

RECEIVED
OLD SAYBROOK, CT

NOV 28 2018

SARAH V. BECKER
TOWN CLERK

PROFESSIONAL AGREEMENT
BETWEEN THE
OLD SAYBROOK BOARD OF EDUCATION
AND THE
OLD SAYBROOK ADMINISTRATORS'
ORGANIZATION
COVERING THE PERIOD
JULY 1, 2019 to JUNE 30, 2022

7072004v2
November 5, 2018

I DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE
COPY OF SAME AS APPEARS ON FILE IN MY OFFICE IN
OLD SAYBROOK, CT.
GIVEN UNDER MY HAND AND SEAL THIS 3 DAY OF

April 2018


TABLE OF CONTENTS

		Page
ARTICLE I	GENERAL	1
ARTICLE II	RECOGNITION	2
ARTICLE III	HOLDOVER	2
ARTICLE IV	PROFESSIONAL NEGOTIATION	2
ARTICLE V	DURATION	3
ARTICLE VI	HEARING PROCEDURE	3
ARTICLE VII	SALARIES	5
ARTICLE VIII	FRINGE BENEFIT PROVISIONS	6
ARTICLE IX	PROFESSIONAL IMPROVEMENT FUND	8
ARTICLE X	PROTECTION OF ADMINISTRATORS	9
ARTICLE XI	SICK LEAVE	9
ARTICLE XII	LEAVES OF ABSENCE	10
ARTICLE XIII	PAID TIME OFF	11
ARTICLE XIV	ADMINISTRATORS' RIGHTS	12
ARTICLE XV	GENERAL PROVISIONS	13
ARTICLE XVI	REDUCTION IN ADMINISTRATIVE STAFF	14
ARTICLE XVII	ORGANIZATION DUES	16
ARTICLE XVIII	JUST CAUSE	17
ARTICLE XIX	IN-TOWN MILEAGE ALLOWANCE	17
APPENDIX A	HDHP PLAN SUMMARY	18

ARTICLE I
GENERAL

A. It is the intent and purpose of the parties hereto that their agreements promote and improve the quality of education in Old Saybrook, provide for orderly professional negotiations between the Board and the Organization, and secure prompt and fair disposition of grievances so as to promote positive influences upon the operation of the educational program.

B. Except as is otherwise specifically provided in this Agreement, as the same may be amended from time to time, it is recognized that the Board has and will continue to retain, whether exercised or not, the right, responsibility and prerogative to direct the operation of the public schools in the Town of Old Saybrook including, but not limited to the following: to maintain public elementary and secondary schools and such other educational activities as in its judgment will best serve the interests of the Town of Old Saybrook; to give the children of Old Saybrook as nearly equal advantages as may be practicable; to decide the need for school facilities; to determine the maintenance and operation of buildings, lands, apparatus and other property used for school purposes; to determine the number, age and qualifications of the pupils to be admitted into each school; to employ, assign and transfer teachers, principals, and assistant principals or other certified personnel; to suspend or dismiss the teachers of the schools; to designate the schools which shall be attended by the various children within the Town, to make such provisions as will enable each child of school age residing in the Town to attend school for the period required by law and provide for the transportation of children wherever it is reasonable and desirable; to prescribe rules for management, studies, classification and discipline for the public schools; to decide the textbooks to be used; to make rules for arrangement, use and safekeeping of the school libraries and to approve the books selected therefor and to approve plans for school buildings; to prepare and submit budgets and, in its sole discretion, expend monies appropriated by the Town for the maintenance of the schools, and to make such transfers of funds within the appropriated budget as it shall deem desirable. These rights, responsibilities and prerogatives are not subject to delegation in whole or in part, except that the same shall not be exercised in a manner inconsistent with or in violation of any of the specific terms and provisions of this Agreement.

C. Despite reference herein to the Board and the Organization as such, each reserves the right to act hereunder by officially designated committee or representative.

ARTICLE II
RECOGNITION

A. The Board recognizes the Organization for the purpose of professional negotiation as the exclusive representative of the entire unit consisting of all Principals and Associate Principals, Dean of Students, Director of Pupil Services and Director of Curriculum, Instruction and Assessment, pursuant to, and with all of the rights and privileges as provided by Sections 10-153b to 10-153f, as amended, of the General Statutes of Connecticut. Unless otherwise indicated, the employees in such unit are hereinafter generally called "administrators."

B. The Organization accepts such recognition, and agrees to represent equally all administrators, as listed above, without regard to membership or participation in, the activities of the Organization.

ARTICLE III
HOLDOVER

In the event that the Board and the Organization shall fail to secure a successor agreement, as hereinafter provided in Article IV, prior to the termination of this Agreement, the Board or the Organization may elect to extend the duration of this Agreement in whole or in part, for any period not to extend beyond the date of the execution of a successor agreement.

ARTICLE IV
PROFESSIONAL NEGOTIATION

A. The parties agree to begin negotiations no later than the date specified in Section 10-153 of the General Statutes in accordance with the procedure set forth herein in a good-faith effort to reach agreement concerning salaries and other conditions of employment. Proposals will be exchanged by the parties. During direct negotiations, the Board and the Organization shall present relevant data, exchange points of view, and make proposals and counter proposals. Any agreement so negotiated shall apply to those individuals expressly covered under this contract. Such successor agreement shall be reduced to writing and signed by the Board and the Organization. Either party may, if it so desires, utilize the services of outside consultants and may call upon professional and lay representatives to assist in the negotiations.

B. If negotiations between the Board and the Organization reach an impasse, the procedure described in Section 10-153f of the General Statutes of Connecticut shall be followed.

C. If the Board changes the conditions of employment, the Board then agrees to notify the Organization in writing of such changes within a reasonable time prior to the

effective date of change. The parties agree to negotiate the impact, if any, in conformity with Section 10-153f(e) of the Connecticut General Statutes.

ARTICLE V DURATION

The provisions of this Agreement shall become effective as of July 1, 2019, and shall continue and remain in full force and effect until June 30, 2022.

ARTICLE VI HEARING PROCEDURE

A. A hearing may be requested if there is a claim by an administrator, a group of administrators, or the Organization that there has been (a) a violation, misinterpretation, or misapplication of the specific provisions of this Agreement or (b) a violation of the rules, regulations, administrative directives, or policies of the Board of Education which concern wages, hours, and other terms and conditions of employment. Only claims as defined in subparagraph (a) above may be submitted to arbitration under this article. No grievance regarding a matter in subparagraph (b) may be submitted to arbitration under this Agreement.

B. Both parties agree that the resolution of the hearing shall be handled informally prior to a grievance being formalized.

C. If the aggrieved feels that he/she may have a reason for a hearing, he/she shall first discuss the matter with the Superintendent in an effort to resolve the problem. The Organization shall be notified of any grievance filed in writing without its assistance. If the aggrieved does not file a request for a hearing in writing within thirty (30) days after he/she knew of the act or conditions leading to a request for a hearing, the hearing process shall be considered as waived.

D. If, after such discussion, the administrator is not satisfied with the disposition of the matter, he/she shall have the right to discuss the matter with the Board of Education in an effort to resolve the problem. The administrator must file a written request to discuss the matter with the Board of Education within fifteen (15) days after his/her discussion with the Superintendent or he/she waives his/her rights to proceed with the grievance procedure.

E. The Board of Education agrees to meet with the aggrieved within fifteen (15) days after receiving a written request. The decision of the Board shall be rendered in writing within ten (10) days after meeting with the aggrieved. A copy of the decision shall be forwarded to the Organization on any grievance filed without its assistance.

F. If, after such decision, the Organization is not satisfied with the disposition of the matter, the Organization may, within fifteen (15) days of the decision of the Board, submit the matter to arbitration for resolution by filing a written request for arbitration with the American Arbitration Organization and the Board. Failure to file such timely requests shall constitute a waiver of the Organization's right to pursue the grievance to arbitration. The parties shall be bound by the rules and procedures of the American Arbitration Organization in the selection of an arbitrator.

G. Within twenty (20) days from the date of closing of the arbitration hearings, the arbitrator shall render his/her decision in writing, setting forth his/her findings of fact, reasoning and conclusions on the issues submitted. The decision of the arbitrator shall be final and binding upon all parties and interests.

H. The costs for the services of the arbitrator, including per diem expenses, if any, and actual necessary travel and subsistence expenses, shall be borne equally by the Board and the Organization.

I. At any stage of the hearing procedure, the aggrieved may be represented by the Organization. Only the Organization may submit the matter to arbitration.

J. Hearing records shall be kept separate from regular personnel records. The substance of performance evaluations may not be grieved through the grievance procedure.

K. Only those who have a role in the hearing are entitled to information regarding the hearing and they have an obligation to keep such information confidential.

L. No reprisals of any kind shall be taken by either party against any participant in the hearing procedure by reason of such participation.

M. The term "days" as used in this Article shall mean calendar days. If the last date for a specified time limit under this Article falls on a weekend, holiday, or other day on which the Board does not conduct business, the specified time limit shall be the next following day on which the Board conducts business.

**ARTICLE VII
SALARIES**

- A. During the period July 1, 2019 through June 30, 2020, there will be a step increase for all administrators not currently at the top step for each of the three years as outlined in the wage schedules below:

2019-2020 1.51% GWI and step	1	2	3	4	5
Director of CIA	147,102	149,906	152,757	155,674	158,649
Director of PPS	147,102	149,906	152,757	155,674	158,649
Co-Director of PPS	138,602	141,248	143,947	146,696	149,499
HS Principal	154,514	157,458	160,459	163,517	166,647
HS Associate Principal	133,016	135,551	138,133	140,776	143,460
HS Dean of Students	123,800	126,165	128,571	130,997	133,532
MS Principal	147,102	149,906	152,757	155,674	158,649
MS Associate Principal	130,522	133,016	135,544	138,133	140,776
MS Dean of Students	117,827	120,075	122,360	124,692	127,077
Elementary Principal	143,664	146,405	149,195	152,038	154,947
Elementary Assoc. Princ. (12mo)	127,432	129,862	132,337	134,856	137,437
Elementary Assoc. Princ. (10mo)	115,035	117,229	119,462	121,739	124,068

2020-2021 1.78% GWI and step	1	2	3	4	5
Director of CIA	149,720	152,574	155,476	158,445	161,473
Director of PPS	149,720	152,574	155,476	158,445	161,473
Co-Director of PPS	141,069	143,762	146,509	149,307	152,160
HS Principal	157,264	160,261	163,315	166,428	169,613
HS Associate Principal	135,384	137,964	140,592	143,282	146,014
HS Dean of Students	126,004	128,411	130,860	133,329	135,909
MS Principal	149,720	152,574	155,476	158,445	161,473
MS Associate Principal	132,845	135,384	137,957	140,592	143,282
MS Dean of Students	119,924	122,212	124,538	126,912	129,339
Elementary Principal	146,221	149,011	151,851	154,744	157,705
Elementary Assoc. Princ. (12mo)	129,700	132,174	134,693	137,256	139,883
Elementary Assoc. Princ. (10mo)	117,083	119,316	121,588	123,906	126,276

2021-2022 1.78% GWI and step	1	2	3	4	5
Director of CIA	152,385	155,290	158,243	161,265	164,347
Director of PPS	152,385	155,290	158,243	161,265	164,347
Co-Director of PPS	143,580	146,321	149,117	151,965	154,868
HS Principal	160,063	163,114	166,222	169,390	172,632
HS Associate Principal	137,794	140,420	143,095	145,832	148,613
HS Dean of Students	128,247	130,697	133,189	135,702	138,328
MS Principal	152,385	155,290	158,243	161,265	164,347
MS Associate Principal	135,210	137,794	140,413	143,095	145,832
MS Dean of Students	122,059	124,387	126,755	129,171	131,641
Elementary Principal	148,824	151,663	154,554	157,498	160,512
Elementary Assoc. Princ. (12mo)	132,009	134,527	137,091	139,699	142,373
Elementary Assoc. Princ. (10mo)	119,167	121,440	123,752	126,112	128,524

B. Annual increase may be withheld upon a less than satisfactory evaluation by the Superintendent ratified by the Board of Education. Any decision by the Board to withhold an increase is subject to the grievance procedure outlined in Article VI of this Agreement.

C. The salary of an administrator may be held at the current year's level if said administrator is notified in writing by the Superintendent prior to April 1st of the contract year that his/her performance has been such that an increase is not justified. The evaluative instrument and procedure utilized by the Board and developed pursuant to law shall be the sole criterion for the withholding of salary increases. When the administrator receives a satisfactory evaluation prior to April 1st of the school year in which his/her salary was withheld, one-third of the amount withheld shall be restored in each of three subsequent years contingent upon acceptable evaluations.

D. Any person entering the administrative bargaining unit shall be placed on the salary schedule at the discretion of the Board of Education.

ARTICLE VIII FRINGE BENEFIT PROVISIONS

A. Effective July 1, 2019 and continuing through June 30, 2022, the High Deductible Health Plan shall have deductibles of \$1,500(single)/\$3000 (two person/family) and co-payments for prescription drugs in the amount of \$10 for generic drugs, \$25 for brand name drugs and \$40 for non-listed brand name drugs, which co-payments shall apply after the deductible has been satisfied. Employee premium cost sharing percentages are outlined below. These contributions will be made via payroll deductions. The summary of benefit terms of the HSA plan are attached in Appendix A.

2019-2020	16%
2020-2020	16%
2021-2022	16%

For any bargaining unit employee who is ineligible to participate in the High Deductible Health Plan with Health Savings Account, such employee may elect to participate in any other medical plan offered by the Board of Education to Board employees and the Board shall contribute the same financial contribution it would otherwise have paid on behalf of such employee towards the cost of the High Deductible Health Plan with the Administrator paying any remaining cost.

B. The Board shall pay eighty-eight percent (88%) of the premium for the following coverage for the administrator only:

- a. Life Insurance - \$390,000 and will be reported in accordance with the IRS tax regulations for such benefit.

Administrators shall pay the remaining twelve percent (12%) via payroll deductions. They may participate in a Health and Accident Plan through the Board at their own expense.

C. It is understood that the Board may change insurance carriers after prior notice to and consultation with the Organization, provided coverage remains substantially equivalent.

D. Administrators who are already covered by a spouse's policy from an employer other than the Board may elect not to participate in the policies in Section A of this Article for any year upon advance written notice no later than April 1 to the Board. Administrators who elect not to participate shall receive a payment from the Board in the amount of \$1,000 for single coverage, \$2,000 for two person coverage and \$3,000 for family coverage based on their level of coverage in effect at the beginning of the contract year for which the election is made. No administrator will receive more than \$1,000 under this provision and be covered under the health insurance plan provided herein. Employees, who experience a qualifying event, may re-enroll in the Board Plan subject to carrier limitations. The Board may elect to discontinue this paragraph upon one (1) year's advance written notice to the Organization.

E. The Board agrees, to the extent allowable by law/IRS regulation, to adopt an I.R.C. section 125 Flexible Spending Account in order that employee contributions toward insurance premiums, unreimbursed medical care costs, and dependent care assistance may be pretax.

F. Each administrator shall be eligible to receive additional benefits as set forth below in Subsections 1, 2, 3 and 4 of this section.

1. Administrators will have \$7,000 of professional development dollars per fiscal year to be shared among all the members.
2. An administrator who earns a doctorate degree will receive an additional \$1,000 above the established salary for his or her position.
3. Each administrator shall have his/her base salary increased by three thousand dollars (\$3,000) from which total base salary of the administrator shall pay

through a reduction in his/her total base salary an elective deferral amount of three thousand dollars (\$3,000) each year to an annuity.

4. The Board will contribute one thousand dollars (\$1,000) for any administrator for a long term disability insurance policy that has 0-9 years of credited service and two thousand dollars (\$2,000) for any administrator with 10 or more years of credited service.

G. If the Board reasonably determines that the total cost of a group health plan or plans offered under this contract will trigger an excise tax under Internal Revenue Code Section 4980I, or any other local, state or federal statute or regulation, during the term of this contract, the Board and the Organization may, at its option, offer an additional insurance plan(s) to bargaining unit employees, as long as such additional plan options either reduce the cost of the plans to under such tax thresholds, or reduces the amount of any applicable tax. Prior to implementing any such additional, voluntary plans the Board shall meet with the Organization representatives for review of the additional plans. The plan design, copayment amounts, cost sharing and other provisions of the additional plan need not conform to the provisions of this Article. Participation in an additional plan shall be voluntary. Any employee who chooses to remain in a plan that causes the plan to be subject to the excise tax after a plan has been chosen through this process will bear the cost of the tax.

ARTICLE IX PROFESSIONAL IMPROVEMENT FUND

A. Each administrator shall be granted the monies as set forth in Article VIII, Section F per fiscal year for professional improvement. Monies may be used, subject to approval of the Superintendent, to attend local, state, and national conferences, workshops, to take courses, or for other relevant activities. All related expenses, such as travel, meals, books or materials are considered appropriate.

It is agreed that the Superintendent and administrators will mutually plan a program for expending these funds.

B. Anticipated courses for 093 Certification or PHD/ED degree must be submitted to the Superintendent prior to April 1st to be reimbursed in the following fiscal year. Approved course reimbursement will be paid at fifty percent (50%) per course with a maximum of two (2) courses per year. Reimbursement will be made upon aggregate successful completion with a grade of B or better. The annual budget for Administrators' course reimbursement will be three thousand six hundred dollars (\$3,600). If requested reimbursements are greater than the budgeted amount, all requests will be prorated.

ARTICLE X
PROTECTION OF ADMINISTRATORS

A. Administrators shall report immediately in writing to the Superintendent of Schools all cases of assault suffered by them in connection with their employment.

B. The Board agrees to indemnify administrators in accordance with Sections 10-235 and 10-236a of the General Statutes, as they may be amended from time to time.

C. Whenever an administrator is absent from school as a result of personal injury caused by an assault arising out of and in the course of his/her employment, he/she shall be paid in accordance with Section 10-236a of the General Statutes, as it may be amended from time to time.

The Board shall have the right to have the administrator examined by a physician designated by the Board for the purpose of establishing the length of time during which the administrator is temporarily disabled from performing his/her duties, and in the event that there is no adjudication in the appropriate workers' compensation proceeding for the period of temporary disability, the opinion of the said physician as to the said period shall control.

D. If an administrator suffers an injury, other than an assault, which is deemed by the appropriate agency or court to occur in the course of his/her employment, he/she may be eligible to receive workers' compensation payments in the amount and manner provided under Connecticut Workers' Compensation Statutes. When an administrator is out of work due to an injury, which is deemed to be compensable under the Connecticut Workers' Compensation Statutes up to ninety (90) such days of absence shall not be charged to the employee's sick leave.

ARTICLE XI
SICK LEAVE

A. All certificated administrators shall be granted annually eighteen (18) days of sick leave with full pay. The accumulation of unused sick leave shall not exceed two hundred fifty (250) days.

B. In the event of catastrophic illness, special consideration for extension of sick leave may be given by application, accompanied by a physician's certification through the Superintendent.

C. Upon retirement from the Old Saybrook School System, or leaving after at least ten (10) years of satisfactory service, an administrator is entitled to receive \$50.00 per day for one-half (1/2) of his/her accumulated sick leave.

ARTICLE XII
LEAVES OF ABSENCE

A. LEAVES OF ABSENCE

a. Death in Family: Up to five (5) work days for death in the immediate family shall be granted each year. Such days may only be taken within the seven (7) calendar days immediately following the death. Immediate family shall include a grandparent, parent, sibling, spouse, child or grandchild whether of the employee or employee's spouse. A written appeal for consideration of up to five (5) school days for any other relative or a person who, immediately preceding such death, has been a member of the same household as the Administrator should be directed to the superintendent's office.

b. The Superintendent may grant absences with pay for professional activities including attendance at professional meetings and/or visitations to other schools

B. LEAVES WITHOUT PAY

1. Leaves of absence without pay may be granted:

- a. for the purpose of further study;
- b. for health reasons, upon advice of the physician;
- c. for other valid reasons subject to review on recommendation of the Superintendent of Schools.

2. Administrators who have been granted leaves of absence shall notify the Superintendent of Schools in writing on or before the first day of March of their intention to resume work at the beginning of the ensuing year. Failure to so notify the Superintendent shall constitute a resignation of employment.

Requests for a leave of absence shall be received by the Superintendent in writing prior to March 1st of each year, except for leave under 1.b.

Applications for such leaves of absence must be made in writing, and the leave must be approved by the Board of Education.

While on any unpaid leave, except as otherwise required by law, an administrator shall have the right to continue medical benefits at his/her own expense in accordance with the provisions of state and/or federal law.

At the time an administrator requests a leave of absence under this provision, the Board of Education will inform the administrator whether

it intends to hold his/her position open during such leave or whether the Board will fill his/her position, provided that for medical leaves covered by FMLA, the Administrator shall be reinstated to her/his position provided she/he returns to work at the end of the Family and Medical Leave. If the Board informs the administrator that it will fill the position, and the administrator decides to take such leave of absence, the administrator may be returned to any available position within the Old Saybrook Board of Education for which he/she is certified, including teaching positions.

C. PROFESSIONAL LEAVE

1. The Board shall pay, within the limits of appropriations, the reasonable expenses (including fees, meals, lodging and/or transportation) incurred by administrators who attend workshops, seminars, conferences, or other professional improvement sessions at the request and/or with the advance approval of the Superintendent for particular purposes of special benefit to the school system and/or the individual participating.
2. With advance approval of the Superintendent, any administrator holding office in a professional organization or invited to participate in a program of that organization may be excused from duty because of such obligations. Absences for other professional obligations of a similar nature may also be approved.

D. RETURN AFTER LEAVE OF ABSENCE

1. Administrators who have been granted leaves of absence shall notify the Superintendent of Schools in writing on or before the first day of March of their intention to resume work at the beginning of the ensuing year.
2. Administrators on leave of absence shall retain sick leave and other benefits accumulated as of the day of the beginning of leave. Except as required by law, no sick leave benefits or other benefits will be accrued during the period of a leave of absence.

ARTICLE XIII
PAID TIME OFF

A. Except for the Dean of Students' positions, administrators shall work a twelve (12) month year, which shall include twenty-eight (28) days paid time off. Vacation schedules shall be arranged so that at least one Administrator is in the District at all times. Dean of Students' positions shall work two hundred and twenty five (225) days per year and shall not be entitled to vacation benefits. With the exceptions noted below, administrators shall use vacation earned in one contract year during that same contract year.

B. If an administrator is taking an educational course during the summer, which involves a period of time beyond the month of vacation, he/she may be allowed the time required to complete the course with full salary reimbursement for this period, providing the individual remains a member of the local staff for the following year. Permission for this extra time may be granted at the discretion of the Superintendent.

C. Administrators desiring to use vacation time during the time school is in session may do so unless denied by the Superintendent. The Superintendent shall not deny such requests arbitrarily or capriciously.

D. In the event of an emergency situation in which the administrator is forced to forfeit a vacation at the request of the Board of Education, he or she shall be paid appropriate compensation for said vacation.

E. Administrators may carry over a maximum of eight (8) days of vacation earned during their first year of employment to the next contract year. Administrators not in their first year of employment may carry over a maximum of eight (8) days of vacation to the next contract year with the approval of the Superintendent.

F. Holidays: It shall be understood that Administrators will receive leave with pay on July 4th, Labor Day, Columbus Day, Thanksgiving Day and the day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Martin Luther King Day, Presidents' Day, Good Friday and Memorial Day.

ARTICLE XIV ADMINISTRATORS' RIGHTS

A. The private and personal life of an administrator is not within the appropriate concern or attention of the Board, except as it may interfere with the administrator's responsibilities to and relationship with students and/or the school system.

B. Administrators are entitled to full rights of citizenship, and subject to applicable legal limitations, no religious or political activities of an administrator (provided such activities do not take place during his/her working hours) or the lack thereof will be grounds for any disciplinary or discriminatory action with respect to the professional employment of such administrators.

C. The inclusion of certain administrators' "rights" or privileges in this agreement shall not be interpreted to mean that administrators are denied others not listed.

D. At the discretion of the Superintendent of Schools, administrators will attend Board of Education meetings.

E. It is recognized that inquiries or investigations need to be made when allegations or complaints are made regarding administrative personnel. The individual concerned will be given full information, including the identity of the complainant, in sufficient time to prepare his/her defense. No conclusion will be reached or decisions made, however, until after the administrator has had a full opportunity to defend himself/herself.

ARTICLE XV GENERAL PROVISIONS

A. It is understood that this Agreement is subject to, and shall operate within the framework of, the Statutes of the State of Connecticut.

B. It is understood that administrators shall continue to serve under the direction of the Superintendent of Schools and in accordance with Board and administrative policies, rules and regulations, provided that the provisions of this Agreement shall supersede and prevail over any conflicting program.

C. There shall be no reprisals of any kind taken against any administrator by reason of his/her membership in a professional education organization or participating in its activities.

D. Administrators shall be given annually a written evaluation report prepared by the Superintendent of Schools.

E. Administrators shall have the opportunity to review and discuss their evaluation reports with the Superintendent and to review the contents of any reports originated in this system which are contained in their personal files as maintained by the Superintendent.

F. If any portion of this Agreement is declared illegal, the remainder of the Agreement shall remain in full force and effect.

G. This Agreement may not be modified in whole or in part by the parties, except by an instrument in writing duly executed by both parties.

H. The Board agrees to payment of the cost of tuition for courses taken at the Board's request.

ARTICLE XVI
REDUCTION IN ADMINISTRATIVE STAFF

A. GENERAL STATEMENT OF POLICY

Under Section 10-220 and 10-4A of the Connecticut General Statutes, the Board of Education has the responsibility to maintain good public elementary and secondary schools and to implement the educational interests of the state. However, recognizing also that it may become necessary to eliminate professional staff positions in certain circumstances, this policy is adopted to provide a fair and orderly process should such eliminations become necessary.

B. REASONS FOR ELIMINATION OF ADMINISTRATIVE POSITIONS

The Board of Education has the sole and exclusive prerogative to eliminate professional staff positions consistent with the provisions of statute, providing such elimination does not result in the failure in its duty as a state agency to implement the educational interests of the state, and to provide good public elementary and secondary schools.

Elimination of professional staff positions may result from decreases in student enrollment, changes in curriculum, severe financial conditions, or other circumstances as determined by the Board of Education.

Professional staff members will be dismissed under this policy only when authorized by the Board of Education, and only within the provisions of the following procedure.

C. DEFINITIONS

1. As outlined herein, the term administrator shall mean members of the bargaining unit.
2. Tenure - as defined by Connecticut General Statutes.
3. Non-tenure - as defined by Connecticut General Statutes.

D. PROCEDURE

1. Prior to commencing action to terminate an administrator's contract under this procedure, the Board of Education will give every consideration to its ability to effectuate possible eliminations and/or reduction in staff by:
 - a. voluntary retirements

- b. voluntary resignations
 - c. transfer of existing staff members.
2. Elimination of professional staff positions.
- a. Administrators not tenured as teachers will be terminated before administrators tenured as teachers.
 - b. Within the category of administrators not tenured as teachers, the Superintendent will recommend the administrator to be terminated on the basis of performance evaluation.
 - c. Within the category of administrators tenured as teachers, administrators will be laid off on the basis of performance evaluations and qualifications, provided that no administrator shall be transferred pursuant to a reduction in force to an opening for which he/she is not certified, and qualified in the judgment of the Superintendent. Such judgment shall not be arbitrarily or capriciously exercised.
 - d. An administrator shall be entitled to "bump" into the teachers' bargaining unit under the provisions of the teachers' contract.

E. POLICY PROVISION NOT APPLICABLE TO PROMOTIONS

Nothing herein shall require the promotion of an administrator to a position of higher rank, authority, or compensation, although the administrator whose contract is to be terminated is qualified and/or certified for the promotional position.

- F. In the event that an administrator's employment is terminated as a result of a reduction in force, the administrator shall be placed on a recall list for a period not to exceed two (2) years from the date of termination. During such layoff, the administrator shall be entitled to be recalled before any person not currently employed by the Board is hired for any position for which he/she is both certified and qualified in the judgment of the Superintendent, which judgment shall not be arbitrarily or capriciously exercised. It is the obligation of the individual administrator to keep the Superintendent fully apprised of his/her current mailing address, and any obligation the Board shall have under this Article shall be fully discharged by transmitting a letter by certified mail to the last known address of the laid-off administrator appearing on current record maintained by the Superintendent notifying that Administrator of the position(s) and granting said administrator a period of time, not to exceed thirty (30) days from the date of the mailing of the letter to apply for such position(s).

ARTICLE XVII

ORGANIZATION DUES

A. DEDUCTIONS

Upon the submission of a voluntary written authorization signed by an administrator, the Board agrees to deduct from each administrator an amount equal to the Organization membership dues by means of payroll deduction. The Board shall deduct dues from the pay of each member of the Organization in equal amounts on each payday of each month commencing in July and ending in June. Under normal circumstances, the amount of Organization dues shall be certified by the Organization to the Board not later than June 1 for the succeeding contract year.

B. SUBSEQUENT EMPLOYMENT

Those administrators whose employment commences after the beginning of a contract year shall pay a prorated amount equal to the percentage remaining in the contract year as of their date of hire.

C. FORWARDING OF MONIES

The Board agrees to forward the Organization each month a check for the amount of money deducted during that month. The Board shall include with such a check a list of administrators for whom such deductions were made.

D. LISTS

No later than the first paycheck in October of each year, the Board shall provide the Organization with a list of all administrators of the Board and the positions held by said administrators. The Board shall notify the Administration of any changes in such list.

E. SAVE HARMLESS

The Organization shall hold the Board harmless against any and all claims, demands, liabilities, lawsuits, attorney's fees, or other costs which may arise out of, or by reason of, actions taken against the Board as a result of or relating to this Article in legal, judicial, administrative, settlement or other proceedings.

ARTICLE XVIII
JUST CAUSE

No administrator shall be reprimanded in writing, reduced in compensation, or suspended without just cause.

ARTICLE XIX
IN-TOWN MILEAGE ALLOWANCE

An administrator will be reimbursed at the IRS rate for all required on-the-job mileage.

SIGNATURE BLOCK

IN WITNESS WHEREOF, the parties hereunto 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.

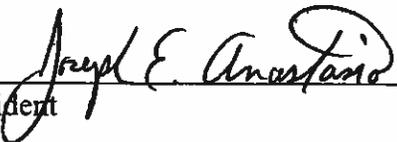
OLD SAYBROOK BOARD OF EDUCATION

11/27/18
Date

By: 
Chairperson

OLD SAYBROOK ADMINISTRATORS'
ORGANIZATION

11/28/18
Date

By: 
President

SUMMARY OF BENEFITS	
	
<p>Cigna Health and Life Insurance Co. For - Eastern Connecticut Health & Medical Cooperative Open Access Plus Plan</p>	
<p>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.</p>	
<p>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.</p>	
Plan Highlights	
Lifetime Maximum	Unlimited
Coinsurance	Your plan pays 100%
Maximum Reimbursable Charge	Not Applicable
Contract Year Deductible	Individual: \$1,500 Family: \$3,000
<p>○ The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles. ○ All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses 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.</p>	
<p>Note: Services where plan deductible applies are noted with a caret (^)</p>	
Contract Year Out-of-Pocket Maximum	Individual: \$4,000 Family: \$8,000
<p>○ 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 Abuse covered expenses contribute towards your out-of-pocket maximum. ○ All eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100%. ○ This plan includes a combined Medical/Pharmacy out-of-pocket maximum. ○ Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket.</p>	

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
1974

Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)			
Physician Services			
Physician Office Visit			
○ All services including Lab & X-ray	Your plan pays 100% ^	Your plan pays 80% ^	
Surgery Performed in Physician's Office	Your plan pays 100% ^	Your plan pays 80% ^	
Allergy Treatment/Injections	Your plan pays 100% ^	Your plan pays 80% ^	
Allergy Serum Dispensed by the physician in the office	Your plan pays 100% ^	Your plan pays 80% ^	
Preventive Care			
Preventive Care			
○ Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit.	Your plan pays 100%	Your plan pays 80% ^	
Immunizations	Your plan pays 100%	Your plan pays 80% ^	
Includes all travel immunizations.			
Mammogram, PAP, and PSA Tests			
○ Coverage includes the associated Preventive Outpatient Professional Services.	Your plan pays 100%	Your plan pays 80% ^	
○ Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.	Your plan pays 100%	Your plan pays 80% ^	
Inpatient			
Inpatient Hospital Facility			
Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate	Your plan pays 100% ^	Your plan pays 80% ^	
Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate	Your plan pays 100% ^	Your plan pays 80% ^	
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	Your plan pays 100% ^	Your plan pays 80% ^	
Inpatient Hospital Physician's Visit/Consultation			
Inpatient Professional Services	Your plan pays 100% ^	Your plan pays 80% ^	
○ For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	Your plan pays 100% ^	Your plan pays 80% ^	
Outpatient			
Outpatient Facility Services			
Outpatient Professional Services	Your plan pays 100% ^	Your plan pays 80% ^	
○ For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	Your plan pays 100% ^	Your plan pays 80% ^	

7/1/2015

ASO / EHB State: CT
Open Access Plus - Coinsurance - Old Saybrook BOE \$1500 HDHP - 4530260. Version# 5

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

Short-Term Rehabilitation
 Contract Year Maximums:
 Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Occupational Therapy and Chiropractic Care – Unlimited days
 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
 (Includes outpatient private duty nursing subject to medical necessity)
 Unlimited days maximum per Contract Year
 16 hour maximum per day

Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility
 Unlimited days maximum per Contract Year

Durable Medical Equipment
 Unlimited maximum per Contract Year

Breast Feeding Equipment and Supplies
 Limited to the rental of one breast pump per birth as ordered or prescribed by a physician.
 Includes related supplies

External Prosthetic Appliances (EPA)
 Unlimited maximum per Contract Year

Routine Foot Disorders
 Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.
 Acupuncture
 Unlimited days maximum per Contract Year

Hearing Aid
 Coverage through age 12

Wigs
 Unlimited maximum per Contract Year

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 80% [^]	Plan pays 100% [^]	Plan pays 80% [^]	Plan pays 100% [^]	Plan pays 100% [^]	Plan pays 100% [^]	Plan pays 80% [^]

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

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

Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Advanced Radiology Imaging	Plan pays 100% ^	Plan pays 80% ^	Not Applicable	Not Applicable	Plan pays 100% ^		Plan pays 100% ^	Plan pays 80% ^
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	In-Network	Out-of-Network
Emergency Care	Plan pays 100% ^		Plan pays 100% ^		Plan pays 100% ^		Plan pays 100% ^	
Urgent Care	Plan pays 100% ^		Plan pays 100% ^		Not Applicable			
* Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.								
Benefit	Inpatient Hospital and Other Health Care Facilities				Outpatient Services			
	In-Network		Out-of-Network		In-Network		Out-of-Network	
Hospice	Plan pays 100% ^		Plan pays 80% ^		Plan pays 100% ^		Plan pays 80% ^	
Bereavement Counseling	Plan pays 100% ^		Plan pays 80% ^		Plan pays 100% ^		Plan pays 80% ^	

Note: Services provided as part of Hospice Care Program
Note: Services where plan deductible applies are noted with a caret (^)

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 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	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 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Family Planning - Men's Services	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Includes surgical services, such as vasectomy (includes reversals)										
Family Planning - Women's Services	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Includes surgical services, such as tubal ligation (includes reversals) Contraceptive devices as ordered or prescribed by a physician.										
Infertility	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.										
Unlimited lifetime maximum										
Bariatric Surgery	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Surgeon Charges Lifetime Maximum: Unlimited										
Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered.										
The following are excluded: <ul style="list-style-type: none"> ○ 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 										
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Inpatient Hospital Facility			Inpatient Professional Services						
	Lifesource Facility In-Network	Out-of-Network	Non-Lifesource Facility In-Network	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network				
Organ Transplants	Plan pays 100%	Plan pays 80% ^	Plan pays 100% ^	Plan pays 100%	Plan pays 100% ^	Plan pays 80% ^				
Travel Lifetime Maximum - Lifesource Facility: In-Network: \$10,000 maximum per Transplant per Lifetime										
Note: Services where plan deductible applies are noted with a caret (^)										

7/1/2015

ASO / EHB State: CT

Open Access Plus - Coinsurance - Old Saybrook BOE \$1500 HDHP - 4530260. Version# 5

Benefit	Inpatient		Outpatient - Physician's Office		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Substance Abuse	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^

Note: Services where plan deductible applies are noted with a caret (^)
 Note: Detox 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 Abuse Services
 Mental Health/Substance Abuse Utilization Review, Case Management and Programs
 Cigna Behavioral Advantage - 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

Benefit	In-Network		Out-of-Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Pharmacy	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^

Pharmacy
 Cigna Pharmacy three-tier copay plan
 When patient requests brand drug, patient pays the generic copay plus the cost difference between the brand and generic drugs up to the cost of the brand drug.
 Self Administered injectable drugs - includes infertility drugs
 Oral contraceptives included
 Includes oral contraceptives - with specific products covered 100%
 Lifestyle drugs included - limited to sexual dysfunction
 Prescription and non-prescription smoking cessation drugs included when medically necessary
 Prescription diet drugs included
 Prescription vitamins included
 Oral Fertility drugs included
 Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges included

7/11/2015
 ASO / EHB State: CT
 Open Access Plus - Coinsurance - Old Saybrook BOE \$1500 HDHP - 4530260. Version# 5

Pharmacy Program Information

Pharmacy Clinical Management and Prior Authorization

- 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.

Prescription Drug List:

- Cigna Standard Prescription Drug List

Specialty Pharmacy Management:

- Clinical Programs
 - Prior authorization is required on specialty medications but quantity limits may apply.
 - Theracare® Program
 - Medication Access Option
 - Retail and/or Home Delivery

Additional Information

Case Management

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

eVisits

Provides an online consultation service, or "eVisit," with doctors. The eVisit guides patients through an interactive interview that delivers to doctors the information they need to respond to non-urgent conditions. Individuals pay a predetermined copay or coinsurance based on their benefit plan design. After the eVisit is completed, a claim is automatically submitted to Cigna for reimbursement.

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 professionals 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.

Additional Information

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.

- 50% penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to pre-certify 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-Existing Condition Limitation (PCL) does not apply.

Your Health First - 200

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

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

Holistic health support for the following chronic health conditions:

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

Definition

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

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

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

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

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.

7/1/2015

ASO / EHB State: CT

Open Access Plus - Coinsurance - Old Saybrook BOE \$1500 HDHP - 4530260. Version# 5

8 of 10

©Cigna 2015

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 undecleared, riot or insurrection.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services do not include routine patient care costs related to qualified clinical trials as described in your plan document. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Healthplan Medical Director to be: not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or the subject of review or approval by an Institutional Review Board for the proposed use.
- 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: Acupressure; Dance therapy, Movement therapy; Applied kinesiology; Rolling; 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, have at least 50% bony support and are functional in the arch.
- 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.
- Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- 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 or mental retardation.
- 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

7/1/2015

ASO / EHB State: CT
Open Access Plus - Coinsurance - Old Saybrook BOE \$1500 HDHP - 4530260. Version# 5

9 of 10

©Cigna 2015

Exclusions

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 Protheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets and dentures.
- Aids or devices that assist with 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-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Blood administration for the purpose of general improvement in physical condition.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Telephone, e-mail, and Internet consultations or other services which under normal circumstances are expected to be provided through face-to-face clinical encounters, unless provided via an approved internet-based intermediary.
- 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.

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.

7/1/2015

ASO / EHB State: CT

Open Access Plus - Coinsurance - Old Saybrook BOE \$1500 HDHP - 4530260. Version# 5

10 of 10

©Cigna 2015