

AGREEMENT BETWEEN THE
FARMINGTON BOARD OF EDUCATION
AND THE
FARMINGTON SCHOOL NURSES
EFFECTIVE JULY 1, 2017
TO JUNE 30, 2020
FARMINGTON SCHOOL NURSES' CONTRACT

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SCHOOL NURSES' CONTRACT

ARTICLE I PREAMBLE

Whereas, the Board of Education (herein called the Board) and the Farmington School Nurses (herein called the Nurses) recognize the importance of sustaining harmonious relationships between the Board and the Nurses and encouraging the school nurses to provide full professional nursing services and related health instruction as required to the Board and the Town of Farmington and to the improvement of quality of said service and assuring necessary, usual and beneficial communications between the Board and the school nurses.

ARTICLE II
WORKING CONDITIONS

A. WORKING HOURS

1. Each work year covered by this agreement shall consist of one hundred and eighty (180) school days and two (2) preparatory days prior to the official opening day of school. Nurses required to work days beyond 182 will be reimbursed on an hourly basis as defined in Article VII, Salaries, Section 4, except for meetings and workshops covered under Article VII, Salaries, Section 6 and 7.
2. The number of working hours per day for Nurse II shall be seven (7) hours for the elementary schools, upper elementary school, the middle school and the high school. The Board may utilize an LPN on an hourly basis to support the work of the school nurse.
3. Starting and ending hours shall be determined by the Superintendent of Schools or his/her designee.
4. If emergency weather conditions exist and school is dismissed early, the Superintendent of Schools may dismiss all nurses at his/her discretion. Nurses will be paid in full.

B. LUNCH PERIOD

Each nurse working at least six and one half (6 1/2) consecutive hours per day shall receive a paid half-hour (1/2) lunch period.

C. WORK BREAK

Each nurse may have a fifteen (15) minute break per day.

D. TRANSPORTATION ALLOWANCE

1. Each nurse who, at the request of the Board, uses her personally owned automobile for conducting school business shall be reimbursed for all mileage driven at the current rate of not less than \$.36 per mile or on the current amount allowable by IRS for business mileage calculations.
2. A professional travel fund will be funded at \$1,500 commencing on July 1, 2017. The professional activity must be pre-approved by the Director of Special Services and School Principal. Applications shall be forwarded on the professional leave form used by the Farmington teachers group. A summer professional travel fund will be funded at \$300 and activity must be pre-approved by the Director of Special Services.

ARTICLE III
ABSENCES

A. SICKNESS AND EMERGENCY

1. Each nurse shall be allowed fifteen (15) days a year for personal illness accumulative to one hundred and eighty (180) days.
2. Absences caused by occupational accidents and considered eligible under Worker's Compensation or contagious sickness directly attributable to contact with school children in performance of his/her duties, shall not be charged to the personal illness allowance.
3. In the event of critical illness or severe injury in the immediate family, creating an emergency which requires the attendance or aid of the employee, as much as five (5) working days with pay may be granted by the Superintendent or his/her designee within the calendar year, and such leave shall be charged to the employee's regular sick leave. Critical illness or severe injury shall be defined as a serious health condition according to the Family Medical Leave Act of 1993.

B. PLANNED ABSENCES

The Superintendent or his/her designee shall grant four (4) days of paid leave annually for reasons stated in Section B, Sub-section 1 through Sub-section 3. Employees must request such leave via an electronic manner consistent with district requirements, obtain approval from their immediate supervisor and state the reason for the leave at least five days in advance, except in cases of emergency. In cases of emergency the leave may be granted subject to completion of the appropriate request form upon return from said leave.

1. Serious illness or death in immediate family which includes:
Spouse, child, step-child, mother, father, step-parent, brother, sister, father-in-law, son-in-law, daughter-in-law, mother-in-law, grandchild, grandparent, aunt or uncle.
2. A nurse called to jury duty shall promptly notify the Superintendent or his/her designee to obtain a release from jury duty in cases where the nurse's absence would hinder the operation of the public schools. A nurse called to jury duty shall furnish the Board with a notice to serve and evidence of attendance. If the nurse must serve when school is in session, time shall be granted without deduction from the nurse's sick leave or personal days. The nurses shall be paid the difference between the Nurse's regular base rate of pay and the fee received for service as a juror.
3. Other specified reasons, necessitating absence from school, if approved by the Superintendent of Schools or his/her designee.

C. WORK RELATED INJURY

1. If an employee is absent from work because of an injury sustained in the course of his/her work for which he/she is entitled to compensation under the Worker's Compensation Act, the Board shall pay to the employee during the period of disability not to exceed six (6) months, an amount equal to the difference between the amount of the Worker's Compensation received by the employee, and the amount of the employee's regular after-tax-take-home salary. To the extent the Board may have paid the employee an amount greater than said difference; the appropriate amount of Worker's Compensation payments received shall be paid over and assigned to the Board by the employee.
2. Lump sum Worker's Compensation payments for indemnification to the employee for permanent injury received by him/her shall not be paid over or assigned to the Board.
3. Worker's Compensation injuries sustained in the course of his/her employment with the Board causing lost time should not be charged against the employee's sick time or personal time.

ARTICLE IV HOLIDAYS

Nurses shall observe the following holidays:

1. New Year's Day
2. Good Friday
3. Memorial Day
4. Thanksgiving Day
5. Christmas Day

On the last scheduled working day prior to Thanksgiving, nurses will be scheduled to work until all children have been dismissed from school and their immediate supervisor determines that their services are no longer required to carry out a safe and efficient school closing procedure, without loss of pay.

ARTICLE V
INSURANCE

1. The Board will provide nurses and their dependents medical benefits (Appendix C1) and dental benefits (Appendix C2) through a preferred provider organization high deductible medical plan with a health saving account feature (HD-HSA). The HD-HSA plan, as outlined in Appendix C1, is a managed care plan which allows the employee to self-refer at the time of required service and is not a required Gatekeeper Plan. The plan provides for two levels of benefits, in and out of network. A nurse may choose not to participate in this HD-HSA plan and therefore not be subject to the employee share contribution.
2. Vision Care Rider – Plan A (Appendix C3)
3. Employees shall contribute 18% of the premium cost in 2017-18, 18.5% in 2018-19, and 19.5% in 2019-20.
4. The Board provides a Section 125 Premium Conversion Plan by which employees can elect to make the insurance co-payments on a pre-tax basis. Employees participating in the plans provided in #1 - 2 above shall contribute for the HD-HSA coverage as stated in #1 of the applicable coverage through authorized payroll deductions.
5. The Board will provide \$30,000 in term life insurance at no cost to the employee.
6. The Board will provide nurses with a Long Term Disability Plan with a cap of \$2,000 per month.
7. The Board reserves the right to change insurance carriers for the coverage provided under this Article provided that the benefits are equivalent and the service levels are substantially equivalent.
8. Hospital Bill Audits - The insurance administrator may establish a procedure whereby medical bills in excess of a stated amount will be subject to review for accuracy and justification. Employees who find over-charges in their hospital bills, which result in the return of funds to the Board, will be entitled to receive 25% of the confirmed over-charge up to a maximum of \$500.00 for each hospital stay.
9. Reopener: The Patient Protection and Affordable Care Act (“PPACA”; Public Law 111-148) has set forth and codified under the Internal Revenue Code (IRC) § 4980I the imposition of an excise tax related to employer provided health insurance plans that exceed certain value thresholds. The impact of the excise tax is scheduled to take effect in 2020. Should any Federal statute or regulation pertaining to IRC §4980I be mandated to take effect during the contract term triggering the imposition of an excise tax with respect to any of the contractually agreed upon insurance plans offered herein, the parties agree to reopen contract

negotiations. No other provision of the contract shall be reopened during such mid-term negotiations.

ARTICLE VI PENSION*

Section 1. Pension

Employees working one thousand (1,000) hours or more may continue to participate in the Town of Farmington Employees Pension Plan as it is amended from time to time.

Section 2. Post Retirement Plan

The Board will provide retirees a post-retirement medical and health insurance plan as provided by the Town of Farmington and as amended from time to time. See Appendix B.

Section 3. Retirement Benefit

The Board shall pay each employee who voluntarily leaves employment in good standing after ten (10) years of service to the Board \$450 for each year of service.

The Board shall pay each employee who retires under the Town Pension Plan who leaves in good standing after ten (10) years of service at retirement age, \$550 for each year of service to the Board.

For school employees who retire under the Town of Farmington Pension Plan*, the Town will calculate the value of 35% of unpaid sick leave and determine the value of the Town sick leave benefit that the Town employees have and provide a calculation only as a credit for Board of Education employees towards their pension.

**The Town of Farmington administers and negotiates the terms of the pension. The Board of Education does not administer and/or negotiate the Town of Farmington's pension.*

ARTICLE VII
SALARIES

The salary scales in effect commencing July 1, 2017 through June 30, 2018, July 1, 2018 through June 30, 2019 and July 1, 2019 through June 30, 2020 are included in Appendix A. The percentage increase applied each year is 1.85% 2017-18 and 1.85% 2018-19 and 1.85% in 2019-20.

1. Nurses shall be assigned to a step on the salary schedule consistent with their past work experience as determined by the Superintendent of Schools or his/her designee.
2. All earned increments will be granted on the salary scale effective July 1, 2017.
3. Nurses showing evidence of a Bachelors Degree shall be paid \$1,500 above the salary schedule shown in Appendix A.
4. In the event that a nurse is required by the administration to stay beyond regular hours because of an emergency or extra-ordinary circumstances, the nurse will be compensated at their yearly individual hourly rate. For Nurse II Step 6 the hourly rate will be \$44.92 in 2017-18, \$45.75 in 2018-19, and \$46.59 in 2019-20.
5. A stipend equal to their yearly individual hourly rate will be paid to each nurse for each PPT or 504 meeting they are required to attend, beyond school hours, as assigned by the administration. For Nurse II Step 6 the hourly rate will be \$44.92 in 2017-18, \$45.75 in 2018-19, and \$46.59 in 2019-20.
6. Commencing on July 1, 2017 Nurse II will receive an additional stipend of \$700 to participate in any meetings and workshops required by the school administration not to exceed 20 (twenty) hours per year.
7. Nurses required to work summer hours will be paid on an hourly basis based on the appropriate salary determined by hours per day and days per year. Required hours must be requested in writing by the school principal in advance and approved by the superintendent of his/her designee.
8. The nurse working in the Summer Learning Academy will earn a per diem amount of \$285.18 in 2017-18, \$290.46 in 2018-19, and \$295.83 in 2019-20.
10. Employees may take a maternity leave for the reasonable period of actual physical disability following childbirth without pay and without losing permanent status or seniority. To the extent the employee has sick time accrued, this time off shall be charged against sick leave accrued.

ARTICLE VIII
TUITION REIMBURSEMENT

1. The Board will establish a tuition reimbursement fund consisting of \$1,800 from which the Board will reimburse nurses up to \$900 per completed course not to exceed the total cost of the course tuition.
2. To be eligible for payment, the nurse must receive prior approval for the course from the Superintendent or his designee, and provide an official transcript to the Superintendent of his designee indicating graduate credit.
3. Nurses will receive reimbursement for one course per person on a first come, first served basis. If monies remain after reimbursements for every applicant's first course, nurses will receive reimbursement for a second course on a first come, first served basis, the same process being repeated for any additional course until the fund is depleted.

ARTICLE IX
DURATION

This Agreement, covering school nursing personnel, shall be effective July 1, 2017 and shall remain in force and effective until June 30, 2020.

FARMINGTON SCHOOL NURSES

REPRESENTATIVE

Whitney Payne Baker

NURSE REPRESENTATIVE

FARMINGTON BOARD OF EDUCATION

CHAIRPERSON, BOARD OF
EDUCATION

Karen O'Neil

SUPERINTENDENT OF SCHOOLS

FARMINGTON SCHOOL NURSES

SALARY SCALE

APPENDIX A

1. Nurses shall be assigned to a step on the salary schedule consistent with their past work experience as determined by the Superintendent of Schools or his/her designee.
2. The step advancements if placed on Step 1 Hiring would be:

Commencing every year the employee will advance one step on the salary schedule up to Step 6 of the scale.
3. The hourly rate for the LPN will be \$29.50 in 2017-18, 2018-19 and 2019-20.

**APPENDIX A
SALARY & WAGE GRID**

2017-2018 SALARY GRID

<u>STEPS</u>	<u>NURSE 2</u>	<u>Hourly Rate</u>	<u>Summer Stipend</u>
1	48,133.29	44.92	285.18
2	49,924.83		
3	51,728.60		
4	53,507.92		
5	55,285.20		
6	57,221.37		

2018-2019 SALARY GRID

<u>STEPS</u>	<u>NURSE 2</u>	<u>Hourly Rate</u>	<u>Summer Stipend</u>
1	49,023.76	45.75	290.46
2	50,848.44		
3	52,685.58		
4	54,497.81		
5	56,307.97		
6	58,279.96		

2019-2020 SALARY GRID

<u>STEPS</u>	<u>NURSE 2</u>	<u>Hourly Rate</u>	<u>Summer Stipend</u>
1	49,930.70	46.59	295.83
2	51,789.14		
3	53,660.26		
4	55,506.02		
5	57,349.67		
6	59,358.14		

APPENDIX B

RETIREMENT INSURANCE

- A. Employees who retire from the Town of Farmington's Pension Plan at Normal Retirement will be eligible for the Retiree Health Insurance Program, provided they have completed at least 15 years of continuous service with the Board of Education.
- B. Employees who retire from the Town of Farmington's Pension Plan at Early Retirement or later shall be eligible for the program provided they have completed at least twenty (20) years of continuous service with the Board of Education.
- C. Employees who retire from the Town of Farmington's Pension Plan with a Disability Retirement will be eligible for the active employees group insurance coverage (excluding dental) until they qualify for Medicare up to a maximum of 30 months. Once they qualify for Medicare, they will be eligible for the post-age 65 Retiree Health Insurance Program (Medicare Supplemental).
- D. Terminated vested employees who leave employment after qualifying for Early Retirement and who subsequently retire under the Town of Farmington's Pension Plan will be eligible for the program provided they have completed at least 20 years of continuous service with the Board of Education.
- E. All other terminated vested employees who leave employment and subsequently retire under the Town of Farmington's Pension Plan will not be eligible for the Retiree Health Insurance Program regardless of their length of continuous service with the Board of Education.
- F. Cost of the program shall be shared equally by the employee and the Board of Education. (provided at a cost of 50% to the employee and 50% to the employer).
- G. Employees who qualify for this insurance program (as defined in Sections A-D) will be eligible for the following coverage:
 - (i) Pre Age 65 Coverage: Employees eligible for the Retiree Health Insurance Program before age 65 will have the same health coverage at retirement as the active employee excluding dental coverage.
 - (ii) Post Age 65 Coverage: Employees eligible for this insurance program will have the following lifetime health coverage (or their equivalents) at age 65:

- (1.) Blue Cross 65 High Option Plan
- (2.) Blue Shield 65 Plan 81
- (3.) CIGNA Prescription Drug Rider
- (4.) CIGNA Dental Rider

(iii) Basic life insurance coverage based on employee status at time of retirement will be provided at a cost of 50% to the employee and 50% to the employer. This coverage will reduce by half at age 70.

I. Anyone retiring as defined by their normal retirement age from the Social Security Administration from the Farmington Board of Education may continue their health coverage (excluding life insurance) at their own expense if they do not qualify for any of the above.

**APPENDIX C1
HEALTH INSURANCE BENEFITS**

Upon payment of the premium cost sharing amount as set forth below, eligible members of the bargaining unit shall be able to participate in a high-deductible - health savings account plan with the following features:

Plan deductible	\$2,000 Individual/\$4,000 Family (All Groups)
After the deductible, the plan pays	90% of covered medical and drug expenses, In Network, until out-of-pocket limit (OOPL) is reached, then 100% of covered medical and drug expenses. 70% of covered medical and drug expenses, Out of Network
Out-of-Pocket limit (OOPL) for co-insurance after deductible is met.	2017-2018 \$400/\$800 2018-2019 \$450/\$900 2019-2020 \$500/\$1,000
Annual HSA Employer Contribution (for active employees)	2017-2018 (\$1,100/\$2,200) 2018-2019 (\$1,100/\$2,200) 2019-2020 (\$1,000/\$2,000)
Timing of Employer HSA Contribution	2017-2020 50% September 1, 50% February 1
Plan for those ineligible for HSA Contributions	Mirror HRA program, accumulated HRA credit not to exceed plan deductibles.
Mid-year hires	Employer HSA Contribution to be pro-rated
Status change from Single to Family	Additional Employer HSA Contribution to be pro-rated
HSA Administration fee and bank fees	Employer will fully fund HSA administrative fees; all other HSA related bank fees will be borne by employee

Healthcare FSA Enrollment	FSA plan will be amended effective 9/1/14 to become a limited purpose FSA plan (LP-FSA) only dental/vision expenses shall be reimbursable by the LP-FSA)
Vision Care Benefit	Vision benefits as provided for in Appendix (C3) will be available to all employees covered by the HDHP. However, vision expenses do not accumulate to the deductible or to the OOPL

APPENDIX C2

Farmington Public Schools

Summary of Benefits – Dental Passive PPO Plan (DPPO) – Effective 7/1/05

This is a summary of benefits for your PPO plan. All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network. **Revised 6/21/05**

CIGNA HealthCare Dental Preferred Provider Program		
Benefits	Participating Provider	Non-Participating Provider
Calendar Year Maximum (Class I, II and III expenses)	Unlimited	Unlimited
Annual Deductible Individual Family	None None	None None
Reimbursement Levels	Based on contracted amount	Based on Reasonable & Customary Allowances
Class I - Preventive & Diagnostic Care Oral Exams (Two per calendar year) Routine Cleanings (Two per calendar year) Full Mouth X-rays (One complete set every three years) Bitewing X-rays (Two per calendar year) Panoramic X-ray (One every three years) Fluoride Application (excluding Prophylaxis, limited to persons less than 25 years old. Only 2 per person per calendar year) Sealants Emergency Care to Relieve Pain Histopathologic Exams	100% no deductible	100% no deductible Emergency services are paid at in-network levels.
Class II - Basic Restorative Care Fillings-Composite for four front teeth only other wise amalgam fillings Root Canal Therapy (Does not include Apicoectomy) Denture Adjustments and Repairs (Limited to one per calendar year) Simple Extractions Anesthetics (includes nitrous oxide) Surgical Extractions to Impacted Teeth (bony & non-bony)	100% no deductible	100% no deductible
Class III - Major Restorative Care Crowns Dentures (Not covered) Bridges (Not covered) Repairs to Crowns , Bridges and Inlays Space Maintainers Oral Surgery	50% no deductible	50% no deductible
Class IV - Orthodontia	Not Covered	Not Covered
Class V-TMJ (covered under medical based on medical necessity)	Not Covered	Not Covered
Class VI-Periodontal - \$500 calendar year maximum Osseous Surgery Periodontal scaling and root planing Gingival curettage Gingivectomy/gingoroplasty Mucogingio plastic surgery All periodontic services	50% no deductible	50% no deductible
Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for 24 month; thereafter, considered a Class III expense	

Pretreatment review is suggested when dental work in excess of \$200 is proposed.

CIGNA Traditional Exclusions and Limitations

Exclusions

Covered expenses will not include, and no payment will be made for, expenses incurred for:

- Services performed solely for cosmetic reasons;
- Replacement of a lost or stolen appliance;
- Replacement of a bridge, crown or denture within five years after the date it was originally installed unless: (a) such replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth; or (b) the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a person is insured for these benefits;
- Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards;
- Procedures, appliances or restorations (except full dentures) whose main purpose is to (a) change vertical dimension; (b) diagnose or treat conditions or dysfunction of the temporomandibular joint; (c) stabilize periodontally involved teeth; or (d) restore occlusion;
- Porcelain or acrylic veneers of crowns or pontics on or replacing the upper and lower first, second or third molars;
- Bite registrations; precision or semi-precision attachments; or splinting;
- A surgical implant of any type ;
- Instruction for plaque control, oral hygiene and diet;
- Dental services that do not meet common dental standards;
- Services that are deemed to be medical services;
- Services and supplies received from a hospital;
- Services for which benefits are not payable according to the "General Limitations" section.

In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

General Limitations

No payment will be made for expenses incurred for you or any one of your Dependents:

- For or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- For or in connection with a sickness which is covered under any workers' compensation or similar law;
- For charges made by a Hospital owned or operated by or which provides care or performs services for the United States Government, if such charges are directly related to a military service connected condition;
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- For charges which the person is not legally required to pay;
- To the extent that they are more than Reasonable and Customary Charges.
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid; or
- For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.

No payment will be made for expenses incurred by you or any one of your Dependents to the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Connecticut General Life Insurance Company will take into account any adjustment option chosen under such part by you or any one of your Dependents.

APPENDIX H

Cigna Vision
Farmington Public Schools
C1 - Standard PPO Comprehensive Plan



Welcome to Cigna Vision Schedule of Vision Coverage			
Coverage	In-Network Benefit	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$5	N/A	12 months
Exam Allowance (once per frequency period)	N/A	Up to \$45	12 months
Exam Coinsurance (once per frequency period)	Covered 100% after Copay	N/A	12 months
Materials Copay	\$25	N/A	24 months
Eyeglass Lenses Allowances: (one pair per frequency period) Single Vision Bifocal Trifocal Lenticular	Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay	Up to \$32 Up to \$55 Up to \$65 Up to \$80	24 months 24 months 24 months 24 months
Contact Lenses Allowances: (one pair or single purchase per frequency period) Elective Therapeutic	Up to \$110 Covered 100%	Up to \$98 Up to \$210	24 months 24 months
Frame Retail Allowance (one per frequency period)	Up to \$120	Up to \$66	24 months
** Your Frequency Period begins on September 1 (Contract year basis)			
Definitions: Copay: the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses). 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. Materials: eyeglass lenses, frames, and/or contact lenses.			
<ul style="list-style-type: none"> To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders. If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses. 			
In-Network Coverage Includes: <ul style="list-style-type: none"> One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses; One pair of prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms) <ul style="list-style-type: none"> Polycarbonate lenses for children under 18 years of age Oversize lenses Rose #1 and #2 solid tints 20% savings non-covered lens options Progressive lenses covered up to bifocal lens amount with 20% savings on the difference; 			

APPENDIX H

Farmington Public Schools
 C1 - Standard PPO Comprehensive Plan



<ul style="list-style-type: none"> • One frame for prescription lenses -- frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance; • One pair of contact lenses or a single purchase of a supply of contact lenses -- in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials
<p>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 Benefits.</p>
<p>Vision Network Savings Program:</p> <ul style="list-style-type: none"> • When you see a Cigna Vision Network Eye Care Professional, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.
<p>What's Not Covered:</p> <ul style="list-style-type: none"> • Orthoptic or vision training and any associated supplemental testing • Medical or surgical treatment of the eyes • Any eye examination, or any corrective eyewear, required by an employer as a condition of employment • Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related • Charges in excess of the usual and customary charge for the Service or Materials • Charges incurred after the policy ends or the Insured's coverage under the policy ends, except as stated in the policy • Experimental or non-conventional treatment or device • Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage • Any non-prescription eyeglasses, lenses, or contact lenses • Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage. • Prescription sunglasses • 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

Farmington Public Schools
C1 - Standard PPO Comprehensive Plan



How to use your Cigna Vision Benefits

1. Finding a doctor

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

1. Log in to myCigna.com, go to your Vision coverage page and search the Cigna Vision Directory.
2. Don't have access to myCigna.com? Go to Cigna.com and click on the Find a Doctor tab at the top. Then select "Eye Doctor" from the list below and click on the "Cigna Vision Directory" link.
3. Prefer the phone? Call our 1.800 number, found on your Cigna Insurance card, and speak 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 or Cigna Vision ID card 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 claim form and itemized receipt to: Cigna Vision, Claims Department, PO Box 997561, Sacramento, CA 95899-7561.

To get a Cigna Vision claim form:

- Go to Cigna.com and go to Forms, Vision Forms
- 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. Any benefit information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

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