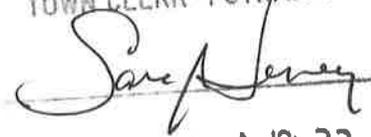


TOWN CLERK - PUTNAM CT



2018 NOV -1 A 10: 33

AGREEMENT

BETWEEN

THE TOWN OF PUTNAM

AND

UNITED PUBLIC SERVICE EMPLOYEES UNION

JULY 1, 2018 - JUNE 30, 2021

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**ARTICLE I**  
**PREAMBLE**

**THIS AGREEMENT** made and entered into this \_\_ day of October, 2018, by and between the Town of Putnam, a municipal corporation having its territorial limits within the County of Windham and State of Connecticut, for the purposes of collective bargaining with members of the United Public Service Employees Union, duly authorized and selected as the sole and exclusive bargaining agent in a secret ballot election conducted by the Connecticut State Board of Labor Relations on March 13, 2015, Decision ME-31,334.

**WHEREAS**, said Town of Putnam and United Public Service Employees Union have conducted collective bargaining in accordance with the applicable provisions of the General Statutes of Connecticut;  
**NOW, THEREFORE**, it is hereby agreed by both parties hereto as follows:

**ARTICLE II**  
**RECOGNITION**

**Section 1.** The Town recognizes the Union as the exclusive bargaining agent for the purposes of collective bargaining in respect to wages, hours and other conditions of employment of all employees of the bargaining unit.

**Section 2.** The unit shall include all employees of the Town of Putnam including the WPCA employees and mechanic and exclude only elected officials, supervisors, confidential employees, students hired for summer employment working less than 65 days per year, and employees who work less than twenty (20) hours per week on a seasonal basis within the meaning of M.E.R.A., Chapter 113 of the Connecticut General Statutes, as amended.

- (a) The term "full-time employee" as used in this Agreement shall mean members of the bargaining unit who are regularly scheduled to work either a thirty-five (35) or forty (40) hour week for the Town of Putnam.
- (b) The term "seasonal employees" as used in this Agreement shall mean those employees who work for a period of not more than one-hundred-twenty (120) calendar days in any calendar year.
- (c) The term "part-time employee" as used in this Agreement shall mean employees who work nineteen and one-half (19½) or more hours per week, but less than thirty-five (35) hours per week.

**ARTICLE III**  
**UNION SECURITY**

**Section 1.** Each new employee, as a condition of employment shall become a member of the Union in good standing after sixty (60) days of employment or shall be assessed an "agency services fee," which fee shall be established by United Public Service Employees Union in accordance with the law and will never exceed the normal amount of Union dues. Also, each present member of the bargaining unit, as a condition of employment, shall either remain a member of the Union in good standing or shall be assessed said "agency service fee."

**Section 2.** The Town agrees to make the applicable dues or service fee deductions from the pay of members of the bargaining unit upon the receipt of a written authorization from the member. Payment of collected dues or fees will be paid over to the Union, normally not later than the second Friday of each month after said dues or fees are collected. The Union agrees to hold the Town and its agent(s) harmless from claims, demands, judgments, or any liability, including reasonable attorney's fees resulting from the implementation of this article.

**ARTICLE IV**  
**WAGES**

**Section 1.** Wages shall be paid in accordance with the wage scales and accompanying stipulations set forth in Appendix B.

**Section 2.** New employees will be assigned to an appropriate step on the salary schedule in Appendix B, to be determined by the Town based upon each individual employee's qualifications and experience and subject to the approval of either the Board of Selectmen or the WPCA Commission, depending on where the employee is assigned to work. Each employee's salary shall advance in the salary schedule in accordance with the amount of service in that particular job classification.

**Section 3.** If an employee permanently changes to a lower classification, the employee will be placed in the same Step the employee held prior to the change of classification. If an employee permanently changes to a higher classification, then the employee will be placed for the first thirty (30) days in the Step that is closest to the rate of pay the employee was receiving prior to the change of classification; once the employee completes the thirty (30) day probationary period described in Article VII, the employee will move to the next higher Step provided moving to the higher Step does not exceed the employee's current length of service. However, if placement on the Step with the closest rate of pay would result in a pay cut, then the employee will maintain his/her former rate of pay during the first thirty (30) days in the new classification and then proceed to the next Step that would result in a pay increase provided moving to the next Step does not exceed the employee's current length of service.

**Section 4.** It is understood that the job description will be implemented by the Town subject to any impact bargaining with the Union required by the Municipal Employee Relations Act ("MERA") after the Town has conducted a job analysis.

**ARTICLE V**

**HOLIDAYS, FUNERAL LEAVE, PERSONAL LEAVE**

**Section 1.** The Town recognizes twelve (12) days during the year as holidays for all its employees. The specific holidays observed by the Town are as follows:

|                        |                            |
|------------------------|----------------------------|
| New Year's Day         | Labor Day                  |
| Martin Luther King Day | Columbus Day               |
| President's Day        | Veterans' Day              |
| Good Friday            | Thanksgiving Day           |
| Memorial Day           | Day after Thanksgiving Day |
| Independence Day       | Christmas Day              |

**Section 2.** All bargaining unit employees as defined in this Agreement are eligible for the leave provisions of this Article, including part-time employees on a pro-rated basis.

**Section 3.** In the event a holiday occurs on Saturday, said holiday shall be observed and paid for on the previous Friday. If a Town recognized holiday falls on a Sunday, it shall be observed and paid for on the following Monday.

**Section 4.** In the event a holiday falls during an employee's scheduled vacation, the employee shall be paid for the holiday and such day will not be charged against the employee's vacation time.

**Section 5.** Holiday pay shall be equal to the employee's regular base rate times the employee's regular number of work hours per day. If the employee works on the holiday, he/she shall receive the holiday pay plus one and one-half (1 1/2) times his/her regular base pay. If an employee works on Thanksgiving Day, Christmas Day, New Year's Day or Independence Day he/she shall receive the holiday pay plus double time his/her regular base pay.

**Section 6.** To be eligible for holiday pay, employees must work their last regularly scheduled workday immediately preceding and their first regularly scheduled workday immediately following the holiday. Excuses shall be granted for the failure to work either the day before and/or the day after a holiday because of approved paid vacation leave, sick leave or bereavement leave. Employees who are not excused as provided above shall be considered ineligible for holiday pay.

**Section 7.**     **Funeral Leave.** Employees shall be granted leave in the event of a death in their immediate families. Such leave shall only continue through the day after the funeral but shall not exceed three (3) work days. Employees will receive pay equal to their regular base rate times their regularly scheduled hours of work per day for each regular working day which falls within the leave period. In addition, an employee may use up to five (5) sick days if needed for additional bereavement time. For the purposes of this Agreement immediate family includes the employee's spouse, mother, father, sister, brother, child, stepparent, grandparent, grandchild, or stepchild, mother-in-law, father-in-law.

**Section 8.**     **Personal Leave.** All employees shall be granted twenty-one (21) hours for those with a 35-hour work week and 24 hours for those with a 40-hour work week of leave for personal business during each year of this contract without loss of pay or deduction of sick leave. Personal business is defined as any business that cannot be conducted at a time not in conflict with the employee's regular workday, an emergency over which the employee has no control, and which requires immediate attention, and the observance of a religious obligation.

**Section 9.**     Request for personal leave must be made in writing and must be approved by the employee's immediate supervisor. (See Appendix A, attached hereto.) Except in emergency situations, as determined by the Town, requests for personal leave must be made at least twenty-four (24) hours in advance and may only be taken in increments of either a full or one-half( $\frac{1}{2}$ ) of a full scheduled working day.

**Section 10.**    Personal leave may not be used immediately before or after a holiday as defined in this Agreement. Personal days shall be noncumulative.

## ARTICLE VI

### **HOURS AND OVERTIME**

**Section 1.**     The employees' hours of work shall remain consistent with established practice, with a minimum of one-half ( $\frac{1}{2}$ ) hour unpaid lunch, except for those employees whose job requires continuous monitoring of a machine or equipment.

**Section 2.**    Public Works personnel will be provided one ten (10) minute break for cleanup and travel prior to lunch.

**Section 3.**    Time and one-half of the applicable rate shall be paid for all work time in excess of eight (8) hours per day or forty (40) hours per week. All paid time shall be considered as work time for the purpose of computing overtime payments. Employees may elect to exchange overtime pay for comp-time. Comp-time shall be calculated equal to the manner in which overtime is calculated. Employees may elect to take their comp-time at their discretion provided it does not interfere with approved vacation time, the taking of comp-time does not create an overtime situation and the Town received one week's notice. Employees who work forty (40) hours a week shall not accumulate comp-time in excess of eighty (80) hours in any

one calendar year, while employees who work thirty-five (35) hours a week shall not accumulate comp-time in excess of seventy (70) hours in any one calendar year. Employees must use any comp-time within the same calendar year in which this comp-time is accrued.

**Section 4.** All overtime must have prior authorization by the Department Head or his/her designee before overtime is worked.

**Section 5.** Supervisors shall have the right to require overtime to be worked by an employee. They shall take into account the health of the employee and reasonable safety requirements.

**Section 6.** This article is intended to define the normal hours of work and to provide the basis for the calculation of payment of overtime. It shall not be construed as a guarantee of hours of work per day or per week or of days of work per week.

**Section 7.** Employees have two (2) breaks per day, one (1) in the morning and one (1) in the afternoon. The morning break shall not exceed fifteen (15) minutes including any travel time, and the afternoon break shall not exceed fifteen (15) minutes including any travel time. Public Works employees have one (1) morning break per day.

**Section 8.** During overtime situations and other emergency situations, employees will be reimbursed upon submission of a receipt for meals while on overtime work, not more than the following: Breakfast - \$8.00, Lunch - \$10.00, Supper - \$12.00.

- (a) Employees called into work more than two (2) hours before the start of their regular shift or working either three (3) or more hours after their regular shift ends or beyond 6:30 p.m., whichever is later, shall be entitled to a meal allowance as set by Section 8 above. When an employee is notified by his or her supervisor that he/she is required to work beyond 6:30 p.m., such employee may take his/her supper break at his/her convenience. It is agreed that if an employee is scheduled in advance for weekend overtime there will be no meal allowance allowed.

**Section 9.** When an employee of the Water and Sewer Department is on-call, that employee shall be required to carry a cellphone and leave the cellphone turned on during the entire on-call assignment. An employee will receive an additional four (4) hours pay per week for carrying the cellphone.

**Section 10.** When an employee is called in to work outside his/her regular scheduled working hours, he/she shall be paid a minimum of two and one-half (2½) hours at time and one half his/her regular pay; said minimum is to begin from the time of the punch-in for emergency call-in. When an employee is called-in for overtime that is contiguous with the employee's regularly scheduled working hours, the employee shall be paid time and one-half overtime only for those hours worked outside of the employee's regularly scheduled work day. The minimum call- in pay of two and one-half (2½) hours of overtime at time and one-half the regular rate, shall only apply to call-in situations that are not contiguous with the employee's regularly scheduled working hours.

**Section 10.1** Drive Time

When an employee assigned to operate a motor vehicle in hazardous conditions, such as removal of snow and ice, the employee will be provided a paid two (2) hour rest break for every fourteen (14) hours they are working in these hazardous conditions. The employer will provide an adequate area for such a rest period. While being compensated for the rest period no employee can leave the location designated for the rest unless authorization is given by their supervisor.

**Section 11.** A bargaining unit member who is absent from his/her regularly scheduled shift due to sick leave shall not be eligible for emergency call-in work.

**Section 12.** The Town shall provide a Credit Union payroll deduction plan that is mutually agreed to by the Town and the Union.

**Section 13.** In the event an employee is required to work a shift other than the current normal day shift (i.e., second or third shift) that employee shall receive a two dollar (\$2.00) per hour shift premium.

## **ARTICLE VII**

### **SENIORITY**

**Section 1.** Seniority shall, for the purposes of this Agreement, be defined as an employee's length of continuous full-time bargaining unit service since his/her last date of hire by the Town and/or former City of Putnam. Authorized leaves or layoffs shall not be considered a break in continuous employment, but no seniority will accrue during said leave periods. Seniority will be considered broken by any unauthorized leaves, voluntary or involuntary terminations, strikes, or other forms of work stoppages.

**Section 2.** The purpose of seniority is to provide a declared policy for making employment decisions between employees with equal skill, ability and/or qualifications for transfers, lay-offs and eligibility for vacation or earned leave.

**Section 3.** Seniority does not apply to, and shall not be required to be used as, a determining factor in, assigning particular types of work to employees.

**Section 4.** As to new employees, seniority as defined herein shall be retroactive to the date of hire upon the successful completion of a ninety (90) day probationary period. During the probationary period, seniority shall not be a factor in employment decisions.

**Section 5.** In the event the Town determines it is necessary to lay off members of the bargaining unit, the order of layoff shall be as follows, providing the remaining employees are qualified to perform the available work:

- (a) probationary employees, part-time before full-time;
- (b) part-time employees; and
- (c) full-time employees.

In the event of a layoff, the Town shall notify the Union President at least forty-eight (48) hours prior to its occurrence. The layoff of full-time employees covered by this Agreement shall be in inverse order of hiring by classification within group and recall shall be by seniority within group. In order to administer the layoff of full-time employees, group shall be defined as follows: Highway Department; Water and Sewer Department; Clerks covered by this Agreement; and Parks and Grounds. A full-time employee who receives notice of layoff (or notice that he/she is being bumped) may elect within forty-eight (48) hours thereafter to bump into a different job classification within the group, provided that the employee has more seniority than the least senior employee within that group, and it is determined by the Town that the employee is qualified to perform the essential duties of that job with minimal transitional training. It is understood that the Town will provide such minimal transitional training provided such training shall not result in any additional cost to the Town and shall not significantly detract from the work being performed by any other personnel working with the employee. An employee exercising his/her bumping rights shall be placed on the same Step that he/she left. He/she shall have thirty (30) working days to demonstrate the ability to perform the essential duties of the job into which he/she bumps.

**Section 6.** Employees who are laid off or bumped into a different job classification under this Article shall have recall rights as follows:

- (a) For a period of one year, the affected employee shall have the right to be recalled to the classification from which he/she was laid off or bumped if a position should become vacant or be reinstated. The Town shall notify by certified mail any affected employee who is to be recalled that such person is being offered re-employment. Failure to respond to the offer of re-employment within ten (10) working days after the receipt thereof shall be deemed a refusal to accept re-employment.
- (b) No person shall be newly employed in a job classification in which an employee who had held a job in that classification is still on layoff with recall rights.

**Section 7.** The Town shall maintain a seniority list for all bargaining unit employees which shall be brought up to date and made available to the president of the Union at reasonable intervals not more than one (1) time per calendar year.

**Section 8.** Members of the bargaining unit whose names are on the recall list will be notified of opportunities for temporary part-time or seasonal employment. No new employee shall be hired for a temporary, part-time or seasonal position until all employees on the recall list have had an opportunity to decline. Notification of opportunities for such employment shall not constitute recall, and no employee shall forfeit recall rights by declining such employment.

**Section 9.** All new employees, including rehired employees, shall be considered as probationary employees and must successfully complete a probationary period of ninety (90) calendar days before attaining full-time employee status. Any full-time employee who is permanently transferred or promoted shall be considered as a special probationary employee and must successfully complete a special probationary period of thirty (30) calendar days before being appointed to the new position. Any work time missed for any reason during the probationary period shall not count toward the satisfaction of the probationary period. The probationary period listed above may be extended by a maximum of thirty (30) additional calendar days when the Town determines that such an extension is necessary to properly evaluate an employee's performance and determine whether or not he/she can completely and satisfactorily perform the job. In such case, the employee and the Union shall be notified in writing of the reasons for the extension. During any probationary period, the probationary employee may be disciplined, discharged, laid off or otherwise dismissed at the sole discretion of the Town, and neither the reason for the action nor the discipline, discharge, layoff or dismissal itself may be subject to the grievance procedure of this Agreement. A full-time employee, who has been promoted retains the right to his or her former position, should he or she not successfully pass the thirty (30) day probationary period or chooses to return to their previous position held prior to said promotion so long as an offer of employment has not been extended.

## ARTICLE VIII

### UNIFORMS AND SAFETY

**Section 1.** The Town shall maintain a safety policy consistent with the demands of the Statutes of the State of Connecticut. All bargaining unit members shall abide by all safety policies, applicable laws and regulations concerning safety, including the wearing of all appropriate and provided safety equipment.

**Section 2.** Each fiscal year each employee required to wear safety shoes or boots by applicable state and federal statutes and regulations shall receive a boot allowance up to a maximum amount of one hundred seventy-five dollars (\$175.00) annually. Reimbursement to the employee shall be made upon the presentation of receipts showing the purchase of such safety shoes or boots. Any additional cost in

excess of the allotted amount shall be paid by the employee.

**ARTICLE IX**  
**VACATIONS**

**Section 1.** The provisions of this article shall apply only to full-time employees as defined in Article II of this Agreement. Employees shall receive one (1) day of vacation as of July 1<sup>st</sup> of each year, which shall not be part of the vacation accrual described below, and in addition shall then accrue, pursuant to Section 3 of this Article, the following vacation days:

| <u>Years of Continuous Service</u> | <u>35 Hrs Week</u><br><u>Hours</u> | <u>40 Hrs Week</u><br><u>Hours</u> |
|------------------------------------|------------------------------------|------------------------------------|
| More than 1 year up to 5 years     | 70                                 | 80                                 |
| More than 5 years up to 10 years   | 105                                | 120                                |
| More than 10 years up to 15 years  | 126                                | 144                                |
| More than 15 years up to 20 years  | 140                                | 160                                |
| More than 20 years                 | 175                                | 200                                |

Employees shall have one-half of all vacation time credited as of July 1st of each contract year the remaining vacation time will be accrued on a monthly basis.

**Section 2.** Requests for vacation time shall be made in writing prior to the first of May preceding the applicable vacation period. In cases of conflicting vacation requests, seniority, as previously defined in this Agreement, shall control. Requests after May 1 will be granted on a first-come, first-served basis. In any event all vacation requests must be received at least five (5) days prior to the requested dates. Requests must be approved by the employee's supervisor.

**Section 3.** Vacation benefits are accrued and payable monthly commencing on the date of hire and ending on their anniversary date of each year. No more than one and one-half (1½) of a current year's vacation accrual may be carried over to the next contract year (contract years begin July 1). No more than four (4) weeks' vacation may be taken consecutively. Employees hired on or after July 1, 2000 shall be permitted to carry over a maximum of fifteen (15) accrued but unused vacation days.

**Section 4.** Vacation shall not be requested, approved or taken in increments of less than two (2) hours.

**Section 5.** An employee who is laid off or voluntarily terminated will receive, at the end of the pay period following the layoff or termination, all accrued but unused vacation pay. Such vacation pay will be computed up to and including the last full month of employment. An employee terminated for cause shall not receive accrued payment for accrued vacation time.

**Section 6.** In the event a holiday, as defined in this Agreement, occurs during an employee's vacation, the holiday will not be counted against the employee's accrued vacation time.

**Section 7.** In the event of the death of an employee, the employee's accrued vacation shall be paid to the employee's estate and calculated under the provisions of Section 5 above; however, if a release is obtained from the probate court the accrued vacation shall be paid to the employee's survivor.

**Section 8.** One (1) days' vacation pay for an employee is equal to the employee's regular hourly straight-time rate of pay times the number of hours in the employee's regular scheduled workday.

**Section 9.** Any employee who works less than full-time as defined in Article II of this Agreement shall be granted vacation benefits based on the number of hours in his/her regularly scheduled workweek.

## **ARTICLE X**

### **SICKLEAVE**

**Section 1.** Each full-time employee will be granted ten (10) work-days per year of paid sick leave. Each part-time employee will be granted five (5) work-days per year of paid sick leave. Paid sick leave shall be equal to the employee's hourly base wage rate times their regularly scheduled work hours per day. Sick days are accrued and payable on a monthly basis during the fiscal year. Sick leave shall be granted for illnesses only and shall not be used as vacation time. If an employee is sick, he/she must call the supervisor in advance of his/her regularly scheduled starting time to be eligible to receive sick pay. An employee must call in each day he/she is absent due to illness to be eligible to receive sick leave pay.

**Section 2.** Sick leave pay will be available to any employee who has contracted an illness or is injured and is suffering from a non-service-connected sickness or disability which renders him/her unable to perform the duties of his/her position. This also includes periods during which the employee is under an enforced quarantine in accordance with the community health regulations or restricted due to exposure to a contagious disease in accordance with a doctor's written order.

**Section 3.** If the Town has grounds to believe sick leave is being abused, it may, at its discretion, require any employee requesting paid or unpaid sick leave to furnish substantiating evidence in the form of a statement from his/her attending physician certifying that absence from work was required due to the employee's illness. In any case, such certification must be presented whenever sick leave is requested for five (5) or more consecutive workdays.

**Section 4.** Any employee who is sick or disabled for five (5) or more consecutive workdays shall be required to secure and submit a physician's release certifying that the employee is fit to return to work. This release must be submitted to the employee's supervisor before the employee will be permitted to return to work.

**Section 5.** Sick leave shall be accrued to the sum of one-hundred-twenty (120) days.

**Section 6.** Upon retirement of an employee fifty (50) percent of his/her accrued sick leave up to a one hundred and twenty (120) day maximum, shall be paid to him/her. Upon voluntary termination, twenty-five (25) percent of a one hundred and twenty (120) day maximum shall be paid to the employee.

**Section 7.** The Town shall maintain an accurate, up-to-date record of each employee's sick leave and shall provide a copy of it upon his/her request during July of each year.

**Section 8.** An employee who is an "eligible employee" as defined under the Federal Family and Medical Leave Act ("FMLA"), 29 U.S.C. §1601, et seq., shall be granted up to twelve (12) weeks of FMLA leave during a twelve-month period in accordance with the Act. Any accumulated paid leave time must be exhausted first in situations where the leave being taken by the employee is covered by the Act and said paid leave shall be included in (and shall not be in addition to) the aforementioned twelve (12) weeks of allowable leave. A medical certificate acceptable to the Town shall be required for FMLA leave situations involving the health of the employee or family member. Employees on leave without pay shall not be credited with the monthly allotment of sick leave until return from such leave. The continuity of employment shall be preserved for purposes of seniority. Employees on FMLA leave shall have their health insurance coverage maintained during such leave on the same terms as if the employees had continued to work; provided if the employee fails to return to work, the employee shall be liable for the retroactive premium payments in accordance with the FMLA.

**Section 9.** Unpaid sick leave may be granted at the Town's discretion, but in no event shall be granted while the employee has paid vacation leave available (i.e., such vacation leave will be docked).

**Section 10.** Employees may use up to five (5) days per year from their accumulated sick leave for immediate family sickness that is not otherwise covered by the Family Medical Leave Act.

## ARTICLE XI

### WORKERS' COMPENSATION

Employees covered by this Agreement shall come under the terms of the Workers' Compensation Act for injury incurred in the line of duty. Employees may supplement their income with accrued sick leave; however, in no event shall the employee's earnings exceed his/her regular weekly earnings.

## ARTICLE XII

### INSURANCE

**Section 1.** The Town will provide and pay for the premiums for the following coverage for all full-time employees, and their dependents, as required by federal regulation, subject to Section 5 below:

- (a) Employees agree that employees may voluntarily participate in wellness programs as a means of attempting to contain premium cost.

- (b) Employees shall have two options for health insurance. Effective July 1, 2018, all new hires shall only have the option of the HDHP plan:
1. A PPO co-pay insurance plan, as outlined in Appendix C, and with the prescription co-pays of \$0 for generic drugs, \$15 for preferred drugs and \$30 for non-preferred drugs.
  2. A High Deductible Health Plan (HDHP) with a periodically updated Preventive Generics Drug List where such drugs are not subject to the deductible, and Health Savings Account (HSA) as outlined in Appendix C. The HDHP annual deductible shall be \$2,000 for employee coverage or \$4,000 for two-person or family coverage with an in network out of pocket annual maximum of \$4,000 for employee coverage and \$8,000 for two person or family coverage as outlined in Appendix C. If at any time the deductible levels described above do not comply with the Internal Revenue Code and its interpretive regulations, the Town shall have the right to adopt the next higher deductibles that comply with the Internal Revenue Code and its interpretive regulations.
  3. Effective July 1, 2019 and thereafter- A High Deductible Health Plan (HDHP) with a periodically updated Preventive Generics Drug List where such drugs are not subject to the deductible, and Health Savings Account (HSA) as outlined in Appendix C. The HDHP annual deductible shall be \$2,000 for employee coverage or \$4,000 for two-person or family coverage with an in network out of pocket annual maximum of \$2,000 for employee coverage and \$4,000 for two person or family coverage as outlined in Appendix C. If at any time the deductible levels described above do not comply with the Internal Revenue Code and its interpretive regulations, the Town shall have the right to adopt the next higher deductibles that comply with the Internal Revenue Code and its interpretive regulations.

(c) The Town shall pay into the HSA the following amounts:

- July 1, 2018 and thereafter- \$1,000 toward the employee only deductible and \$2,000 toward the two person/family deductible

The employee is not required to contribute any portion of the balance of the deductible, or the statutory maximum for an HSA contribution, in any contract year, but if the employee chooses to do so such payment shall be on a pre-tax basis to the HSA through payroll deduction. The HSA shall be set up by a Trustee as allowed by federal and state law, the basic set up and monthly service fee to be paid for by the Town for such Trustee.

Contributions made by the Town to the HSA will roll over from year to year in the employee's HSA account. The Town shall have no obligation to fund any portion of the deductible for retirees or other individuals upon their separation from employment and the HSA and any accrued interest at the time of separation shall remain with the individual.

- (d) Seventy-five thousand dollars (\$75,000) term life insurance, with a double indemnity/accidental death benefit clause.

**Section 2.** The Town will provide and pay the Dental Plan described in the Appendix C, co-pay for the individual employee only. The Town shall offer an additional optional Dental Plan described in Appendix C under the same terms as described in this Section. If the Town opts to change dental plans the new plan must be substantially equivalent to the current plan. Dental co-pay shall be deducted by the Town on a weekly basis, in approximate equal amounts. An employee may obtain additional coverage through this plan at the employee's expense, providing this additional coverage does not affect the Town's insurance rates.

**Section 3.** The Town will pay one-half of the premium for the coverage under Section 1(a) for any part-time employee working nineteen and one half (19 ½) or more hours per week who seeks such coverage.

**Section 4.**

- (a) Effective July 1, 2018: Eligible employees choosing the PPO co-pay plan described in Section 1(b) above, will share the cost for the coverage by paying the full difference in cost between the premium cost of that plan and the premium cost of the HDHP. Employees choosing the HDHP as described in Section 1(b) above will share the cost for the coverage by contributing an amount equal to ten percent (10%) of the premium.
- (b) Effective July 1, 2019: Eligible employees choosing the PPO co-pay plan described in Section 1(b) above, will share the cost for the coverage by paying the full difference in cost between the premium cost of that plan and the premium cost of the HDHP. Employees choosing the HDHP as described in Section 1(b) above will share the cost for the coverage by contributing an amount equal to ten and a half percent (10½%) of the premium.
- (c) Effective July 1, 2020: Eligible employees choosing the PPO co-pay plan described in Section 1(b) above, will share the cost for the coverage by paying the full difference in cost between the premium cost of that plan and the premium cost of the HDHP. Employees choosing the HDHP as described in Section 1(b) above will share the cost for the coverage by contributing an amount equal to eleven and a half percent (11 ½%) of the premium.
- (d) Effective July 1, 2018: Employees enrolled in the HDHP as described in Section 1(b) above

will share the cost for the coverage by contributing an amount equal to ten percent (10%) of the premium.

- (e) Effective July 1, 2019: Employees enrolled in the HDHP as described in Section 1(b) above will share the cost for the coverage by contributing an amount equal to ten and a half percent (10 ½ %) of the premium.
- (f) Effective July 1, 2020: Employees enrolled in the HDHP as described in Section 1(b) above will share the cost for the coverage by contributing an amount equal to eleven and a half percent (11 ½ %) of the premium.
- (g) The Town shall maintain, and employees may voluntarily choose to participate in, an IRS Section 125 Plan, which permits employees to voluntarily contribute premium share, medical costs, dependent care and other costs covered by a Town provided Section 125 program, as permitted by an IRS Section 125 account.

**Section 5.** If an employee that is eligible for single coverage waives such coverage, the Town will pay the employee one thousand five hundred dollars (\$1,500.00). If an employee otherwise qualifies for the level of coverage at the time of the waiver and/or has been insured on the Town's health insurance plan in the prior year with "employee plus one" coverage under Section 1 (a) waives such coverage of the dependent, the Town will pay the employee one thousand five hundred dollars (\$1,500.00). If said employee waives such coverage for both the employee and the dependent the Town will pay the employee two thousand five hundred dollars (\$2,500.00). If an employee otherwise qualifies for this level of coverage at the time of the waiver and/or has been insured on the Town's health insurance plan in the prior year with family coverage under Section 1 (a) waives dependent coverage but maintains employee coverage the Town will pay the employee two thousand five hundred dollars (\$2,500.00). If said employee completely waives family coverage, including coverage for themselves, the Town will pay the employee three thousand five hundred dollars (\$3,500.00). The above-referenced dollar amounts for waiving insurance coverage are annual amounts and will be paid to the employee in a separate pay-check. After any six (6) month period in which an employee continuously waives insurance coverage in accordance with this Section, the employee will be paid one-half(½) the applicable annual dollar amount referenced above; an employee who waives coverage for less than six (6) continuous months will not be entitled to any payment under this section. Any reentry into the plan will be subject to the provisions of the carrier's policy. All waivers under this Section must be in the form of an executed written waiver agreement and shall only be allowed upon proof of coverage under another medical insurance plan.

Employees who select the insurance buyout option shall be eligible to receive a buyout amount that reflects only the level of coverage the employees would otherwise be qualified to obtain pursuant to the qualification provisions of the insurance policy.

**Section 6.** The Town may provide any of the above insurance plans or substantially equivalent plans through either the current carriers, through alternate carriers or through self-insurance, either in whole or in part. If the specifically described plan(s) in this Article and as described in greater detail in Appendix C are no longer available, the Town and Union agree to discuss the most comparable plan and agreement on moving to an alternate plan shall not be unreasonably withheld.

**Section 7.** A labor-management committee comprised of labor and management members shall be established and meet periodically to discuss matters related to medical, dental and prescription coverage as well as wellness programs and other similar health and medical programs.

**Section 8.** If the total cost of a group health plan or plans offered under this Agreement triggers an excise tax under Internal Revenue Code Section 49801, and/or any other local, state or federal statute or regulation, the Town and Union agree to reopen this Agreement for purposes of negotiating insurance, including but not limited to how the excise tax will be paid, alternative plan designs with a total combined cost that either reduces/mitigates the excise tax or falls below the excise tax thresholds and other ways to reduce/mitigate the excise tax.

### **ARTICLE XIII**

#### **RETIREMENT**

The Town and the Union agree that the retirement plan for eligible members of the bargaining unit is set forth in the document entitled "The Town of Putnam Retirement Plan."

### **ARTICLE XIV**

#### **GRIEVANCE PROCEDURE**

**Section 1.** The purpose of the grievance procedure shall be to settle employee grievances on an informal basis or on as low an administrative level as is possible and practicable so as to ensure efficiency and employee morale.

**Section 2.** A grievance, for the purposes of this Agreement is defined as a dispute or difference of opinion raised by an employee, the Union, or by a group of employees with respect to a single common issue, involving to his/her/them the meaning, interpretation or application of the express provisions of this Agreement.

**Section 3.** Procedure

**Step 1.** Within twenty (20) calendar days of the occurrence constituting a grievance, the employee or Union shall reduce the grievance to writing and submit it to his/her supervisor, who shall use his/her best efforts to settle the dispute informally. Such informal process shall be concluded within ten (10) calendar days of receipt of the grievance. If the grievance is denied the supervisor shall return the grievance and indicate the date of denial.

**Step 2.** If the employee or the Union is not satisfied with the results of Step 1, the employee or the Union may, within five (5) calendar days of the conclusion of Step I but no later than twenty-five (25) days after the occurrence giving rise to the grievance, submit the written grievance to the Mayor or his/her designee for further processing. The Mayor or his/her designee shall submit a written decision to the employee and the Union within twenty (20) calendar days of receipt of the grievance at Step 2.

**Step 3.** If the Union is not satisfied with the decision rendered by the employer and elects further processing, it may within fifteen (15) calendar days submit the grievance to the Connecticut State Board of Mediation and Arbitration, who shall render a decision except that the decision rendered shall not amend or alter this Agreement in any manner.

**Section 4.** A grievance shall be considered settled, and the employee and the Union will be estopped from any further action arising from the occurrence if the grievance is not presented to the next higher step under the procedure contained in Section 3 of this article within the time limits prescribed by said procedure. In the event no answer is received within the prescribed time limits, unless mutually extended by the parties, the grievant may proceed to the next step in the grievance procedure.

**Section 5.** The employee, the Union or the Town shall have the right, at his/her/its own expense, to be represented by counsel of their choice.

**Section 6.** It is understood that the Union shall establish a Grievance Committee which shall review all grievances before they will be processed by the Union.

## ARTICLE XV

### NO STRIKE

All employees included in this Agreement pursuant to Connecticut General Statutes, §7-475, shall not hinder the operations of the Town by strike.

## ARTICLE XVI

### PROMOTIONS

**Section 1.** When a job is created or vacated, the Town shall post the position for employees of the bargaining unit first for (5) five working days. If, in the Town's sole discretion, no bargaining unit employee is qualified, the Town shall seek applicants from outside the bargaining unit.

**Section 2.** The Town shall fill the vacancy with the most qualified applicant. An applicant's qualifications shall be determined based on his or her experience, skill and ability.

**Section 3.** In the event that the qualifications of a bargaining unit member and an outside applicant are substantially equivalent, the Town shall select the bargaining unit member to fill the vacancy. In the event that the two bargaining unit members are the most qualified and their qualifications are substantially equivalent, the Town shall select the bargaining unit member with the greatest seniority to fill the vacancy.

**Section 4.** In the event that the Town decides that a vacancy is to be filled, every attempt must be made to fill such vacancy within sixty (60) calendar days of the date that a particular position has been vacated and, when a new position has been created, within one-hundred-twenty (120) calendar days from the date such new position has been created.

## **ARTICLE XVII**

### **DISCIPLINE**

**Section 1.** No employee shall be suspended or discharged without just cause. All suspensions and discharge must be given in writing, if requested, with reasons stated. A copy of such notice must be given to the employee at the time of the suspension or discharge. The Union president shall be notified when an employee is disciplined or discharged. Disciplinary actions shall normally follow this order.

- (a) Verbal warning with notation or order in writing.
- (b) Written warning.
- (c) Suspension without pay.

Depending on the severity of the offense, the Town has the right to suspend or discharge an employee, without following the above order, after "Laudermill" rights have been afforded. All disciplinary actions shall be applied in a fair and equitable manner and shall be consistent with the infraction and the employee's past record for which disciplinary action is being applied.

**Section 2.** All disciplinary actions shall be subject to the grievance procedure specified in this Agreement.

## **ARTICLE XVIII**

### **GENERAL PROVISIONS**

The Town reserves the right to contract or subcontract work consistent with established practice, provided that no bargaining unit members' positions or normal hours of work are reduced, and that no bargaining unit members are laid off as a result thereof.

**Section 2.** The Town shall provide bulletin board space for the Union located in the designated areas for the posting of notices concerning Union business and activity in all work locations to which members generally report for work.

**Section 3.** The Town shall provide a copy of this Agreement to each employee presently employed and to each new employee upon employment, and five (5) copies to the United Public Service Employees Union.

**Section 4.** Upon the signing of this Agreement the Town shall provide a copy of all Insurance and Retirement coverage to each employee.

**Section 5.** When the Town creates a new classification or changes an existing job other than minor change, the Town and the Union shall negotiate appropriate pay rates for such new or changed classification and said classification and pay rates shall become effective upon agreement through negotiations.

**Section 6.** There shall be no discrimination, coercion or intimidation of any kind against any employee for any reason whatsoever including marital status, age, race, creed, color, sex, religious beliefs or union activity either by the Town or the Union.

**Section 7.** Any reclassification, promotion, change in individual wages shall be authorized by the Town Administrator. Any other modification of this Agreement must be authorized by the Mayor and the Board of Selectmen.

**Section 8.** When the context so requires, the masculine gender shall include the feminine and the feminine shall include the masculine; and the singular shall include the plural and the plural the singular.

**Section 9.** Any change in the current schedule of payday periods shall only be made upon mutual consent of the Town and the Union.

**Section 10.** There shall be no variation, alteration or amendment to this Agreement unless agreed to in writing by both Parties.

**Section 11.** Initially, upon the signing of this Agreement, the Town shall furnish the Union with an up-to-date list of employees. When a new employee is hired, the Town shall notify the Union and furnish the Union with the name, date of employment, classification and rate of pay for the new employee. When the employment of an employee terminates, the Town shall notify the Union and furnish the name and date of termination of the employee.

**Section 12.** Each employee shall have the right to review his/her personnel file by appointment. Copies of material placed in the employee's file shall be furnished to the employee upon request.

**Section 13.** When an employee is authorized to use his/her own motor vehicle to perform Town business, he/she shall be reimbursed at the rate established by the Board of Selectmen. This in no way requires an employee to use his/her own vehicle if they choose not to.

**Section 14.** This Agreement supersedes and cancels all prior practices and agreements, whether written or oral, unless expressly stated to the contrary herein, and, together with any letters of understanding executed concurrently with or subsequent to this Agreement, constitutes the complete and entire agreement between the parties and concludes collective bargaining for the term of this Agreement.

**Section 15.** All members of the bargaining unit shall be furnished a copy of all personnel rules and regulations which are the property of the Town. Any future changes which affect working conditions shall be negotiated with the Union.

**Section 16.** Nothing in this Agreement shall prevent any employee from holding outside employment, other than Town work, as long as such employment does not conflict with the employee's duties as a Town employee, subject to approval by the Town, which will not be unreasonably withheld.

**Section 17.** Copies of individual job descriptions shall be provided by the Town to each employee.

**Section 18.** It is understood that excessive absenteeism, excessive tardiness or the abuse of sick leave constitutes just cause for discipline and it is the intent of the Town to take corrective action, up to and including discharge.

**Section 19.** The Town may at its discretion temporarily assign employees a position in an equal, lower or higher salary rate. In the event the position is in a higher rate the employee shall be paid at the rate of pay for the position being filled temporarily which is immediately above the rate paid to the employee for working in his/her regular position, even if the temporary rate is in a different step or represents a different year of experience on the salary schedule than that which the employee has attained in his/her regular position. This rate shall be paid provided the employee works a minimum of fifteen (15) consecutive work days at which point the higher rate of pay shall be retroactive to the first day. An employee who works a total of fifteen (15) non-consecutive days during any ninety (90) day period shall be entitled to non-retroactive higher rate of pay in accordance with this provision beginning the sixteenth (16th) day of work in the temporary assignment. Upon the completion of the assignment in a higher rate the employee shall revert to his/her original salary. At no time shall an employee under this Section receive less than his/her regular rate of pay. This Section shall not apply to employees who are temporarily assigned to a position to fill in or substitute for another employee who is out on vacation, regardless of the duration. No assignment under this Section shall become effective, nor shall an employee be entitled to the higher rate of pay referenced above, unless the assignment is authorized in writing by the Mayor or by someone who has been specifically designated by the Mayor in writing to carry out the Mayor's responsibilities under this Section.

**Section 20.** The Town will provide jury leave for employees ordered to serve on jury duty, precluding their being available for work. To be eligible for jury leave, an employee must not volunteer for jury duty and, if requested, must cooperate with the Town in applying for an excuse or deferment from jury duty. Employees who, after fulfilling all other obligations of this section, must report to jury duty will be paid the difference between their jury pay and the pay they would have received for working their regularly scheduled hours for those workdays for which the employee is absent to fulfill

the jury duty obligation.

**Section 21.** Any and all clerks that are required to take minutes or attend meetings outside their regular scheduled hours shall be paid at a rate of one and one-half (1½) their regular rate for a minimum of two (2) hours.

**Section 22.** If a bargaining unit member is certified to work in both the Water and Sewer Departments as an Operator I and/or Operator II, the employee may be used interchangeably between the Water Department and the Sewer Department at no change in pay in management's sole discretion.

**Section 23.** The WPCA Director will utilize the bulletin boards in each of the water plants to inform WPCA employees of state-approved training courses and examinations. WPCA employees will be responsible for initiating their enrollment in any such course or examination, and the WPCA employees will be responsible for informing the WPCA Director of any changes to the employees' credentials or certifications. An employee must receive prior approval from the WPCA Director before participating in any of the above courses or examinations.

**Section 24.** The Town will pay for one certification test for any employee who wants to obtain the necessary state certification for a higher-level Water and Sewer Department position requiring such state certification. If the employee is not successful in the initial attempt to obtain certification, the Town will pay for one (1) additional certification test for the employee. If the employee is unsuccessful in this second attempt to obtain additional certification, the employee shall bear the cost of any future certification tests.

**Section 25.** **CDL Exams.** The Town shall reimburse any employee who is required to hold a CDL to perform their position with the Town seventy-five percent (75%) of the cost of the required bi-annual physical examinations that are not otherwise covered by and/or paid for through insurance. Reasonable accommodations will be made during work hours to obtain the CDL physical if off hour appointments are not available.

## ARTICLE XIX

### UNION ACTIVITIES LEAVE

**Section 1.** The three (3) members of the Union Negotiating Committee shall be granted leave from duty with full pay for all meetings between the Town and the Union for the purpose of negotiating the terms of agreements when such meetings take place at a time during which such members are scheduled to be on duty.

**Section 2.** One (1) member of the Union Grievance Committee, in addition to the employee or employees who filed the grievance, shall be granted leave from duty with full pay for all meetings between the Town and the Union for the purpose of processing grievances through arbitration when such meetings take place at a time during which such members are scheduled to be on duty.

**Section 3.** The Union President, or his designee, shall be granted up to three (3) days or twenty-four (24) hours of Union Business Leave with pay per contract year for Union training, seminars or conferences.

**ARTICLE XX**  
**SEVERABILITY**

If any provision of this Agreement is subsequently declared by legislative or judicial authority to be unlawful, unenforceable or not in accordance with applicable laws, statutes, or ordinances and regulations of the United States of America, the State of Connecticut or the Town of Putnam, all other provisions of this Agreement shall remain in full force and effect for the duration of this Agreement and the parties shall meet as soon as possible to agree on a substitute provision. If, however, the parties are unable to agree within thirty (30) days following the commencement of the initial meeting, then the matter shall be postponed until contract negotiations are reopened.

**ARTICLE XXI**  
**DURATION OF AGREEMENT**

The effective date of this Agreement shall be July 1, 2018 and it shall remain in effect until June 30, 2021. This Agreement shall, after that date, remain in effect during negotiations until agreement is reached and signed to amend or modify this Agreement. At least one- hundred-twenty (120) days before the expiration date of this Agreement, the parties agree to meet and discuss a successor Agreement.

**ARTICLE XXII**  
**MANAGEMENT RIGHTS**

Except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, the Town has and will continue to retain, whether exercised or not, all of the rights, powers and authority heretofore had by it and, except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, it shall have the right, responsibility and prerogative of management of the affairs of the Town.

## **ARTICLE XXIII**

### **DRUG TESTING**

**Section 1.** The Town has adopted a Drug-Free Workplace Policy. Therefore, all employees, with the exception of clerical employees, are considered to be employees that perform safety sensitive functions and shall be required, as a condition of employment, to participate in periodic testing for controlled substances (drugs) and alcohol. All such testing, procedures, controlled substances, levels of impairment, and administration shall be governed by the Town of Putnam's DOT Drug and Alcohol Testing Policy. For purposes of this provision and compliance with that Policy, performing safety sensitive functions for covered employees shall mean all time in which the employee is actually performing, ready to perform, or is immediately available to perform duties for which the employee is normally compensated for performing.

IN WITNESS WHEREOF, the parties have hereto caused this instrument to be signed and executed by its mutually authorized officers and representative as of the 23<sup>rd</sup> day of October, 2018.

TOWN OF PUTNAM

UNITED PUBLIC SERVICE EMPLOYEES UNION

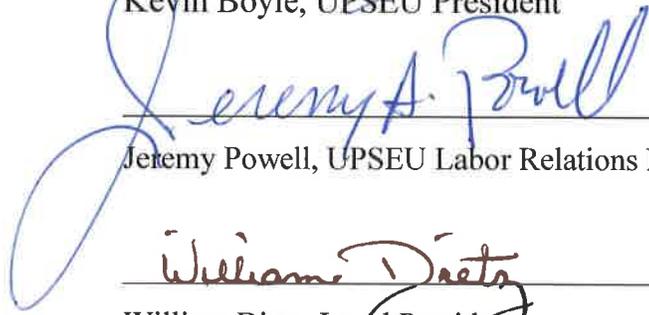


Signed: Norman B. Seney, Mayor



Kevin Boyle, UPSEU President

Date: 10-23-18

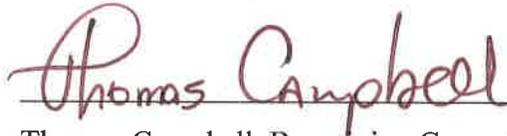


Jeremy Powell, UPSEU Labor Relations Representative

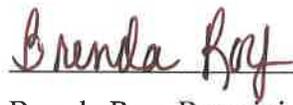
(Approved by Board of Selectmen  
09/17/18)



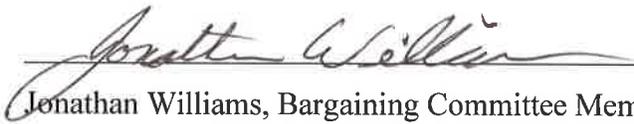
William Dietz, Local President



Thomas Campbell, Bargaining Committee Member



Brenda Roy, Bargaining Committee Member



Jonathan Williams, Bargaining Committee Member

Date: October 23, 2018

(Approved by Union membership on  
9 / 11 /2018)

**APPENDIX A**

**TOWN OF PUTNAM  
PERSONAL LEAVE REQUEST FORM**

Name of Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Approval Granted: Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

## **APPENDIX B**

### **WAGES**

The attached wage schedules reflect the following:

The annual wage increases were calculated as follows:

- The 2018-19 salaries were calculated by increasing the 2017-18 salaries by 2.5%
- The 2019-20 salaries were calculated by increasing the 2018-19 salaries by 2.25%
- The 2020-21 salaries were calculated by increasing the 2019-20 salaries by 2.0%

APPENDIX B

| Department   | Date     | Entrance | 1 Year   | 2 Years  | 3 Years  | 4 Years  |
|--|----------|----------|----------|----------|----------|----------|
| <b>HIGHWAY DEPARTMENT</b>                              |          |          |          |          |          |          |
| Road Crew Chief  | 7/1/2018 | \$ 24.68 | \$ 25.98 | \$ 27.33 | \$ 28.64 | \$ 29.94 |
|  | 7/1/2019 | \$ 25.24 | \$ 26.56 | \$ 27.94 | \$ 29.28 | \$ 30.61 |
|  | 7/1/2020 | \$ 25.74 | \$ 27.10 | \$ 28.50 | \$ 29.87 | \$ 31.23 |
| Mechanic   | 7/1/2018 | \$ 22.89 | \$ 24.02 | \$ 25.15 | \$ 26.28 | \$ 27.40 |
|  | 7/1/2019 | \$ 23.41 | \$ 24.56 | \$ 25.72 | \$ 26.87 | \$ 28.02 |
|  | 7/1/2020 | \$ 23.87 | \$ 25.05 | \$ 26.23 | \$ 27.41 | \$ 28.58 |
| Public Works Maintainer                                | 7/1/2018 | \$ 21.21 | \$ 22.32 | \$ 23.45 | \$ 24.60 | \$ 25.70 |
|  | 7/1/2019 | \$ 21.69 | \$ 22.82 | \$ 23.98 | \$ 25.15 | \$ 26.28 |
|  | 7/1/2020 | \$ 22.12 | \$ 23.28 | \$ 24.46 | \$ 25.66 | \$ 26.80 |
| <b>WATER &amp; SEWER DEPARTMENT</b>                    |          |          |          |          |          |          |
| WPCA Foreman (Certified)<br>Chief Operator (Certified) | 7/1/2018 | \$ 24.68 | \$ 25.98 | \$ 27.33 | \$ 28.64 | \$ 29.94 |
|  | 7/1/2019 | \$ 25.24 | \$ 26.56 | \$ 27.94 | \$ 29.28 | \$ 30.61 |
|  | 7/1/2020 | \$ 25.74 | \$ 27.10 | \$ 28.50 | \$ 29.87 | \$ 31.23 |
| Operations Manager III (Certified)                     | 7/1/2018 | \$ 27.78 | \$ 29.15 | \$ 30.51 | \$ 31.86 | \$ 33.26 |
|  | 7/1/2019 | \$ 28.41 | \$ 29.81 | \$ 31.20 | \$ 32.58 | \$ 34.01 |
|  | 7/1/2020 | \$ 28.97 | \$ 30.40 | \$ 31.82 | \$ 33.23 | \$ 34.69 |
| Operations Manager IV (Certified)                      | 7/1/2018 | \$ 28.93 | \$ 30.34 | \$ 31.77 | \$ 33.23 | \$ 34.63 |
|  | 7/1/2019 | \$ 29.58 | \$ 31.02 | \$ 32.48 | \$ 33.98 | \$ 35.41 |
|  | 7/1/2020 | \$ 30.17 | \$ 31.64 | \$ 33.13 | \$ 34.66 | \$ 36.12 |
| Chief Operator III (Certified)                         | 7/1/2018 | \$ 26.37 | \$ 27.67 | \$ 28.98 | \$ 30.26 | \$ 31.58 |
|  | 7/1/2019 | \$ 26.96 | \$ 28.29 | \$ 29.63 | \$ 30.94 | \$ 32.29 |
|  | 7/1/2020 | \$ 27.50 | \$ 28.86 | \$ 30.22 | \$ 31.56 | \$ 32.94 |
| Chief Operator IV (Certified)                          | 7/1/2018 | \$ 27.51 | \$ 28.87 | \$ 30.23 | \$ 31.59 | \$ 32.94 |
|  | 7/1/2019 | \$ 28.13 | \$ 29.52 | \$ 30.91 | \$ 32.30 | \$ 33.68 |
|  | 7/1/2020 | \$ 28.69 | \$ 30.11 | \$ 31.53 | \$ 32.95 | \$ 34.35 |
| Roadman I  | 7/1/2018 | \$ 20.68 | \$ 21.79 | \$ 22.88 | \$ 24.01 | \$ 25.10 |
|  | 7/1/2019 | \$ 21.15 | \$ 22.28 | \$ 23.39 | \$ 24.55 | \$ 25.66 |
|  | 7/1/2020 | \$ 21.57 | \$ 22.73 | \$ 23.86 | \$ 25.04 | \$ 26.18 |
| Roadman II (Certified)                                 | 7/1/2018 | \$ 21.21 | \$ 22.32 | \$ 23.45 | \$ 24.60 | \$ 25.70 |
|  | 7/1/2019 | \$ 21.69 | \$ 22.82 | \$ 23.98 | \$ 25.15 | \$ 26.28 |
|  | 7/1/2020 | \$ 22.12 | \$ 23.28 | \$ 24.46 | \$ 25.66 | \$ 26.80 |
| Roadman III (Certified)                                | 7/1/2018 | \$ 21.72 | \$ 22.89 | \$ 24.03 | \$ 25.17 | \$ 26.37 |
|  | 7/1/2019 | \$ 22.21 | \$ 23.41 | \$ 24.57 | \$ 25.74 | \$ 26.96 |
|  | 7/1/2020 | \$ 22.65 | \$ 23.87 | \$ 25.06 | \$ 26.25 | \$ 27.50 |
| Operator I (Water)<br>Operator I (WPC)                 | 7/1/2018 | \$ 19.53 | \$ 20.57 | \$ 21.60 | \$ 22.66 | \$ 23.67 |
|  | 7/1/2019 | \$ 19.97 | \$ 21.03 | \$ 22.09 | \$ 23.17 | \$ 24.20 |
|  | 7/1/2020 | \$ 20.37 | \$ 21.45 | \$ 22.53 | \$ 23.63 | \$ 24.69 |
| Operator II (Water)<br>Operator II (WPC)               | 7/1/2018 | \$ 22.28 | \$ 23.39 | \$ 24.38 | \$ 25.55 | \$ 26.67 |
|  | 7/1/2019 | \$ 22.78 | \$ 23.92 | \$ 24.93 | \$ 26.12 | \$ 27.27 |
|  | 7/1/2020 | \$ 23.24 | \$ 24.39 | \$ 25.43 | \$ 26.65 | \$ 27.82 |
| Operator III (Water)<br>Operator III (WPC)             | 7/1/2018 | \$ 23.44 | \$ 24.61 | \$ 25.75 | \$ 26.92 | \$ 28.04 |
|  | 7/1/2019 | \$ 23.97 | \$ 25.16 | \$ 26.33 | \$ 27.53 | \$ 28.67 |
|  | 7/1/2020 | \$ 24.45 | \$ 25.67 | \$ 26.86 | \$ 28.08 | \$ 29.24 |

APPENDIX B

| Department   | Date     | Entrance | 1 Year   | 2 Years  | 3 Years  | 4 Years  |
|--|----------|----------|----------|----------|----------|----------|
| Operator IV (Water)<br>Operator IV (WPC)   | 7/1/2018 | \$ 25.16 | \$ 26.23 | \$ 27.30 | \$ 28.37 | \$ 29.45 |
|  | 7/1/2019 | \$ 25.73 | \$ 26.82 | \$ 27.91 | \$ 29.01 | \$ 30.11 |
|  | 7/1/2020 | \$ 26.24 | \$ 27.36 | \$ 28.47 | \$ 29.59 | \$ 30.71 |
| Maintenance Foreman  | 7/1/2018 | \$ 24.68 | \$ 25.98 | \$ 27.33 | \$ 28.64 | \$ 29.94 |
|  | 7/1/2019 | \$ 25.24 | \$ 26.56 | \$ 27.94 | \$ 29.28 | \$ 30.61 |
|  | 7/1/2020 | \$ 25.74 | \$ 27.10 | \$ 28.50 | \$ 29.87 | \$ 31.23 |
| W/E Cross Connection Inspector<br>(Certified)  | 7/1/2018 | \$ 20.68 | \$ 21.79 | \$ 22.88 | \$ 24.01 | \$ 25.10 |
|  | 7/1/2019 | \$ 21.15 | \$ 22.28 | \$ 23.39 | \$ 24.55 | \$ 25.66 |
|  | 7/1/2020 | \$ 21.57 | \$ 22.73 | \$ 23.86 | \$ 25.04 | \$ 26.18 |
| Operator Trainee<br>Lab Technician Trainee<br>Cross Connection Inspector Trainee                           | 7/1/2018 | \$ 16.91 | \$ 17.84 | \$ 18.73 | \$ 19.61 | \$ 20.66 |
|  | 7/1/2019 | \$ 17.29 | \$ 18.24 | \$ 19.15 | \$ 20.05 | \$ 21.12 |
|  | 7/1/2020 | \$ 17.64 | \$ 18.61 | \$ 19.53 | \$ 20.45 | \$ 21.55 |
| Lab Technician   | 7/1/2018 | \$ 20.64 | \$ 21.73 | \$ 22.84 | \$ 23.93 | \$ 25.05 |
|  | 7/1/2019 | \$ 21.10 | \$ 22.22 | \$ 23.35 | \$ 24.47 | \$ 25.61 |
|  | 7/1/2020 | \$ 21.53 | \$ 22.66 | \$ 23.82 | \$ 24.96 | \$ 26.13 |
| <b>PARKS &amp; GROUNDS</b>   |          |          |          |          |          |          |
| Caretaker  | 7/1/2018 | \$ 17.14 | \$ 18.04 | \$ 18.94 | \$ 19.85 | \$ 20.75 |
|  | 7/1/2019 | \$ 17.53 | \$ 18.45 | \$ 19.37 | \$ 20.30 | \$ 21.22 |
|  | 7/1/2020 | \$ 17.88 | \$ 18.81 | \$ 19.75 | \$ 20.70 | \$ 21.64 |
| Grass Cutter   | 7/1/2018 | \$ 11.19 | \$ 11.69 | \$ 12.17 | \$ 12.65 | \$ 13.17 |
|  | 7/1/2019 | \$ 11.44 | \$ 11.95 | \$ 12.44 | \$ 12.93 | \$ 13.47 |
|  | 7/1/2020 | \$ 11.67 | \$ 12.19 | \$ 12.69 | \$ 13.19 | \$ 13.74 |
| <b>CLERKS</b>  |          |          |          |          |          |          |
| Administrative Assistant   | 7/1/2018 | \$ 17.51 | \$ 19.79 | \$ 22.16 | \$ 23.94 | \$ 25.53 |
|  | 7/1/2019 | \$ 17.90 | \$ 20.24 | \$ 22.66 | \$ 24.48 | \$ 26.10 |
|  | 7/1/2020 | \$ 18.26 | \$ 20.64 | \$ 23.11 | \$ 24.97 | \$ 26.63 |
| Assessor, Revenue Collector,<br>Building/Land Use, Commissions, Town<br>Clerk, Water & Sewer, Public Works | 7/1/2018 | \$ 15.99 | \$ 18.26 | \$ 20.63 | \$ 22.43 | \$ 24.01 |
|  | 7/1/2019 | \$ 16.35 | \$ 18.67 | \$ 21.09 | \$ 22.93 | \$ 24.55 |
|  | 7/1/2020 | \$ 16.68 | \$ 19.04 | \$ 21.52 | \$ 23.39 | \$ 25.04 |
| Senior Clerk (Certified, CCMA, CCMC)   | 7/1/2018 | \$ 17.76 | \$ 20.04 | \$ 22.42 | \$ 24.22 | \$ 25.80 |
|  | 7/1/2019 | \$ 18.16 | \$ 20.49 | \$ 22.92 | \$ 24.76 | \$ 26.38 |
|  | 7/1/2020 | \$ 18.52 | \$ 20.90 | \$ 23.38 | \$ 25.26 | \$ 26.91 |

APPENDIX C-1  
 OUTLINE OF HEALTH INSURANCE (OPEN ASSESS PLUS PLAN)

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services  
 Eastern Connecticut Health Insurance Program (ECHIP): [Open Access Plus](#)

**Coverage Period:** 07/01/2018 - 06/30/2019  
**Coverage for:** Individual/Individual + Family | **Plan Type:** OAP

| Important Questions  | Answers   | Why This Matters:   |
|--|---|---|
|  <p><b>The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.</b> For more information about your coverage, or to get a copy of the complete terms of coverage, go online at <a href="http://www.cigna.com/sp">www.cigna.com/sp</a>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <a href="https://www.healthcare.gov/sbc-glossary">https://www.healthcare.gov/sbc-glossary</a> or call 1-800-Cigna24 to request a copy.</p> |   |   |
| <p><b>What is the overall deductible?</b></p>  | <p>For <u>in-network providers</u>: <b>\$0/individual or \$0/family</b><br/>                     For <u>out-of-network providers</u>: <b>\$250/individual or \$750/family</b></p>   | <p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>   |
| <p><b>Are there services covered before you meet your deductible?</b></p>  | <p>No.</p>  | <p>You will have to meet the deductible before the plan pays for any services.</p>  |
| <p><b>Are there other deductibles for specific services?</b></p>   | <p>Yes, <b>\$50</b> Home Health Care deductible out-of-network.<br/>                     There are no other specific deductibles.</p>   | <p>You must pay all of the costs for these services up to the specific deductibles amount before this plan begins to pay for these services.</p>  |
| <p><b>What is the out-of-pocket limit for this plan?</b></p>   | <p>For <u>in-network providers</u> <b>\$6,350/individual or \$12,700/family</b><br/>                     For <u>out-of-network providers</u> <b>\$1,500/individual or \$4,500/family</b><br/>                     Combined medical/behavioral and pharmacy <u>out-of-pocket limit</u></p> | <p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>  |
| <p><b>What is not included in the out-of-pocket limit?</b></p>   | <p>Penalties for failure to obtain <u>pre-authorization</u> for services, <u>premiums</u>, <u>balance-billing</u> charges, and health care this plan doesn't cover.</p>   | <p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>  |
| <p><b>Will you pay less if you use a network provider?</b></p>   | <p>Yes. See <a href="http://www.myCigna.com">www.myCigna.com</a> or call <b>1-800-Cigna24</b> for a list of <u>network providers</u>.</p>   | <p>This plan uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p> |

| Important Questions                                | Answers | Why This Matters:  |
|--|---------|--|
| Do you need a <u>referral</u> to see a specialist? | No.     | You can see the <u>specialist</u> you choose without a <u>referral</u> . |

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

| Common Medical Event  | Services You May Need                            | What You Will Pay  |   | Limitations, Exceptions, & Other Important Information  |
|---|--|--|---|---|
|   |  | In-Network Provider (You will pay the least)   | Out-of-Network Provider (You will pay the most)   |   |
| If you visit a health care provider's office or clinic  | Primary care visit to treat an injury or illness | \$5 <u>copay</u> /visit  | 20% <u>coinsurance</u>  | None  |
|   | Specialist visit                                 | \$10 <u>copay</u> /visit   | 20% <u>coinsurance</u>  | None  |
|   | Preventive care/ <u>screening</u> / immunization | No charge/visit<br>No charge/ <u>screening</u><br>No charge/ <u>immunizations</u>                            | 20% <u>coinsurance</u> /visit<br>20% <u>coinsurance</u> / <u>screening</u><br>20% <u>coinsurance</u> / <u>immunizations</u> | None<br>None<br>None<br>None<br>None<br>You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for. |
| If you have a test  | <u>Diagnostic test</u> (x-ray, blood work)       | No charge  | 20% <u>coinsurance</u>  | None  |
|   | Imaging (CT/PET scans, MRIs)                     | No charge  | 20% <u>coinsurance</u>  | None  |
| If you need drugs to treat your illness or condition<br><br>More information about <u>prescription drug coverage</u> is available at <a href="http://www.myCigna.com">www.myCigna.com</a> | Generic drugs (Tier 1)                           | No charge/ <u>prescription</u> (retail);<br>No charge/ <u>prescription</u> (home delivery)                   | 20% <u>coinsurance</u> / <u>prescription</u> (retail); Not covered (home delivery)  | Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery).   |
|   | Preferred brand drugs (Tier 2)                   | \$15 <u>copay</u> / <u>prescription</u> (retail);<br>\$30 <u>copay</u> / <u>prescription</u> (home delivery) | 20% <u>coinsurance</u> / <u>prescription</u> (retail); Not covered (home delivery)  | Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits.  |
|   | Non-preferred brand drugs (Tier 3)               | \$30 <u>copay</u> / <u>prescription</u> (retail);<br>\$60 <u>copay</u> / <u>prescription</u> (home delivery) | 20% <u>coinsurance</u> / <u>prescription</u> (retail); Not covered (home delivery)  | No charge for diabetic medications and supplies.  |

| Common Medical Event  | Services You May Need                          | What You Will Pay                                       |  |  | Limitations, Exceptions, & Other Important Information |
|---|--|---|--|--|--|
|   |  | In-Network Provider<br>(You will pay the least)         | Out-of-Network Provider<br>(You will pay the most)                 |  |  |
| If you have outpatient surgery  | Facility fee (e.g., ambulatory surgery center) | No charge   | 20% coinsurance  | None   |  |
|   | Physician/surgeon fees                         | No charge   | 20% coinsurance  | None   |  |
|   | Emergency room care                            | \$50 copay/visit  | \$50 copay/visit   | Per visit copay is waived if admitted  |  |
| If you need immediate medical attention                                   | Emergency medical transportation               | No charge   | No charge  | None   |  |
|   | Urgent care                                    | \$25 copay/visit  | \$25 copay/visit   | None   |  |
|   | Facility fee (e.g., hospital room)             | No charge   | 20% coinsurance  | Lesser of 50% of covered expenses or \$500 penalty for no precertification.  |  |
| If you have a hospital stay   | Physician/surgeon fees                         | No charge   | 20% coinsurance  | Lesser of 50% of covered expenses or \$500 penalty for no precertification.  |  |
|   | Outpatient services                            | \$10 copay/office visit<br>No charge/all other services | 20% coinsurance/office visit<br>20% coinsurance/all other services | None   |  |
| If you need mental health, behavioral health, or substance abuse services | Inpatient services                             | No charge/admission                                     | 20% coinsurance  | Lesser of 50% of covered expenses or \$500 penalty for no precertification.  |  |
|   | Office visits                                  | No charge   | 20% coinsurance  | Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy.  |  |
|   | Childbirth/delivery professional services      | No charge   | 20% coinsurance  | Depending on the type of services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |  |
| If you are pregnant   | Childbirth/delivery facility services          | No charge   | 20% coinsurance  |  |  |

| Common Medical Event  | Services You May Need      | What You Will Pay                                  |   | Limitations, Exceptions, & Other Important Information   |
|---|----------------------------|--|---|--|
|   |                            | In-Network Provider (You will pay the least)       | Out-of-Network Provider (You will pay the most)                   |  |
| <b>If you need help recovering or have other special health needs</b> | Home health care           | No charge  | 20% coinsurance after the home health care deductible             | 16 hour maximum per day  |
|   | Rehabilitation services    | \$5 copay/PCP visit<br>\$10 copay/Specialist visit | 20% coinsurance/PCP visit<br>20% coinsurance/Specialist visit     | None   |
|   | Habilitation services      | Not covered  | Not covered   | None   |
|   | Skilled nursing care       | No charge  | 20% coinsurance   | Lesser of 50% of covered expenses or \$500 penalty for no precertification. Coverage is limited to 90 days annual max. |
|   | Durable medical equipment  | No charge  | 20% coinsurance   | None   |
|   | Hospice services           | No charge/inpatient; No charge/outpatient services | 20% coinsurance/inpatient;<br>20% coinsurance/outpatient services | Lesser of 50% of covered expenses or \$500 penalty for no precertification.  |
| <b>If your child needs dental or eye care</b>                         | Children's eye exam        | No charge  | No charge   | One exam every 24 months   |
|   | Children's glasses         | Not covered  | Not covered   | None   |
|   | Children's dental check-up | Not covered  | Not covered   | None   |

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Children)
- Habilitation services
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Bariatric Surgery (if you qualify for coverage)
- Chiropractic care
- Hearing aids (coverage through age 12)
- Infertility treatment
- Routine eye care (Adult, One exam every 24 months)

**Your Rights to Continue Coverage:**

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

**Your Grievance and Appeals Rights:**

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your appeal. Contact the program for this plan's situs state: State of Connecticut Office of the Health Care Advocate at (866) 466-4446. However, for information regarding your own state's consumer assistance program refer to [www.healthcare.gov](http://www.healthcare.gov).

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

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

**Language Access Services:**

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

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

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

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

----- *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* -----

**About these Coverage Examples:**



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

**Peg is Having a Baby**

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

- **The plan's overall deductible** **\$0**
- **Specialist copayment** **\$10**
- **Hospital (facility) coinsurance** **0%**
- **Other coinsurance** **0%**

**This EXAMPLE event includes services like:**  
 Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

**Total Example Cost** **\$12,800**

**In this example, Peg would pay:**

| <i>Cost Sharing</i>               |             |
|-----------------------------------|-------------|
| Deductibles                       | \$0         |
| Copayments                        | \$10        |
| Coinsurance                       | \$0         |
| <i>What isn't covered</i>         |             |
| Limits or exclusions              | \$10        |
| <b>The total Peg would pay is</b> | <b>\$20</b> |

**Managing Joe's type 2 Diabetes**

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

- **The plan's overall deductible** **\$0**
- **Specialist copayment** **\$10**
- **Hospital (facility) coinsurance** **0%**
- **Other coinsurance** **0%**

**This EXAMPLE event includes services like:**  
 Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

**Total Example Cost** **\$7,400**

**In this example, Joe would pay:**

| <i>Cost Sharing</i>               |              |
|-----------------------------------|--------------|
| Deductibles                       | \$0          |
| Copayments                        | \$40         |
| Coinsurance                       | \$0          |
| <i>What isn't covered</i>         |              |
| Limits or exclusions              | \$200        |
| <b>The total Joe would pay is</b> | <b>\$240</b> |

**Mia's Simple Fracture**

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

- **The plan's overall deductible** **\$0**
- **Specialist copayment** **\$10**
- **Hospital (facility) coinsurance** **0%**
- **Other coinsurance** **0%**

**This EXAMPLE event includes services like:**  
 Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

**Total Example Cost** **\$1,900**

**In this example, Mia would pay:**

| <i>Cost Sharing</i>               |             |
|-----------------------------------|-------------|
| Deductibles                       | \$0         |
| Copayments                        | \$80        |
| Coinsurance                       | \$0         |
| <i>What isn't covered</i>         |             |
| Limits or exclusions              | \$0         |
| <b>The total Mia would pay is</b> | <b>\$80</b> |

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

OUTLINE OF HEALTH INSURANCE (HIGH DEDUCTIBLE HEALTH PLAN)

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services  
 Eastern Connecticut Health Insurance Program (ECHIP): Choice Fund Open Access Plus HSA

Coverage Period: 07/01/2018 - 06/30/2019  
 Coverage for: Individual/Individual + Family | Plan Type: OAP

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

| Important Questions  | Answers   | Why This Matters:  |
|--|---|--|
| <b>What is the overall deductible?</b>                             | For in-network providers: <b>\$2,000/individual or \$4,000/family</b><br>For out-of-network providers: <b>\$4,000/individual or \$8,000/family</b><br>Combined medical/behavioral and pharmacy deductible<br>Deductible per individual applies when the employee is the only individual covered under the plan.                           | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.   |
| <b>Are there services covered before you meet your deductible?</b> | Yes. In-network preventive care, immunizations & In-Network generic preventive prescription drugs..   | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> . |
| <b>Are there other deductibles for specific services?</b>          | No.   | You don't have to meet deductibles for specific services.  |
| <b>What is the out-of-pocket limit for this plan?</b>              | For in-network providers <b>\$4,000/individual or \$8,000/family</b> (no more than <b>\$6,850</b> per individual in the family);<br>For out-of-network providers <b>\$8,000/individual or \$16,000/family</b> (no more than <b>\$16,000</b> per individual in the family)<br>Combined medical/behavioral and pharmacy out-of-pocket limit | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.   |
| <b>What is not included in the out-of-pocket limit?</b>            | Penalties for failure to obtain pre-authorization for services, premiums, balance-billing charges, and health care this plan doesn't cover.   | Even though you pay these expenses, they don't count toward the out-of-pocket limit.   |

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

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

| Common Medical Event   | Services You May Need                                   | What You Will Pay   |   | Limitations, Exceptions, & Other Important Information   |
|--|---|---|---|--|
|  |   | In-Network Provider (You will pay the least)  | Out-of-Network Provider (You will pay the most)   |  |
| <p><b>If you visit a health care provider's office or clinic</b></p> | <p>Primary care visit to treat an injury or illness</p> | <p>10% <u>coinsurance/visit</u></p>   | <p>30% <u>coinsurance</u></p>   | <p>None</p>  |
|  | <p>Specialist visit</p>                                 | <p>10% <u>coinsurance/visit</u></p>   | <p>30% <u>coinsurance</u></p>   | <p>None</p>  |
|  | <p><u>Preventive care/ screening/ immunization</u></p>  | <p>No charge/<u>visit</u>**<br/>           No charge/<u>screening</u>**<br/>           No charge/<u>immunizations</u>**<br/>           **<u>Deductible</u> does not apply</p> | <p>30% <u>coinsurance/visit</u><br/>           30% <u>coinsurance/screening</u><br/>           30% <u>coinsurance/immunizations</u></p> | <p>None<br/>           None<br/>           None<br/>           None<br/>           None<br/>           You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.</p> |
| <p><b>If you have a test</b></p>                                     | <p><u>Diagnostic test (x-ray, blood work)</u></p>       | <p>10% <u>coinsurance</u></p>   | <p>30% <u>coinsurance</u></p>   | <p>None</p>  |
|  | <p><u>Imaging (CT/PET scans, MRIs)</u></p>              | <p>10% <u>coinsurance</u></p>   | <p>30% <u>coinsurance</u></p>   | <p>None</p>  |

| Common Medical Event  | Services You May Need                          | What You Will Pay   |  | Limitations, Exceptions, & Other Important Information  |
|---|--|---|--|---|
|   |  | In-Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most)   |   |
| <b>If you need drugs to treat your illness or condition</b><br><br>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.myCigna.com">www.myCigna.com</a> | Generic drugs (Tier 1)                         | No charge/prescription (retail);<br>No charge/prescription (home delivery)<br>No charge/preventive drugs**  | 50% <a href="#">coinsurance/prescription (retail)</a> ; Not covered (home delivery)                | Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery).<br>Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. |
|   | Preferred brand drugs (Tier 2)                 | **Deductible does not apply<br>30% <a href="#">coinsurance/prescription (retail)</a> ; 30% <a href="#">coinsurance/prescription (home delivery)</a> | 50% <a href="#">coinsurance/prescription (retail)</a> ; Not covered (home delivery)                |   |
|   | Non-preferred brand drugs (Tier 3)             | 30% <a href="#">coinsurance/prescription (retail)</a> ; 30% <a href="#">coinsurance/prescription (home delivery)</a>                                | 50% <a href="#">coinsurance/prescription (retail)</a> ; Not covered (home delivery)                |   |
| <b>If you have outpatient surgery</b>   | Facility fee (e.g., ambulatory surgery center) | 10% <a href="#">coinsurance</a>   | 30% <a href="#">coinsurance</a>  | None  |
|   | Physician/surgeon fees                         | 10% <a href="#">coinsurance</a>   | 30% <a href="#">coinsurance</a>  | None  |
|   | Emergency room care                            | 10% <a href="#">coinsurance</a>   | 10% <a href="#">coinsurance</a>  | None  |
|   | Emergency medical transportation               | 10% <a href="#">coinsurance</a>   | 10% <a href="#">coinsurance</a>  | None  |
| <b>If you need immediate medical attention</b>  | Urgent care                                    | 10% <a href="#">coinsurance</a>   | 10% <a href="#">coinsurance</a>  | None  |
|   | Facility fee (e.g., hospital room)             | 10% <a href="#">coinsurance</a>   | 30% <a href="#">coinsurance</a>  | Lesser of 50% of covered expenses or \$500 penalty for no precertification.   |
| <b>If you have a hospital stay</b>  | Physician/surgeon fees                         | 10% <a href="#">coinsurance</a>   | 30% <a href="#">coinsurance</a>  | Lesser of 50% of covered expenses or \$500 penalty for no precertification.   |
|   | Outpatient services                            | 10% <a href="#">coinsurance/office visit</a><br>10% <a href="#">coinsurance/all other services</a>  | 30% <a href="#">coinsurance/office visit</a><br>30% <a href="#">coinsurance/all other services</a> | None  |
|   | Inpatient services                             | 10% <a href="#">coinsurance</a>   | 30% <a href="#">coinsurance</a>  | Lesser of 50% of covered expenses or \$500 penalty for no precertification.   |

| Common Medical Event   | Services You May Need                     | What You Will Pay   |   | Limitations, Exceptions, & Other Important Information  |
|--|---|---|---|---|
|  |   | In-Network Provider<br>(You will pay the least)                   | Out-of-Network Provider<br>(You will pay the most)                          |   |
| If you are pregnant  | Office visits                             | 10% coinsurance   | 30% coinsurance   | Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy.<br>Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |
|  | Childbirth/delivery professional services | 10% coinsurance   | 30% coinsurance   |   |
|  | Childbirth/delivery facility services     | 10% coinsurance   | 30% coinsurance   |   |
| If you need help recovering or have other special health needs | Home health care                          | 10% coinsurance   | 25% coinsurance   | Coverage is limited to 80 days annual max.<br>16 hour maximum per day (The limit is not applicable to mental health and substance use disorder conditions.)   |
|  | Rehabilitation services                   | 10% coinsurance/visit   | 30% coinsurance/visit   | Coverage for Rehabilitation, including Cardiac rehab and Chiropractic care, services is limited to 50 days annual max.  |
|  | Habilitation services                     | Not covered   | Not covered   | Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.  |
|  | Skilled nursing care                      | 10% coinsurance   | 30% coinsurance   | None  |
|  | Durable medical equipment                 | 10% coinsurance   | 30% coinsurance   | Lesser of 50% of covered expenses or \$500 penalty for no precertification.   |
|  | Hospice services                          | 10% coinsurance/inpatient;<br>10% coinsurance/outpatient services | 30% coinsurance/inpatient;<br>30% coinsurance/outpatient services           | Coverage is limited to 60 days annual max.  |
|  |   |   |   | None  |
|  |   |   | Lesser of 50% of covered expenses or \$500 penalty for no precertification. |   |

| Common Medical Event                   | Services You May Need      | What You Will Pay                            |   | Limitations, Exceptions, & Other Important Information |
|--|----------------------------|--|---|--|
|  |                            | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) |  |
| If your child needs dental or eye care | Children's eye exam        | 10% coinsurance                              | 10% coinsurance                                 | One exam every 24 months                               |
|  | Children's glasses         | Not covered                                  | Not covered                                     | None   |
|  | Children's dental check-up | Not covered                                  | Not covered                                     | None   |

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Children)

- Habilitation services
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Bariatric Surgery (if you qualify for coverage)
- Chiropractic care (combined with Rehabilitation Services)
- Hearing aids (coverage through age 12)
- Infertility treatment
- Routine eye care (Adult; One exam every 24 months)

### **Your Rights to Continue Coverage:**

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

### **Your Grievance and Appeals Rights:**

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your appeal. Contact the program for this plan's situs state: State of Connecticut Office of the Health Care Advocate at (866) 466-4446. However, for information regarding your own state's consumer assistance program refer to [www.healthcare.gov](http://www.healthcare.gov).

### **Does this plan provide Minimum Essential Coverage? Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### **Does this plan meet the Minimum Value Standards? Yes**

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

### **Language Access Services:**

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

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

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

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

----- To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

**About these Coverage Examples:**



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

**Peg is Having a Baby**

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

- **The plan's overall deductible** **\$2,000**
- **Specialist coinsurance** **10%**
- **Hospital (facility) coinsurance** **10%**
- **Other coinsurance** **10%**

**This EXAMPLE event includes services like:**  
 Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

**Total Example Cost** **\$12,800**

**In this example, Peg would pay:**

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| Deductibles                       | \$2,000        |
| Copayments                        | \$0            |
| Coinsurance                       | \$1,100        |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$10           |
| <b>The total Peg would pay is</b> | <b>\$3,110</b> |

**Managing Joe's type 2 Diabetes**

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

- **The plan's overall deductible** **\$2,000**
- **Specialist coinsurance** **10%**
- **Hospital (facility) coinsurance** **10%**
- **Other coinsurance** **10%**

**This EXAMPLE event includes services like:**  
 Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

**Total Example Cost** **\$7,400**

**In this example, Joe would pay:**

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| Deductibles                       | \$2,000        |
| Copayments                        | \$0            |
| Coinsurance                       | \$50           |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$200          |
| <b>The total Joe would pay is</b> | <b>\$2,250</b> |

**Mia's Simple Fracture**

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

- **The plan's overall deductible** **\$2,000**
- **Specialist coinsurance** **10%**
- **Hospital (facility) coinsurance** **10%**
- **Other coinsurance** **10%**

**This EXAMPLE event includes services like:**  
 Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

**Total Example Cost** **\$1,900**

**In this example, Mia would pay:**

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| Deductibles                       | \$1,900        |
| Copayments                        | \$0            |
| Coinsurance                       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$0            |
| <b>The total Mia would pay is</b> | <b>\$1,900</b> |

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

APPENDIX C-3  
 OUTLINE OF HEALTH INSURANCE (HIGH DEDUCTIBLE HEALTH PLAN)

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services  
 Eastern Connecticut Health Insurance Program (ECHIP): Open Access Plus  
 Coverage for: Individual/Individual + Family | Plan Type: OAP  
 Coverage Period: 07/01/2018 - 06/30/2019

| Important Questions   | Answers  | Why This Matters:  |
|---|--|--|
|  <p><b>What is the overall deductible?</b></p> | <p>For in-network providers: <b>\$2,000/individual or \$4,000/family</b><br/>                     For out-of-network providers: <b>\$4,000/individual or \$8,000/family</b><br/>                     Combined medical/behavioral and pharmacy deductible<br/>                     Deductible per individual applies when the employee is the only individual covered under the plan.</p>     | <p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.</p>  |
| <p><b>Are there services covered before you meet your deductible?</b></p>   | <p>Yes. In-network preventive care &amp; immunizations.</p>  | <p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p> |
| <p><b>Are there other deductibles for specific services?</b></p>  | <p>No.</p>   | <p>You don't have to meet deductibles for specific services.</p>   |
| <p><b>What is the out-of-pocket limit for this plan?</b></p>  | <p>For in-network providers <b>\$4,000/individual or \$8,000/family</b> (no more than <b>\$6,850</b> per individual in the family);<br/>                     For out-of-network providers <b>\$8,000/individual or \$16,000/family</b> (no more than <b>\$16,000</b> per individual in the family)<br/>                     Combined medical/behavioral and pharmacy out-of-pocket limit</p> | <p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>  |
| <p><b>What is not included in the out-of-pocket limit?</b></p>  | <p>Penalties for failure to obtain pre-authorization for services, premiums, balance-billing charges, and health care this plan doesn't cover.</p>   | <p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>  |

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



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

| Common Medical Event  | Services You May Need                            | What You Will Pay  |   | Limitations, Exceptions, & Other Important Information  |
|---|--|--|---|---|
|   |  | In-Network Provider (You will pay the least)   | Out-of-Network Provider (You will pay the most)                                     |   |
| <b>If you visit a health care provider's office or clinic</b> | Primary care visit to treat an injury or illness | No charge/visit  | 20% coinsurance   | None  |
|   | Specialist visit                                 | No charge/visit  | 20% coinsurance   | None  |
|   | Preventive care/ screening/ immunization         | No charge/visit**<br>No charge/screening**<br>No charge/immunizations**<br><br>**Deductible does not apply | 20% coinsurance/visit<br>20% coinsurance/screening<br>20% coinsurance/immunizations | None<br>None<br>None<br>None<br>None<br><br>You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for. |
| <b>If you have a test</b>                                     | Diagnostic test (x-ray, blood work)              | No charge  | 20% coinsurance   | None  |
|   | Imaging (CT/PET scans, MRIs)                     | No charge  | 20% coinsurance   | None  |

| Common Medical Event  | Services You May Need                          | What You Will Pay   |  | Limitations, Exceptions, & Other Important Information  |
|---|--|---|--|---|
|   |  | In-Network Provider<br>(You will pay the least)                                     | Out-of-Network Provider<br>(You will pay the most)                 |   |
| <b>If you need drugs to treat your illness or condition</b><br>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.myCigna.com">www.myCigna.com</a> | Generic drugs (Tier 1)                         | No charge/prescription (retail);<br>No charge/prescription (home delivery)          | 50% coinsurance/prescription (retail); Not covered (home delivery) | Coverage is limited up to a 30-day supply (retail) and a 90-day supply (home delivery).<br>Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. |
|   | Preferred brand drugs (Tier 2)                 | 30% coinsurance/prescription (retail); 30% coinsurance/prescription (home delivery) | 50% coinsurance/prescription (retail); Not covered (home delivery) |   |
|   | Non-preferred brand drugs (Tier 3)             | 30% coinsurance/prescription (retail); 30% coinsurance/prescription (home delivery) | 50% coinsurance/prescription (retail); Not covered (home delivery) |   |
| <b>If you have outpatient surgery</b>   | Facility fee (e.g., ambulatory surgery center) | No charge   | 20% coinsurance  | None  |
|   | Physician/surgeon fees                         | No charge   | 20% coinsurance  | None  |
|   | Emergency room care                            | No charge/visit   | No charge/visit  | None  |
| <b>If you need immediate medical attention</b>  | Emergency medical transportation               | No charge   | No charge  | None  |
|   | Urgent care                                    | No charge/visit   | No charge/visit  | None  |
|   | Facility fee (e.g., hospital room)             | No charge   | 20% coinsurance  | Lesser of 50% of covered expenses or \$500 penalty for no precertification.   |
| <b>If you have a hospital stay</b>  | Physician/surgeon fees                         | No charge   | 20% coinsurance  | Lesser of 50% of covered expenses or \$500 penalty for no precertification.   |
|   | Outpatient services                            | No charge/office visit<br>No charge/all other services                              | 20% coinsurance/office visit<br>20% coinsurance/all other services | None  |
| <b>If you need mental health, behavioral health, or substance abuse services</b>  | Inpatient services                             | No charge/admission   | 20% coinsurance  | Lesser of 50% of covered expenses or \$500 penalty for no precertification.   |

| Common Medical Event   | Services You May Need                     | What You Will Pay                                  |  | Limitations, Exceptions, & Other Important Information   |
|--|---|--|--|--|
|  |   | In-Network Provider<br>(You will pay the least)    | Out-of-Network Provider<br>(You will pay the most)             |  |
| If you are pregnant  | Office visits                             | No charge  | 20% coinsurance  | Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy.<br>Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).<br>Coverage is limited to 80 days annual max.<br>16 hour maximum per day (The limit is not applicable to mental health and substance use disorder conditions.)<br>Coverage for Rehabilitation, including Cardiac rehab and Chiropractic care, services is limited to 50 days annual max. |
|  | Childbirth/delivery professional services | No charge  | 20% coinsurance  |  |
|  | Childbirth/delivery facility services     | No charge  | 20% coinsurance  |  |
| If you need help recovering or have other special health needs | <u>Home health care</u>                   | No charge  | 20% coinsurance  | Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.<br>None<br>Lesser of 50% of covered expenses or \$500 penalty for no precertification.<br>Coverage is limited to 60 days annual max.<br>None<br>Lesser of 50% of covered expenses or \$500 penalty for no precertification.   |
|  | <u>Rehabilitation services</u>            | No charge/visit                                    | 20% coinsurance/visit  |  |
|  | <u>Habilitation services</u>              | Not covered  | Not covered  |  |
|  | <u>Skilled nursing care</u>               | No charge  | 20% coinsurance  |  |
|  | <u>Durable medical equipment</u>          | No charge  | 20% coinsurance  |  |
|  | <u>Hospice services</u>                   | No charge/inpatient; No charge/outpatient services | 20% coinsurance/inpatient; 20% coinsurance/outpatient services |  |

| Common Medical Event                   | Services You May Need      | What You Will Pay                               |  | Limitations, Exceptions, & Other Important Information |
|--|----------------------------|---|--|--|
|  |                            | In-Network Provider<br>(You will pay the least) | Out-of-Network Provider<br>(You will pay the most) |  |
| If your child needs dental or eye care | Children's eye exam        | No charge                                       | No charge  | One exam every 24 months                               |
|  | Children's glasses         | Not covered                                     | Not covered  | None   |
|  | Children's dental check-up | Not covered                                     | Not covered  | None   |

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Children)
- Habilitation services
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Bariatric Surgery (if you qualify for coverage)
- Chiropractic care (combined with Rehabilitation Services)
- Hearing aids (coverage through age 12)
- Infertility treatment
- Routine eye care (Adult, One exam every 24 months)

### **Your Rights to Continue Coverage:**

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

### **Your Grievance and Appeals Rights:**

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your [appeal](#). Contact the program for this [plan's](#) situs state: State of Connecticut Office of the Health Care Advocate at (866) 466-4446. However, for information regarding your own state's consumer assistance program refer to [www.healthcare.gov](http://www.healthcare.gov).

### **Does this plan provide Minimum Essential Coverage? Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### **Does this plan meet the Minimum Value Standards? Yes**

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

### **Language Access Services:**

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

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

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

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

----- To see examples of how this plan might cover costs for a sample medical situation, see the next section. -----

**About these Coverage Examples:**



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

**Peg is Having a Baby**

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

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

**This EXAMPLE event includes services like:**

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

**Total Example Cost** **\$12,800**

**In this example, Peg would pay:**

|                                   |                |
|-----------------------------------|----------------|
| <i>Cost Sharing</i>               |                |
| Deductibles                       | \$2,000        |
| Copayments                        | \$0            |
| Coinsurance                       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$10           |
| <b>The total Peg would pay is</b> | <b>\$2,010</b> |

**Managing Joe's type 2 Diabetes**

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

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

**This EXAMPLE event includes services like:**

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

**Total Example Cost** **\$7,400**

**In this example, Joe would pay:**

|                                   |                |
|-----------------------------------|----------------|
| <i>Cost Sharing</i>               |                |
| Deductibles                       | \$2,000        |
| Copayments                        | \$0            |
| Coinsurance                       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$200          |
| <b>The total Joe would pay is</b> | <b>\$2,200</b> |

**Mia's Simple Fracture**

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

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

**This EXAMPLE event includes services like:**

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

**Total Example Cost** **\$1,900**

**In this example, Mia would pay:**

|                                   |                |
|-----------------------------------|----------------|
| <i>Cost Sharing</i>               |                |
| Deductibles                       | \$1,900        |
| Copayments                        | \$0            |
| Coinsurance                       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$0            |
| <b>The total Mia would pay is</b> | <b>\$1,900</b> |

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

The Co-Pay Dental plan covers diagnostic, preventive and restorative procedures necessary for adequate dental health.

**COVERED SERVICES INCLUDE:**

- ✓ Oral Examinations
- ✓ Periapical and bitewing x-rays
- ✓ Topical fluoride applications for members under age 19
- ✓ Prophylaxis, including cleaning, scaling and polishing
- ✓ Relining of dentures
- ✓ Repairs of broken removable dentures
- ✓ Palliative emergency treatment
- ✓ Routine fillings consisting of silver amalgam and tooth color materials; including stainless steel crowns (primary teeth)\*
- ✓ Simple extractions\*\*
- ✓ Endodontics-including pulpotomy, direct pulp capping and root canal therapy (excluding restoration)

\*Payment for an inlay, onlay or crown will equal the amount payable for a three-surface amalgam filling when the member is not covered by Dental Amendatory Rider A.

\*\*Payment for a surgical extraction or a hemisection with root removal will equal the amount payable for a simple extraction when the member is not covered by the Dental Amendatory Rider A.

**ACCESSING BENEFITS:**

**Participating Dentists Benefits**

When a member receives care from one of over 1,800 Participating Dentists, he or she simply presents his or her identification card showing dental coverage. The dentist bills us directly for all covered services. **For dental care provided by a Participating Dentist, we will pay the lesser of eighty percent of the dentist's usual charge or eighty percent of the Usual, Customary and Reasonable charge as determined by us.** The dentist accepts the allowance upon which the payment is based as payment in full and will make no additional charge to the member except for the remaining coinsurance balance.

**Non-Participating Dentists Benefits**

For covered dental services provided by a Non-Participating Dentist, in or out of Connecticut, we pay the lesser of eighty percent of the dentist's charge or the applicable allowance for the procedure, as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

*This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross and Blue Shield of Connecticut Co-Pay Dental Plan. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.*

**Effective July 1, 2016**  
**OPTIONAL FULL DENTAL PLAN**

The Full Dental Plan covers diagnostic, preventive and restorative procedures necessary for adequate dental health.

**COVERED SERVICES INCLUDE:**

- Oral Examinations
- Periapical and bitewing X-rays
- Topical fluoride applications for members under age 19
- Prophylaxis, including cleaning, scaling and polishing
- Relining of dentures
- Repairs of broken removable dentures
- Palliative emergency treatment
- Routine fillings consisting of silver amalgam and tooth color materials; including stainless steel crowns (primary teeth)\*
- Simple extractions \*\*
- Endodontics - including pulpotomy, direct pulp capping and root canal therapy (excluding restoration)

\*Payment for an inlay, onlay or crown will equal the amount payable for a three-surface amalgam filling when the member is not covered by Dental Amendatory Rider A.

\*\*Payment for a surgical extraction or a hemisection with root removal will equal the amount payable for a simple extraction when the member is not covered by the Dental Amendatory Rider A.

**ACCESSING BENEFITS:**

**Participating Dentists Benefits**

When a member receives care from one of our Participating Dentists, he or she simply presents his or her identification card showing dental coverage. The dentist bills us directly for all covered services.

For dental care provided by a Participating dentist, we will pay the lesser of the dentist's usual charge or the Usual, Customary and Reasonable Charge as determined by us. The dentist accepts our reimbursement as full payment and may not bill the member for any additional charges.

**Non-Participating Dentists Benefits**

For covered dental services provided by a Non-Participating Dentist, in or out of Connecticut, we pay the lesser of the dentist's charge or the applicable allowance for the procedure, as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

*This is not a legal contract. It is only a general description of the Preventive Plus Dental Plan benefits, limitations and exclusions. A complete listing of benefits, limitations and exclusions can be found in the Master Group Policy or Description of Benefits.*

## **Dental Amendatory Rider A Additional Basic Benefits**

In addition to the services provided under your dental program, the following additional basic benefits are provided:

- ◆ Inlays (not part of bridge)
- ◆ Onlays (not part of bridge)
- ◆ Crown (not part of bridge)
- ◆ Space Maintainers
- ◆ Oral surgery consisting of fracture and dislocation treatment, diagnosis and treatment of cyst and abscess, surgical extractions and impaction
- ◆ Apicoectomy

The dental services listed above are subject to the following qualifications:

We will pay for individual crowns, inlays and onlays only when amalgam or synthetic fillings would not be satisfactory for the retention of the tooth, as determined by us.

We will not pay for a replacement provided less than five (5) years following a placement or replacement which was covered under this Rider. We will not pay for individual crowns, inlays or onlays placed to alter vertical dimension, for the purpose of precision attachment of dentures, or when they are splinted together for any reason.

### **ACCESSING BENEFITS:**

#### **Participating Dentists Benefits**

Anthem Blue Cross and Blue Shield will pay the lesser of 50% of the dentist's usual charge or 50% percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

#### **Non-Participating Dentists Benefits**

In the event these services are rendered by a non-participating dentist, we will pay to the member the lesser of 50% of the dentist's charge or 50% of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

*This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross and Blue Shield Dental Amendatory Rider A. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.*

## DENTAL AMENDATORY RIDER B PROSTHODONTICS

The following prosthetic services are provided under Dental Amendatory Rider B:

- ◆ Denture, full and partial
- ◆ Bridges, fixed and removable
- ◆ Addition of teeth to partial dentures to replace extracted teeth

The dental services listed above are subject to the following qualifications:

Anthem Blue Cross & Blue Shield of Connecticut will pay for standard procedures for prosthetic services as determined by us. For fixed bridges, we will pay for the replacement of missing teeth and for one tooth on either side or two teeth on one side of the replacement. We will not pay for a denture or bridge replacement, which is provided less than five years following a placement or replacement, which was covered under the contract. We also not pay for crowns splinted together for any reason.

### ACCESSING BENEFITS:

#### *Participating Dentists Benefits*

Anthem Blue Cross & Blue Shield of Connecticut will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

#### *Non-Participating Dentist Benefits*

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

*This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider A. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.*