(s) shall be on file in the Business Office. The plan(s) documents contain the details governing the medical and dental programs and shall prevail in cases of conflicts with the summaries.
- K. **DISABILITY PLAN:** Upon appropriate written authorization by employees in the bargaining unit, the Board will make premium deductions from the first check of each month for any individual or group disability plan. It shall be the responsibility of the employee to address any deduction concerns directly with the disability company. It is understood that the Board assumes no responsibility for incorrect withholding, clerical errors, or rebates. Disputes as to eligibility, payments, coverage or any other provision of the disability plan are not the Board's responsibility but must be addressed directly to the insured's company. It is understood that the East Hampton Board of Education does not sponsor or promote the Standard Insurance Company group disability plan or any other disability plan in which employees may enroll. It is understood that the Board of Education does not guarantee the continuation of any group disability plan and that the disability insurance company may terminate said plan at any time. The East Hampton Administrators' Association shall indemnify and save the Board harmless from any claim, demand, lawsuit, or damages arising out of the Board's implementation of the payroll deduction for such plan.

ARTICLE X

PROFESSIONAL DEVELOPMENT

The Board shall provide a total yearly sum of ten thousand dollars (\$10,000.00) for all administrators to draw on to take advantage of advanced course work. Use of the above sum shall be approved by the Superintendent.

ARTICLE XI
MILEAGE

The Board will budget \$500 (in ten monthly checks of \$50) per year to reimburse administrators for all school related travel.

Should the administrator exceed the budgeted amount, he/she will be compensated additionally at the I.R.S. rates then in effect.

ARTICLE XII
SALARIES

- A. The salary schedule for administrators, designated as Schedule A is affixed hereto and made an integral part of this Agreement.
- B. Certificated administrators who have an earned doctorate shall be placed at a salary \$1,000.00 above the step to which they would otherwise have been entitled.
- C. Administrators who are promoted to positions within the bargaining unit shall be placed on that step which the administrator would have attained in his/her previous position on the effective date of the promotion.
- D. Administrators who are hired from outside the bargaining unit with previous administrative experience shall be credited with such experience as deemed appropriate for the position by the Superintendent of Schools.
- E. Tax Sheltered Annuity: The Board of education will contribute to a 403(b) account established by the administrator with a yearly contribution of the following:
 - \$1,000 effective July 1, 2017
 - \$1,000 effective July 1, 2018
 - \$1,000 effective July 1, 2019
- F. Supplemental Pay: The Board of Education recognizes that the work load and responsibility to oversee the summer school programs is an additional responsibility only assumed by the building administrator in which the summer school program is housed.

In order to establish equity in the responsibilities for all administrators in the summer, school buildings which house ESY summer school programs, the designated administrator of said building should receive a stipend of the following:

- \$1,500 effective July 1, 2017
- \$1,700 effective July 1, 2018
- \$2,000 effective July 1, 2019

ARTICLE XIII
SEVERANCE PAY

- A. Upon resignation due to disability or retirement, after ten (10) years of service in East Hampton in a certified position, an administrator shall receive a severance payment based upon accumulated unused sick leave. The payment will be made on the first business day of the month of January or July following the resignation or retirement as the administrator may elect, provided that the administrator shall notify the Superintendent at least four (4) months in advance of the effective date of such resignation or retirement. Failure to provide such notice shall delay such payment until the next payout date. The formula for amount of the payment is as follows: Administrators hired before July 1, 2014 will be paid twenty five percent (25%) of his/her accumulated unused sick leave at a per diem rate of contracted base salary divided by 260. Administrators hired on or after July 1, 2014 shall not be eligible for this benefit.

ARTICLE XIV
SEVERABILITY

In the event that any provision or portion of this Agreement is ultimately ruled invalid for any reason by an authority of established and competent legal jurisdiction, the balance and remainder of the Agreement shall remain in full force and effect.

ARTICLE XV
DURATION

The provisions of this Agreement shall be effective as of July 1, 2017 and shall continue and remain in full force and effect through June 30, 2020.

SIGNATURE BLOCK

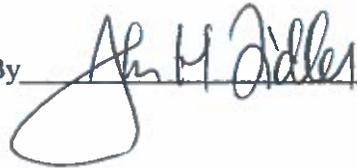
IN WITNESS WHEREOF, the parties hereto have caused these presents to be executed by their proper officer, hereunto duly authorized, and their seals affixed hereto as of the date and year first above written.

EAST HAMPTON BOARD OF EDUCATION

By 

Date 9-19-16

EAST HAMPTON SCHOOL ADMINISTRATORS'
ASSOCIATION CONNECTICUT FEDERATION
OF SCHOOL ADMINISTRATORS Local 42J

By 

Date 9/19/16

SCHEDULE A
East Hampton Administrative Salary Schedule

2017-18	Step 1	Step 2	Step 3	Step 4	Step 5
High School Principal	144,416	146,410	148,416	150,643	152,902
Middle School Principal	138,691	140,657	142,635	144,775	146,946
Center School Principal	136,114	138,065	140,032	142,132	144,264
Memorial School Principal	136,114	138,065	140,032	142,132	144,264
Director of Support Services	139,964	141,936	143,920	146,079	148,269
Director of Curriculum and Instruction	139,964	141,936	143,920	146,079	148,269
High School Assistant Principal	126,707	128,646	130,566	132,525	134,513
Middle School Assistant Principal	121,652	123,532	125,427	127,308	129,217
Memorial School Assistant Principal	116,565	118,419	120,288	122,093	123,925
2018-19	Step 1	Step 2	Step 3	Step 4	Step 5
High School Principal	148,388	150,436	152,498	154,785	157,107
Middle School Principal	142,505	144,525	146,558	148,756	150,987
Center School Principal	139,857	141,862	143,883	146,041	148,231
Memorial School Principal	139,857	141,862	143,883	146,041	148,231
Director of Support Services	143,813	145,839	147,878	150,096	152,347
Director of Curriculum and Instruction	143,813	145,839	147,878	150,096	152,347
High School Assistant Principal	130,192	132,184	134,157	136,169	138,212
Middle School Assistant Principal	124,997	126,929	128,876	130,809	132,771
Memorial School Assistant Principal	119,770	121,676	123,596	125,450	127,333
2019-20	Step 1	Step 2	Step 3	Step 4	Step 5
High School Principal	152,097	154,197	156,310	158,655	161,035
Middle School Principal	146,068	148,138	150,222	152,475	154,762
Center School Principal	143,354	145,409	147,480	149,692	151,937
Memorial School Principal	143,354	145,409	147,480	149,692	151,937
Director of Support Services	147,408	149,485	151,575	153,848	156,155
Director of Curriculum and Instruction	147,408	149,485	151,575	153,848	156,155
High School Assistant Principal	133,446	135,488	137,511	139,574	141,668
Middle School Assistant Principal	128,122	130,103	132,098	134,079	136,090
Memorial School Assistant Principal	122,765	124,718	126,686	128,586	130,516

Longevity

10 Years = \$400

15 Years = \$600

20 Years = \$800

Administrators hired on and after July 1, 2017 shall not be eligible for longevity pay.

SCHEDULE B

SUMMARY OF BENEFITS



Cigna Health and Life Insurance Co.
For - East Hampton Town and Board of Education
Open Access Plus Plan

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
Coinsurance	Your plan pays 100%	Your plan pays 70%
Maximum Reimbursable Charge	Not Applicable	200%
Contract Year Deductible	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$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. • After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan. • This plan includes a combined Medical/Pharmacy plan deductible. • Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy deductible. 		
Note: Services where plan deductible applies are noted with a caret (^)		
Contract Year Out-of-Pocket Maximum	Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000
<ul style="list-style-type: none"> • The amount you pay for all covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums. • Plan deductible contributes towards your out-of-pocket maximum. • All copays and benefit deductibles contribute towards your out-of-pocket maximum. • Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum. • After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. • This plan includes a combined Medical/Pharmacy out-of-pocket maximum. • Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket 		

7/1/2015

CT / EHB State: CT

Open Access Plus - Coinsurance - East Hampton BOE Teachers HDHP Plan - BOET/BOETF - 3955943, Version# 5 - CSM07158

1 of 12

©Cigna 2015

Benefit	In-Network	Out-of-Network
Note: Services whose plan deductible applies are noted with a caret (^)		
Physician Services		
Physician Office Visit	Your plan pays 100% ^	Your plan pays 70% ^
• All services including Lab & X-ray		
Surgery Performed in Physician's Office	Your plan pays 100% ^	Your plan pays 70% ^
Allergy Treatment/Injections	Your plan pays 100% ^	Your plan pays 70% ^
Allergy Serum Dispensed by the physician in the office	Your plan pays 100% ^	Your plan pays 70% ^
Preventive Care		
Preventive Care	Your plan pays 100% ^	Your plan pays 70% ^
• Includes coverage of additional services, such as urinalysis, EKG and other laboratory tests supplementing the standard Preventive Care benefit		
Immunizations	Your plan pays 100% ^	Your plan pays 70% ^
• Includes immunizations specific for travel		
Well Child Care	Your plan pays 100% ^	Your plan pays 70% ^
Mammogram, PAP, and PSA Tests	Your plan pays 100% ^	Your plan pays 70% ^
• Coverage includes the associated Preventive Outpatient Professional Services.		
• Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service		
Inpatient		
Inpatient Hospital Facility	Your plan pays 100% ^	Your plan pays 70% ^
Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate		
Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate		
Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)): In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate		
Inpatient Hospital Physician's Visit/Consultation	Your plan pays 100% ^	Your plan pays 70% ^
Inpatient Professional Services	Your plan pays 100% ^	Your plan pays 70% ^
• For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		
Outpatient		
Outpatient Facility Services	Your plan pays 100% ^	Your plan pays 70% ^
Outpatient Professional Services	Your plan pays 100% ^	Your plan pays 70% ^
• For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		

7/1/2015

CT / EHB State: CT

Open Access Plus - Coinsurance - East Hampton BOE Teachers HDHP Plan - BOET/BOETF - 3955943, Version# 5 - CSM07168

2 of 12

©Cigna 2010

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)		
Short-Term Rehabilitation	Your plan pays 100% ^	Your plan pays 70% ^
Contract Year Maximums		
<ul style="list-style-type: none"> Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – 50 days Speech Physical and/or occupational therapy for autism spectrum disorder (diagnosis code of 299.xx) Speech, physical and occupational therapy are covered unlimited per contract year. Cardiac Rehabilitation - Unlimited days 		
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum.		
Other Health Care Facilities/Services		
Home Health Care		
<ul style="list-style-type: none"> Includes oxygen and it's administration 200 days maximum per Contract Year 16 hour maximum per day 	Your plan pays 100%	Your plan pays 70%
Outpatient Private Duty Nursing		
<ul style="list-style-type: none"> 200 days maximum per Contract Year 	Your plan pays 100% ^	Your plan pays 70% ^
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility		
<ul style="list-style-type: none"> 220 days maximum per Contract Year Includes oxygen and it's administration 	Your plan pays 100%	Your plan pays 70% ^
Durable Medical Equipment		
<ul style="list-style-type: none"> Unlimited maximum per Contract Year 	Your plan pays 100% ^	Your plan pays 70% ^
Breast Feeding Equipment and Supplies		
<ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or proscribed by a physician Includes related supplies 	Your plan pays 100%	Your plan pays 70% ^
External Prosthetic Appliances (EPA)		
<ul style="list-style-type: none"> Unlimited maximum per Contract Year 	Your plan pays 100% ^	Your plan pays 70% ^
Infusion Therapy		
<ul style="list-style-type: none"> Primary Care Physician or Specialist Inpatient Hospital Outpatient Hospital Inpatient Professional Services Outpatient Professional Services 	Your plan pays 100%	Your plan pays 70% ^
Routine Foot Disorders		
	Not Covered	Not Covered
Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when need only necessary.		
Acupuncture		
<ul style="list-style-type: none"> Acupuncture covered regardless of diagnosis both In and Out of network 	Your plan pays 100% ^	Your plan pays 70%

7/1/2015

CT / EHB State: CT

Open Access Plus - Coinsurance - East Hampton BOE Teachers HDHP Plan - BOET/BOETF - 3955943 Version# 5 - CSM07168

3 of 12

OCigna 2016

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)		
Hearing Aid		
<ul style="list-style-type: none"> Includes testing and fitting of hearing aid devices covered at PCP or Specialist Office visit level Coverage through age 13 	Your plan pays 100%	Your plan pays 70% ^
Orthotics		
<ul style="list-style-type: none"> Includes medically necessary foot orthotics 	Your plan pays 100%	Your plan pays 70%
Vision Exam		
<ul style="list-style-type: none"> One exam and refraction covered every 12 months at no charge 	Coverage provided through Cigna Vision (*-866-478-7557)	Coverage provided through Cigna Vision (*-866-478-7557)
Wigs		
<ul style="list-style-type: none"> Unlimited maximum per Contract Year for Wigs prescribed for hair loss due to chemotherapy 	Your plan pays 100%	Your plan pays 70%

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

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

Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lab and X-ray	Plan pays 100%	Plan pays 70%	Plan pays 100%	Plan pays 70%	Plan pays 100% ^		Plan pays 100%	Plan pays 70%
Advanced Radiology Imaging	Plan pays 100%	Plan pays 70%	Not Applicable	Not Applicable	Plan pays 100% ^		Plan pays 100%	Plan pays 70%

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

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

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

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

Benefit	Inpatient Hospital and Other Health Care Facilities		Outpatient Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^
Bereavement Counseling	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100%	Plan pays 70%

Note: Services provided as part of Hospice Care Program

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

7/1/2015

CT / EHB State: CT

Open Access Plus - Coinsurance - East Hampton BDE Teachers HDHP Plan - BOETF/BOETF - 3955943, Version# 5 - CSM07168

4 of 12

©Cigna 2016

Benefit	Initial Visit to Confirm Pregnancy		Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)		Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Delivery - Facility (Inpatient Hospital, Birthing Center)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity	Plan pays 100%	Plan pays 70%	Plan pays 100%	Plan pays 70%	Plan pays 100%	Plan pays 70%	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit

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

Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Abortion (Elective and non-elective procedures)	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^
Family Planning - Men's Services	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^
Includes surgical services, such as vasectomy (excludes reversal)										
Family Planning - Women's Services	Plan pays 100%	Plan pays 70% ^	Plan pays 100%	Plan pays 70% ^	Plan pays 100%	Plan pays 70% ^	Plan pays 100%	Plan pays 70%	Plan pays 100%	Plan pays 70%
Includes surgical services, such as tubal ligation (excludes reversal)										
Contraceptive devices as ordered or prescribed by a physician	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^
Inferility	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^
Inferility covered services: lab and radiology test, counseling, surgical treatment includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.										
Unlimited Lifetime Maximum	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^
Bariatric Surgery	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^
Surgeon Charges Lifetime Maximum: Unlimited										

7/1/2015

CT / EHB State: CT

Open Access Plus - Coinsurance - East Hampton BOE Teachers HDHP Plan - BOET/BOETF - 3955943, Version# 5 - CSM07168

5 of 12

Mcigna 2016

Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network

Note: Services where plan deductible applies are noted with a caret (^)
 Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered.

The following are excluded:

- medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity.
- weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision

Benefit	Inpatient Hospital Facility			Inpatient Professional Services		
	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network

Organ Transplants	Plan pays 100%	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100%	Plan pays 100% ^	Plan pays 70% ^
-------------------	----------------	------------------	-----------------	----------------	------------------	-----------------

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

Benefit	Inpatient		Outpatient - Physician's Office		Outpatient - All Other Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network

Mental Health	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^
Substance Use Disorder	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^

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

- Note: Deter is covered under medical
- Unlimited maximum per Contract Year
 - Services are paid at 100% after you reach your out-of-pocket maximum
 - Inpatient includes Residential Treatment
 - Outpatient includes partial hospitalization and individual, intensive outpatient and group therapy

Mental Health and Substance Use Disorder Services

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

Cigna Total Behavioral Health - Inpatient and Outpatient Management

- Inpatient utilization review and case management
- Outpatient utilization review and case management
- Partial Hospitalization
- Intensive outpatient programs
- Changing Lives by Integrating Mind and Body Program
- Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management.
- Narcotic Therapy Management
- Complex Psychiatric Case Management

7/1/2015

CT / EHB State: CT

Open Access Plus - Coinsurance - East Hampton BOE Teachers HDHP Plan - BOET/BOETF - 3955943, Version# 5 - CSM07160

6 of 12

©Cigna 2016

Pharmacy	In-Network	Out-of-Network
<p>Cigna Pharmacy three-tier coinsurance plan</p> <ul style="list-style-type: none"> • Retail drugs may be obtained in Network at a wide range of pharmacies across the nation. • When patient requests brand drug, patient pays the generic coinsurance plus the cost difference between the brand and generic drugs up to the cost of the brand drug. • Your pharmacy benefits have a combined 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. • Self Administered injectable drugs are covered • Oral contraceptives included • Includes oral contraceptives - with specific products covered 100% • Lifestyle drugs included - limited to sexual dysfunction • Prescription smoking cessation drugs included • Prescription vitamins included • Oral Fertility drugs included • Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges included • Specialty medications are limited to a 30-day supply 	<p>Retail - 30 day supply Generic: You pay 0% Preferred Brand: You pay 0% Non-Preferred Brand: You pay 0%</p> <p>Home delivery - 90 day supply Generic: You pay 0% Preferred Brand: You pay 0% Non-Preferred Brand: You pay 0%</p>	<p>You pay 30% Your plan pays 70%</p>

Pharmacy Program Information
<p>Pharmacy Clinical Management and Prior Authorization</p> <ul style="list-style-type: none"> • Your plan is subject to refill-too-soon and other clinical edits as well as prior authorization requirements • Plan exclusion edits are always included • Additional clinical management - Basic package - provides a limited set of clinical edits such as prior authorization, age edits and quantity limits for a specific list of prescription medications <p>Prescription Drug List:</p> <ul style="list-style-type: none"> • Your Cigna Standard Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com. <p>Specialty Pharmacy Management:</p> <ul style="list-style-type: none"> • Clinical Programs <ul style="list-style-type: none"> ◦ Prior authorization is required on specialty medications but quantity limits may apply. ◦ Theracare® Program • Medication Access Option <ul style="list-style-type: none"> ◦ Retail and/or Home Delivery <p>Clinical Outcome Programs:</p> <ul style="list-style-type: none"> • Includes complex psychiatric case management • Includes narcotic therapy management

Additional Information

Case Management

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

Health Advisor - A

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

- Health and Wellness Coaching
- Gaps in Care coaching for select conditions
- Preference Sensitive Care/Treatment Decision Support Coaching

Included

Maximum Reimbursable Charge

Out-of-Network services are subject to a Contract Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of the health care professional's normal charge for a similar service or supply, or a percentage (200%) of a fee schedule 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 is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professional's in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.

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.

Pre-Certification - Continued Stay Review - PHS+ 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% or \$500 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.
- Benefits are denied for any admission reviewed by Cigna Healthcare and not certified.
- Benefits are denied for any additional days not certified by Cigna Healthcare.

Pre-Certification - Continued Stay Review - PHS+ Outpatient Prior Authorization - required for selected outpatient procedures and diagnostic testing

In Network: Coordinated by your physician

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

- The lesser of 50% or \$500 penalty applied to outpatient procedures/diagnostic testing charges for failure to contact Cigna Healthcare and to precertify admission.
- Benefits are denied for any outpatient procedures/diagnostic testing reviewed by Cigna Healthcare and not certified.

Pre-Existing Condition Limitation (PCL) does not apply

7/1/2015

CT / EHB State: CT

Open Access Plus - Coinsurance - East Hampton BOE Teachers HDHP Plan - BOET/BOETF - 3955943, Version# 5 - CSM07188

8 of 12

©Cigna 2016

Additional Information

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
- Prepost-admission
- Treatment decision support
- Gaps in care

Holistic health support for the following chronic health conditions:

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

Definitions

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

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

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

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

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

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

Exclusions

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

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

- Care for health conditions that are required by state or local law to be treated in a public facility
- Care required by state or federal law to be supplied by a public school system or school district
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared,
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under

7/1/2015

CT / EHS State: CT

Open Access Plus - Coinsurance - East Hampton BOE Teachers HDHP Plan - BOET/BOETF - 395943, Version# 5 - CSM07168

9 of 12

©Cigna 2016

Exclusions

- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, home health 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 therapies or devices that are determined by the utilization review Physician to be:
 - 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.
 - Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use.
 - The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section of this plan; or
 - The subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" section of this plan.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Movement therapy, Applied kinesiology, Roling, Prolotherapy, and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Surgical or nonsurgical treatment of TMJ disorders.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay.
- 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.
- Infertility services when the infertility is caused by or related to voluntary sterilization; donor charges and services, cryopreservation of donor sperm and eggs, gestational carriers and surrogate parenting arrangements; and any experimental, investigational or unproven infertility procedures or therapies.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays (other than neuropsychological testing ordered by a licensed physician to assess the extent of any cognitive or developmental delays in a Dependent child due to chemotherapy or radiation treatment).
- 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, and skin preparations, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- Private Hospital rooms and/or inpatient private duty nursing.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, televisions, telephones, newborn infant photographs, complimentary

7/1/2016

CT / EHB State: CT

Open Access Plus - Coinsurance - East Hampton BOE Teachers HDHP Plan - BOET/BOETF - 3955943, Version 5 - CSM07168

10 of 12

©Cigna 2016

Exclusions

- 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 (other than as described in Covered Expenses)
- Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription 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-implantation 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.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are 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 and except as provided for in the Covered Expenses section.
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- Medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- To the extent permitted by law, for or in connection with an injury or Sickness arising out of, or in the course of, any employment for wage or profit. For Medical Benefits, this will not apply to any of the Policyholder's partners, proprietor or corporate officers, however, if payment is made for expenses in the event that third-party liability is determined and satisfied (whether by settlement, judgment, arbitration or otherwise), Cigna shall be refunded the lesser of the amount of Cigna's payment for such expenses, or the amount actually received from the third party for such expenses. In the event that a workers' compensation claim is filed, Cigna shall have a lien on the proceeds of any award or settlement to the extent of its payment of benefits.
- Telephone, e-mail and Internet consultations, and telemedicine.
- 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 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. This summary provides additional information not provided in the Summary of Benefits and Coverage document required by the Federal Government.

7/1/2015

CT / EHB State: CT

Open Access Plus - Coinsurance - East Hampton BDE Teachers HDHP Plan - BOETI/BOETF - 3955943, Version# 5 - CS#07168

11 of 12

©Cigna 2016

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C. and HMO or service company subsidiaries of Cigna Health Corporation. "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

EHB State CT

