

AGREEMENT

Between

THE TOWN OF ENFIELD

And

LOCAL 1303-359 OF COUNCIL 4

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES

AFL-CIO

July 1, 2019 through June 30, 2022

Table of Contents

PREAMBLE.....	3
ARTICLE 1- RECOGNITION	3
ARTICLE 2-MANAGEMENT RIGHTS	4
ARTICLE 3- UNION SECURITY	5
ARTICLE 4- SENIORITY	5
ARTICLE 5- PROBATIONARY PERIOD	6
ARTICLE 6- PROMOTIONS	7
ARTICLE 7- HOURS OF WORK	8
ARTICLE 8- GRIEVANCE PROCEDURE	9
ARTICLE 9- DISCIPLINARY PROCEDURE	11
ARTICLE 10- VACATIONS.....	11
ARTICLE 11- LEAVE PROVISIONS	13
ARTICLE 12- HOLIDAYS	16
ARTICLE 13- WAGES.....	17
ARTICLE 14- INSURANCE & PENSION	17
ARTICLE 15- NONDISCRIMINATION	20
ARTICLE 16- NO STRIKE – NO LOCKOUT	21
ARTICLE 17- MISCELLANEOUS.....	21
ARTICLE 18- SAVINGS CLAUSE.....	22
ARTICLE 19- SAFETY COMMITTEE	22
ARTICLE 20- FSA AND CHET PLANS	22
ARTICLE 21- DURATION	Error! Bookmark not defined.
APPENDIX A - WAGES.....	24
APPENDIX B – FAMILY/MEDICAL LEAVE POLICY	25
APPENDIX C- HEALTH INSURANCE AND DENTAL PLAN.....	29

COLLECTIVE BARGAINING AGREEMENT
between
THE TOWN OF ENFIELD
and
LOCAL 1303 OF COUNCIL 4
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES
AFL-CIO

PREAMBLE

This agreement is entered into by and between the Town of Enfield, hereinafter referred to as the "Town" and Local 1303-359 of Council 4 of the American Federation of State, County and Municipal Employees, AFL-CIO, hereinafter referred to as the "Union" has, as its purpose the establishment of an equitable and peaceful procedure for the resolution of differences, and the establishment of rates of pay, hours of work and other conditions of employment.

ARTICLE 1
RECOGNITION

- 1.0 The Town of Enfield hereby recognizes the Union as the sole and exclusive bargaining agent for all clerical and secretarial employees of the Town of Enfield who work at least fifteen (15) hours per week but excluding seasonal employees, the payroll clerk, employees in the human resources and town manager's offices and any other statutory exclusions. For purposes of this contract employees shall be deemed seasonal workers if they are employed for less than one-hundred and twenty (120) consecutive calendar days in any fiscal year.
- 1.1 The term "Employer" shall mean the Town of Enfield, Connecticut, a municipal employer.
- 1.2 The term "Union" shall mean Local 1303-359 of Council 4, American Federation of State, County and Municipal Employees, AFL-CIO.
- 1.3 The terms "Contract" and "Agreement" shall mean the complete agreement and its specific terms.
- 1.4 The term "Employee" shall mean those persons employed by the employer as defined in Article 1.0.
- 1.5 The Town may employ temporary or seasonal employees provided no members of this bargaining unit who are qualified to perform the work involved are on layoff at the time.
- 1.6 The term "working days" shall mean Monday through Friday exclusive of holidays wherever it appears in this agreement.

ARTICLE 2
MANAGEMENT RIGHTS

- 2.0 Except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, the Employer has and will continue to retain, whether exercised or not, all 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 sole unquestioned right, responsibility and prerogative of management of the affairs of the Town and direction of the working forces, including but not limited to the following:
- a. To determine the care, maintenance and operation of equipment and property used for and in behalf of the purposes of the Town.
 - b. To establish or continue policies, practices and procedures for the conduct of Town business and, from time to time, to change or abolish such policies, practices or procedures.
 - c. To discontinue processes or operations.
 - d. To select and to determine the number and types of employees required to perform the Town's operations.
 - e. To employ, assign, assist, transfer, promote or demote employees, or to layoff, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons when it shall be in the best interest of the Town or the Department.
 - f. To prescribe and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the Town, provided such rules and regulations are made known in a reasonable manner to the employees affected by them.
 - g. To ensure the incidental duties connected with departmental operations, whether enumerated in job descriptions or not, shall be performed by employees.
 - h. To establish contracts or sub-contract for municipal operations, provided that this right shall not be used for the purpose or intention of undermining the Union or of discriminating against its members.
 - i. To create job specifications and revise existing job specifications, subject to the Union's right to challenge the accuracy of new or revised job specifications or the propriety of the assigned rate.

ARTICLE 3
UNION SECURITY

- 3.0 Employees may voluntarily become members of the Union in good standing and pay monthly union dues established by the Union or voluntarily pay a monthly agency fee at a rate established by the Union, neither of which is required as a condition of employment.
- 3.1 The Town agrees to deduct monthly union dues, or the monthly agency fee in lieu thereof, from the pay of employees who give voluntary written authorization for such deductions and to transmit dues or fees collected to the authorized Union Officer designated in writing to the Director of Human Resources of the Town of Enfield by the President and Treasurer of the Union. Should an employee who is voluntarily paying services fees revoke such authorization at any time, the Town will immediately cease those deductions pursuant to the revocation and as required by law. Should an employee who is voluntarily paying Union dues revoke such authorization, the Town will inform the Union of the revocation.
- 3.2 The Union agrees to indemnify and defend the Town of Enfield against claims, demands, suits or other forms of liability that shall arise out of or by the purpose of complying with the provisions of this article.
- 3.3 The total amount deducted each month, in accordance with the provisions of this Article, will be remitted by the Town, together with a list of the employees from whose wages such deductions have been made, to such individual and at such address as shall be specified by the Secretary of the Union. Such remittance shall be made by the last day of the month in which the deductions are made.
- 3.4 All employees in the collective bargaining unit shall, thirty (30) days from the date of this contract or from the date of their employment by the Town, become and remain members of the Union in good standing in accordance with the constitution and by-laws of the Union or pay the agency fee, during the term of this Agreement or any extension thereof, as a condition of employment.
- 3.5 The Town will place one (1) bulletin board in an accessible place in each building where bargaining unit members are employed for the exclusive use of the members.
- 3.6 The Town will provide each employee with a copy of this Agreement within thirty (30) days after the effective date of this Agreement. New employees will be given a copy of this agreement at the time of hire.

ARTICLE 4
SENIORITY

- 4.0 Seniority is defined as an employee's length of continual service within the bargaining unit since the most recent date of hire.

- 4.1 The Town of Enfield shall establish a seniority list, and the list shall be brought up to date July 1 of each year and a copy shall be delivered to the secretary of the local. Any objection to the seniority list, as made, shall be reported within ten (10) working days or it will be waived for the remainder of the fiscal year.
- 4.2 The Town and the Union shall incorporate existing job descriptions for every bargaining unit position.
- 4.3 Layoff Permitted. The Town may layoff an employee whenever it is deemed necessary by reason of shortage of work or funds, the abolition of the position, material change in the duties of the organization or for other related reasons which are outside the employee's control and which do not reflect discredit on the service of the employee.
- 4.4 Layoff Procedure. In the event of a layoff, an affected employee shall receive at least fourteen (14) calendar days written advance notice.
- 4.5 Order of Layoff. In the event of layoffs within a particular classification, employees in that classification shall be laid off in reverse order of seniority with probationary employees and temporary employees subject to layoff first. In lieu of layoff, an affected employee may elect to displace the least senior employee in any equal or lower classification in the bargaining unit for which the employee meets the requirements of the position.
- 4.6 Recall. Employees who are laid off shall have recall rights for a period of eighteen (18) months from the date of layoff to positions in the same or lower classifications from which they were laid off. The most senior employee presently qualified to perform the duties of the recalled position without further training beyond orientation will be offered the position before any other laid off employee. Employees shall have two (2) weeks from the date the Town sends a certified notice of recall to the employee at his last known address to return to the job.

ARTICLE 5
PROBATIONARY PERIOD

- 5.0 Purpose. The probationary or working test period shall be regarded as an integral part of the employment process and shall be utilized for closely observing the employee's work for securing the most effective adjustment of a new/promoted employee to measure if their performance meets the required work standards.
- 5.1 Duration of the Probationary Period. All employees shall be required to complete successfully a working test during a probationary period as follows:
 - a. Employees shall serve a probationary period of six (6) months for original appointments and two (2) months for promotional or lateral appointment.
 - b. In the case of promotion during the original probationary period, the employee shall, before attaining the status of a regular employee, serve either the remainder

of the original probationary period or the promotional period, whichever period is greater.

- 5.2 Interruption of the Probationary Period. No leave from service during the probationary period, with or without pay, shall be counted as a part of the total probationary service without the approval of the Town Manager.
- 5.3 Dismissal During Probationary Period for New Hires. At any time during the probationary period the Town may remove an employee from Town service. Upon such removal, the Department Head shall report to the Human Resources Director and to the employee removed his actions and reasons. No appeal is allowable from dismissal and it shall not be grieved under the grievance procedure by either the probationary employee or the Union.
- 5.4 Reinstatement to Former Class for Promoted Employees. An employee promoted or transferred who does not successfully complete his/her probationary period shall be transferred to a position in the class occupied by the employee immediately prior to his/her promotion. If such position has already been filled, the original incumbent shall be eligible to exercise bumping rights to regain his/her former position.

ARTICLE 6 PROMOTIONS

- 6.0 All vacancies and new positions shall be emailed to each member of the bargaining unit as a job posting. All job postings shall detail the pay, location and duties and the posting shall be for five working days and open to bid without exception. The Town will review all internal candidates for promotion prior to entertaining outside applicants for any vacant position.
- 6.1 When a vacancy exists or a new position is created, the position shall be first granted to the employee with the highest bargaining unit seniority who bids on the position, provided such employee is qualified for such position as determined by the Town as demonstrated by his/her work record and ability to perform the work. The Town reserves the right to conduct examinations to determine such qualification. Employees shall bid on a position by the closing date and time on the posting via the email system to the Human Resources Department with a copy to the Union Secretary.
- 6.2 The Town agrees that when technological changes take place within the department that require additional knowledge and/or skills on the part of its employees within their classification, such employees will be given the opportunity to acquire that knowledge and skill. The Town shall establish at its own expense, during regularly scheduled working hours, a training program for affected employees.

ARTICLE 7
HOURS OF WORK

7.0 Hours of Work for Town Hall and 786 Enfield Street

A. The basic work day shall be seven (7) hours per day, five (5) days per week Monday through Friday, from 9:00 a.m. to 5:00 p.m., with one (1) hour for lunch, in the middle of the workday.

B. Hours of Work for Police Department- The basic work day shall be seven (7) hours per day, five (5) days per week, Monday through Friday from 8:00 a.m. to 3:30 p.m. with one half (1/2) hour for lunch in the middle of the work day.

C. Hours of Work for the Senior Center and Day Care - The basic work day shall be seven (7) hours per day, five (5) days per week, Monday through Friday, 8:00 a.m. to 4:00 p.m. with one (1) hour for lunch in the middle of the work day.

D. Hours of Work for the Garage - The basic work day shall be seven (7) hours per day, five (5) days per week Monday through Friday, from 7:30 a.m. to 3:00 p.m. with one half (1/2) hour for lunch in the middle of the work day.

E. Part Time Employees - Will be scheduled to work between the hours of 8:00 a.m. to 8:00 p.m.

F. The above starting times and quitting times, in Art. 7.0 A-E inclusive, may be altered at the discretion of management by no more than 2 hours, e.g. an employee at Town Hall may be required to commence work at 11:00 a.m. and end at 7:00 p.m. or start at 7:00 a.m. and end at 3:00 p.m. The employer will give seven (7) calendar days notice of a change to work schedules.

G. Should the Town desire to schedule work other than on a Monday through Friday schedule or beyond the hours listed above the parties agree to negotiate the impact of this decision.

H. Time and one half shall be paid for all hours worked in excess of eight (8) in one day or 40 in one (1) week. If both the employee and the employer agree, in lieu of pay for overtime, compensatory time at the rate of time and one-half shall be earned for all hours worked in excess of eight (8) in one day or forty in one week. Said time must be used within 30 days from when it is earned, provided that all time must be used on or before June 30 of each year. If both the employer and the employee agree, in lieu of additional pay for one (1) hour worked above seven (7) hours in one day up to eight (8) hours in one (1) day, compensatory time at the rate of straight time shall be earned for the hour worked. Said time must be used during the week it is earned or during the following week. Compensatory time may be taken in hour increments up to seven (7) hours.

I. When an employee is called in outside of the employees regularly scheduled working hours and when such hours are not contiguous with the initial or terminal hour of the regular working hours, the employee will be paid a minimum of three (3) hours at time and one half (1 1/2) of the employees regular rate of pay.

J. Except as otherwise provided below, an employee who is not regularly scheduled to work on a Saturday, Sunday or holiday will be paid time and one half for all hours worked on a Saturday, Sunday or holidays. A bargaining unit employee who regularly works in the Public Works Department who is not regularly scheduled to work on a Saturday, Sunday or holiday will be paid:

1. Time and one half for all hours worked on a Saturday in the Public Works Department, and
2. Double time for all hours worked on a Sunday in the Public Works Department, and
3. Double time for all hours worked on holidays in the Public Works Department.

K. Full time employees assigned to work seven hours or more per day are entitled to two (2) ten (10) minute breaks, subject to the terms as agreed to in the MOA dated 4-4-00.

- 7.1 Overtime within classification and by Department (or division if a Department has more than one division) shall be equalized within twenty hours during a fiscal year. Any employee not equalized within 20 hours at the end of the fiscal year shall receive compensation at his/her regular hourly rate for the number of hours required to equalize them within 20 hours of the employee with the greatest amount of overtime in their classification and Department or Division.

ARTICLE 8 GRIEVANCE PROCEDURE

- 8.0 The purpose of this grievance procedure shall be to settle employee grievances on as low an administrative level as is possible and practical so as to ensure productivity and consistency with the contract.
- 8.1 A grievance shall be defined as a complaint concerning a claimed violation, misinterpretation or misapplication of a provision of this collective bargaining agreement or a prior practice reduced to writing and agreed to by the parties.
- 8.2 Grievances arising out of matters covered by this Agreement will be processed in the following manner:

STEP ONE: Employee and Immediate Supervisor. An aggrieved employee and/or the Union on behalf of any aggrieved employee shall within five (5) working days of the occurrence giving rise to the grievance, present in writing, to the immediate supervisor outside the bargaining unit of the employee the facts pertaining to the problem or incident.

The immediate supervisor shall answer the grievance within five (5) working days from the day the grievance is presented.

STEP TWO: Employee and Department Head: If the matter is not resolved, all the facts pertaining to the grievance shall be presented in writing to the Department Head within five (5) working days by the employee and/or the Union.

The Department Head shall notify the employee and/or his/her representative and his/her immediate supervisor of his/her decision in writing within five (5) working days from the day the grievance was submitted to him/her.

STEP THREE: Employee and Administrative Head. If the matter is still not resolved, the Union may request in writing, further review by the Town Manager or his/her designee within five (5) working days of the Department Head's decision.

Within ten (10) working days, thereafter, the Town Manager or his/her designee shall notify the grievant and his/her representative in writing of his/her decision.

STEP FOUR:

- a. Mediation. In the event the Union feels that further review is justified, the Union may elect to seek mediation of the grievance before the Connecticut State Board of Mediation and Arbitration. The Union's request for mediation shall be in writing and must be filed with the State Board not later than ten (10) working days following the Union's receipt of the written answer from Step 3. The Union will advise the Town Manager, in writing, of their submission of the grievance to mediation at the time of the filing.
- b. Arbitration. If the grievance is not resolved through mediation, the Union may seek arbitration of the grievance before the State Board of Mediation and Arbitration (SBMA). The Union's request for arbitration shall be in writing and must be filed with the SBMA within ten (10) working days of the mediation hearing. If the Union chooses to seek only arbitration of the grievance, they shall have ten (10) working days from receipt of the decision at Step 3 to file such a request with the SBMA. In either event, the Union will notify the Town Manager in writing of their submission of the grievance to arbitration at the time of filing.

- 8.3 Officers and stewards of the Union, not exceeding three (3) in number for contract negotiations when such negotiations take place during working hours, and one (1) officer for grievance sessions and the grievant shall be afforded time off without loss of pay to attend negotiation and grievance sessions. The Town will not pay such employees for any time spent beyond the employees' usual work hours, nor adjust work schedules to accommodate such attendance.

- 8.4 Failure at any step to appeal within the specified time lines shall be considered acceptance of the decision rendered. Extension of time limits may only be made by mutual agreement of the parties and must be made in writing.
- 8.5 At any point in the grievance process an employee(s) has the right to have a Union officer or Steward present.
- 8.6 The arbitrator(s) shall have no authority to add to or subtract from, or otherwise modify the terms of this Agreement.

ARTICLE 9
DISCIPLINARY PROCEDURE

- 9.0 Disciplinary actions shall include:
 - a. verbal warning;
 - b. written warning;
 - c. suspension without pay;
 - d. discharge.

And shall normally follow this order. Any of the aforementioned may be independently invoked.

- 9.1 All written warnings, suspensions and discharge of permanent employees must be for just cause and all discipline must be stated in writing with reason given and a copy given to the employee and the Union President at the time of the disciplinary action.

ARTICLE 10
VACATIONS

- 10.0 Accrual. Annual vacation leave with pay shall be earned by all regular full-time employees and part-time employees whose normal work week is twenty (20) hours or more in the following manner:

FULL YEARS OF SERVICE	DAYS PER FULL MONTH OF CONTINUOUS SERVICE	MAXIMUM EARNED DAYS PER YEARS OF CONTINUOUS SERVICE
Date of hire through 4 th full year	5/6 day	10 days per year
More than 4 yrs Through 6 th full year	1 1/4 days	15 days per year
More than 6 yrs Through 9 th full year	1 1/3 days	16 days per year

More than 9 yrs Through 12 th full year	1 1/2 days	18 days per year
More than 12 full yrs	1 2/3 days	20 days per year
More than 24 full years	2 1/12 days	25 days per year*

*Employees eligible to receive 25 days of vacation understand and agree that 5 of those vacation days cannot be used if such use would incur overtime in the department and that said employees will not receive a payout of those 5 days upon resignation or retirement.

- 10.1 Employees shall apply for vacation leave to their Department Head on a request for leave form. Vacations shall be scheduled by each Department Head in accordance with departmental requirements, giving preference to employee choices according to seniority within a department or its divisions. Approval of such leave shall not be unreasonably denied.
- 10.2 Vacation leave shall be determined by the length of continuous service. For purposes of computing vacation leave, employees who leave the Town service and are later restored shall be considered as new employees.
- 10.3 Vacation time must be used within one (1) year from the date when it accrues, unless other arrangements are approved in writing by the Town Manager. Vacation leave may not be granted until an employee has served a minimum six (6) months of continuous service. Accrued vacation earned prior to the implementation of this Agreement shall not be forfeited.
- 10.4 In the event of an employee's death, his/her designated beneficiary and, if none, his/her estate, shall receive on the basis of the employee's current wages, full compensation of any accumulated vacation leave.
- 10.5 Except as otherwise provided above, employees who resign in good standing or who are laid off after employment of six (6) months or more or who have retired from the Town service shall be paid for any unused vacation leave that has accrued to their last day of service. For the purposes of this Section, to resign in good standing, an employee shall give his Department Head a minimum of fourteen (14) calendar days prior notice unless the Town Manager agrees to permit a shorter period of notice. Said notice shall be in writing to the Department Head by the employee stating reasons for leaving the employ of the Town. Normally, leave time shall not be granted during said required period of notice.

ARTICLE 11
LEAVE PROVISIONS

Sick Leave

11.0 All regular full-time employees and part-time employees whose normal workweek is twenty (20) hours or more, upon completion of the probationary period shall accumulate sick leave at the rate of one and one-quarter (1-1/4) days per month (retroactive to the date of hire) for a total of fifteen (15) days in any one year with no limit to the amount of unused sick leave that can be accumulated. All employees hired after January 1, 2013, upon completion of the probationary period, shall accumulate sick leave at the rate of one (1) day per month of service for a total of twelve (12) days in any one year with no limit to the amount of unused sick leave that can be accumulated.

Each employee shall be entitled to use sick leave with full pay in minimum increments of one (1) hour or more, as has accrued to his/her credit. Each employee shall be notified of his/her accumulated sick leave as of July 1st of each year.

Sick Leave may be used for the following purposes:

- a. Personal illness or physical incapacity.
- b. Enforced quarantine in accordance with health regulations.
- c. For illness or physical incapacity in the employee's immediate family.

Accrued sick leave earned prior to implementation of this Agreement shall not be forfeited.

Employees who work less than twenty (20) hours per week and who were hired before November 14, 2003 who currently accrue sick leave will continue to accrue sick leave.

- 11.1 Proof of illness: In the event of three (3) or more consecutive days of absence on authorized sick leave, a doctor's certificate or other proof of illness shall be required upon request. The Town may require medical documentation from the employee's physician for questionable or excessive absences.
- 11.2 Report of illness: On the first day of absence from work due to illness, the employee shall report his/her illness to his/her immediate supervisor not later than thirty (30) minutes after the commencement of his/her scheduled work assignment. The immediate supervisor shall initiate an absence report form and forward such form to the Personnel Office after the employee's return and it shall become part of the employee's personnel file.
- 11.3 Any full time employee hired after December 31, 1999, who has worked for the Town for more than ten (10) years and who leaves Town service in "good standing" shall receive on the basis of his/her current wages, one-quarter (1/4) of any unused accumulated sick leave up to a maximum of one hundred twenty (120) days as severance pay. "Good standing" shall mean that the employee has given two (2) weeks notice prior to leaving. Any full time employee hired before January 1, 2000 who retires from Town service, receives a Town pension and who leaves in "good standing" will be entitled to full payment for all accrued sick leave up to a maximum of one hundred twenty (120) days.

11.4 In the event of an employee's death, his/her designated beneficiary, or if there is no designated beneficiary, then the employee's estate, shall receive, on the basis of the employee's current wages, one-quarter (1/4) of any unused accumulated sick leave days as severance pay up to (120) days.

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

- a. Jury Duty. Special leave shall be granted for required jury duty, with the Town paying the full difference between the employee's regular pay and his/her compensation for said jury duty. The employee will notify his/her Department Head at least one week in advance of jury duty.
- b. Bereavement Leave. Three (3) days special leave with pay shall be granted for death in the immediate family of an employee or the immediate family of his/her spouse. "Immediate family" for the purposes of this clause, is defined as parents, grandparents, spouse, brother, sister, child or grandchild, step-relation, son-in-law, daughter-in-law, brother-in-law, sister-in-law, parents-in-law, uncles, aunts, and also any relation who is domiciled in the employee's household.
- c. Injury Leave. In the event that an employee covered by this Agreement is injured while at work and, as a consequence of said injury, receives Workers' Compensation Disability Pay, said employee shall receive Workers' Compensation and Supplemental Pay that will equal full pay for a period not to exceed a total accumulation of one (1) year. At the end of said one (1) year, such supplemental benefits shall cease. All injuries must be immediately reported by the employee to his/her supervisor. Sick and vacation leave will not accrue for any employee who is out of work for thirty (30) calendar days on a workers compensation leave until said employee returns to a regular work status.
- d. Military Leave. Military Leave, not to exceed two (2) weeks, shall be granted to regular employees when required to serve a period on active reserve or national guard duty. During this period, the employee shall be paid the difference, if any, between his/her regular and military salary.
 1. No employee, shall lose any seniority standing because of military service in the National Guards or organized reservists.
 2. On return from involuntary activation into military service, an employee shall be reinstated in his/her former job or one of like rank and shall receive credit for the yearly increments awarded during his/her absence on military services provided that s/he reports for duty within ninety (90) days of his/her discharge from military service.
 3. The Town will pay to the employee's retirement fund the employer's annual assessment.

4. The employee's accumulation of sick leave, upon leaving for military service, shall be credited to his/her account when s/he returns, but there shall be no additional accumulation in the employee's absence.
 - e. Union Leave. Two (2) union officials shall be allowed the required time off without loss of pay to attend official Union conventions and conferences, not to exceed five (5) working days each annually.
 - f. Personal Leave. All regular full-time employees and part-time employees whose normal workweek is twenty (20) or more hours per week shall be allowed time off with pay for a maximum of three (3) days per year for personal business. Employees who work less than twenty (20) hours per week, who were hired before November 14, 2003 and who currently receive personal days will continue to earn three (3) personal days per year.
- 11.6 Family and Medical Leave Act. An employee may be granted a leave of absence under the Town of Enfield Family and Medical Leave Policy attached hereto.
 - 11.7 The Town Manager may grant leaves of absence without pay. The denial of said leave may not be grieved.
 - 11.8 During the period of leave without pay (exclusive of military leave), the employee shall not be credited for length of service, and shall not be credited with time for the purpose of accruing sick leave, vacation time, or personal days. While in military service an employee will not accrue days for sick leave, vacation leave, personal days, or holidays.
 - 11.9 CATASTROPHIC LEAVE. In the event that a member of the bargaining unit incurs a catastrophic illness or injury and exhausts their own sick leave and disability benefits, the remaining members of the bargaining unit, if approved by the Town Manager, may voluntarily donate sick days from their own accumulated sick leave for use by said employee. A catastrophic illness or injury is defined as a non-occupational prolonged hospitalization, terminal illness, or sudden or terrible illness or disease which has disabled an employee from the performance of his/her employment duties.
 - 11.10 An employee shall be reinstated from an approved leave of absence without pay, but without any preferred status from his/her prior employment to any position comparable to the position the employee last held with the Town.
 - 11.11 Any employee who is on leave of absence without pay, or military leave, shall not be paid for any holidays or accrue sick leave during the period of the absence. Any vacation time due to an employee at the time of taking a leave of absence without pay may be paid at that time. For any employee who is granted a leave of absence without pay, except for Family and Medical Leave, for a period that exceeds one calendar month, such employee's insurance benefits shall terminate on the first of the month following unless such employee requests that his/her insurance benefits be continued and submits the full premium costs

for such benefits to the Town for the period of such absence in a manner prescribed by the Personnel Office.

11.12 Absence Without Leave. An absence of an employee from duty, including an absence for a whole or part of a day, that is not authorized by a specific grant of leave of absence under the provisions of this Agreement shall be deemed an absence without leave. Any such absence shall be without pay and may be subject to disciplinary action. Any employee who is absent from work for three (3) consecutive full work days, or on three (3) separate full work day occasions without notifying his or her Department Head of the reason for such absence or absences shall be considered to have resigned from the Town service and shall be terminated.

ARTICLE 12
HOLIDAYS

12.0 The following holidays shall be observed as days off with full pay:

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
President's Day	Veteran's Day
Good Friday	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Independence Day	Christmas Day
Floating Holiday	

- 12.1 a. Holidays falling on a Saturday shall be celebrated on the preceding day.
- b. Holidays falling on a Sunday shall be celebrated on Monday.
- 12.2 Each employee's holiday pay shall be computed at his/her regular daily rate.
- 12.3 Whenever any of these holidays shall occur when an employee is out on paid sick leave or vacation, the employee shall be paid for the holiday and no charge to sick leave or vacation shall be made for that day.
- 12.4 In order to receive pay for an observed holiday, an employee must be in a work or paid leave status on his scheduled workday immediately preceding and following the holiday.

ARTICLE 13
WAGES

- 13.0 Wage scales, and classifications of positions are attached as Appendix A.
- a. Effective July 1, 2019, all hourly rates on the base wage schedules in effect on June 30, 2019 shall be increased by zero percent (0%). However, anyone retiring in this fiscal year will have their pension calculated as if they did receive a 3% raise this year.
 - b. Effective July 1, 2020, all hourly rates on the base wage schedules in effect on June 30, 2020 shall be increased by three percent (3%).
 - c. Effective July 1, 2021, all hourly rates on the base wage schedules in effect on June 30, 2021 shall be increased by three percent (3%).
- 13.1 Employees who work in a higher classification for a period of more than five (5) consecutive days, after being assigned in writing by a supervisor to do so, or who are promoted will receive their current rate plus three percent or the rate listed in Appendix A for that grade, whichever is higher.
- 13.2 Direct deposit-All employees will be paid through direct deposit effective July 1, 2004 and will furnish the Finance Department with the necessary information to arrange for said deposit.
- 13.3 Any employee required to use their own personal vehicle for Town business shall be reimbursed the current IRS rate per mile for each mile driven for such Town business.

ARTICLE 14
INSURANCE & PENSION

The Town shall provide and pay for the full cost of the following insurance for all employees who work thirty hours (30) or more per week (unless otherwise required by State or Federal law). Any employee currently working less than 30 hours per week and receiving life and disability insurance benefits upon ratification of this contract shall be considered "grandfathered" for purposes of this section.

- 14.0 Group Life Insurance for employees shall be \$50,000 including an additional \$30,000 coverage in the event of accidental death.
Group Life Insurance shall be \$3,000 for retirees.

The Town shall provide and pay for the full cost of the following insurance for all employees who work thirty hours (30) or more per week (unless otherwise required by State or Federal law). Any employee currently working less than 30 hours per week and receiving life and disability insurance benefits upon ratification of this contract shall be considered "grandfathered" for purposes of this section.

- 14.0 Group Life Insurance for employees shall be \$50,000 including an additional \$30,000 coverage in the event of accidental death. Group Life Insurance shall be \$3,000 for retirees.
- 14.1 The Town shall pay the full cost of each employee's weekly disability benefits of \$250.00 per week for a maximum of thirteen (13) weeks, commencing upon the exhaustion of the employee's accrued benefit time and any donated benefit time, for total disability as a result of an accidental injury or sickness as provided by the insurance contract in force.
- 14.2 The Town shall provide the following insurance or mutually agreed upon plan for all employees who work thirty (30) or more hours per week (unless otherwise provided by Federal and State law) and their dependents from the date of hire. Any employee currently working less than 30 hours per week and receiving health insurance benefits upon ratification of this contract shall be considered "grandfathered" for purposes of this section.
- a. Health Insurance. The Town shall provide the following insurance programs for those employees and their eligible dependents who choose to enroll in such insurance programs.
- 14.3 Effective as of July 1, 2018, the Town shall provide the following insurance program for those eligible employees and their eligible dependents that choose to enroll in the High Deductible/ plan ("HSA Plan"). Details of the group insurance benefits are outlined in Appendix C.
- a. \$1500/\$3000 In Network Deductible, 100% coinsurance after Deductible is satisfied in Network; \$3000/\$6000 Out of Network Combined Deductible 80% Coinsurance after Deductible is satisfied.
- b. 100% Preventive Coverage.
- c. Drug Coverage applies to Deductible.

In addition, the following terms apply: The Town will fund fifty percent (50%) of the applicable HSA deductible amount. The full amount of the Town's contribution toward the deductible will be deposited in the HSA accounts on or before July 15, 2018.

Employees acknowledge that the Town's HSA contributions are not an element of the underlying health insurance plan, but rather relate to the manner in which the deductible shall be funded for active employees.

- 14.4 Employee Contributions Toward Health Insurance Program. The employee contribution (pursuant to IRS Sec. 125) through payroll deduction shall be the following:

Effective July 1, 2019, bargaining unit members shall be required to contribute fifteen percent (15%)¹ of the cost of his or her insurance coverage through payroll deductions.

¹ Effective July 1, 2019, employees who have not participated and/or have not met the requirements of the Wellness Program for the previous year as determined by the Town will pay nineteen and one-half percent (19.5%) of the cost of the insurance coverage elected via payroll deduction.

Effective July 1, 2020, bargaining unit members shall be required to contribute fifteen percent (15%) of the cost of his or her insurance coverage through payroll deductions.

Effective July 1, 2021, bargaining unit members shall be required to contribute sixteen percent (16%)² of the cost of his or her insurance coverage through payroll deductions.

The Town shall have the right to implement a Wellness Program which shall be implemented on July 1, 2018. Employees who have not participated or that have not met the requirements of the Wellness Program for the previous year as determined by the Town will pay a higher premium cost sharing than those employees who have participated and met the requirements of the Wellness Program.

Effective July 1, 2021, employees' who have spouses that have not received a physical examination for the previous year, as determined by the Town, shall be deemed as not meeting the Wellness Program requirements and will be required to pay the increased rate for the applicable year.

14.5 Change of Carriers. The Town may from time to time change the carriers for any of the foregoing insurance, provided that the benefits shall be equivalent or better than those provided in the above referenced coverages. In the event that any carrier ceases operation or refuses to renew with the Town the Town will take all necessary actions to induce all other carriers to hold an open enrollment period within 30 calendar days.

14.6 Blue Cross 65/Blue Shield 65 - Retired Employees.

- a. Eligibility. Any employee, with 10 years of service with the Town and who has worked for the Town until age 55 or later who is retired by the Town of Enfield under the Pension Plan provided by Article 14.8 of this Agreement or any employee who has 10 years of service with the Town and who has worked for the Town until age 55 or later who receives retirement income either from the Town or as a result of service with the Town, shall be eligible for BC/BS 65 upon attaining age 65.
- b. Enrollment. Employees enrolled in the Town's group Blue Cross/Blue Shield plans shall automatically be enrolled in the Town's BC/BS 65 Plan for retirees. Retirees not enrolled in the Town's group BC/BS plans shall apply for membership in the Town's BC/BS 65 Plan upon attaining age 65.

² This rate only applies to employees who have actively participated and met the requirements of the Town's wellness program for the previous year as determined by the Town. Employees that have not met the requirements are expected to pay 22%.

- c. Type of Plan and Benefits. The hospital and medical insurance plan shall be the Connecticut Blue Cross 65/Blue Shield 65 Plan as prescribed by the Blue Cross/Blue Shield contract in force.
 - d. The Town shall pay the full Connecticut Blue Cross 65/Blue Shield 65 premium of each subscribing retiree.
 - e. Retirees shall be able to purchase Blue Cross/Blue Shield 65 coverage for their spouses at the Town's COBRA rate. Early retirees shall be able to continue coverage for themselves and dependents provided that they pay the COBRA rate for such coverage in a timely manner.
- 14.7 Employees are provided with retirement benefits under the Town of Enfield Pension Plan. Any changes made in the Pension Plan which would decrease the benefits available to employees or increase their rate of contribution shall be done only through collective bargaining. A copy of the Pension Plan shall be retained by the Union. Employees hired on or after July 1, 1999 must join the Town pension plan once they are eligible for said plan. Employees hired before July 1, 1999 who are members of the plan must remain members of the pension plan. Employees hired before July 1, 1999 who are not members of the plan, once eligible, will be given the opportunity to join the plan each July. Once they join the plan they must remain members of the plan.
- 14.8 Health Insurance Buy-back. An employee who is covered under alternate health insurance through another employer (e.g. spouse) may elect in writing, on a form provided by the Town, to waive coverage under the Town's health and dental insurance programs. Such employee shall receive \$500 if eligible for single coverage, \$1,000 if eligible for employee + one coverage, and \$1,500 if eligible for family coverage on or about December 1 of each year, and prorated as necessary based on the number of calendar months out of the preceding twelve (12) months during which the Town was not required to pay any premiums for health/dental coverage for the employee or his/her dependents. Re-entry into the Town's insurance program shall be permitted on the first day of January, April, July and October of each year.

ARTICLE 15
NONDISCRIMINATION

- 15.0 Neither the Town nor the Union shall discriminate against any employee on the basis of race, color, religion, national origin, age, sex, marital status, sexual orientation, physical or mental disability, union activity or political activity, or any other non-job related characteristic. Whenever the male gender is used in this Agreement, it shall be construed to include equally both male and female employees.

ARTICLE 16
NO STRIKE - NO LOCKOUT

- 16.0 No Strike. The Union, its officers, agents or employees agree that they will not instigate, promote, sponsor, engage in or condone any strike (including sympathy strikes), slowdown, or any other concerted stoppage of work. Employees who are not on duty maintain their right of freedom of expression provided there is no breach of this Section.
- 16.1 No Lockout. The Town will not instigate a lockout over a dispute with the Union so long as there is no breach of Section I of this Article.

ARTICLE 17
MISCELLANEOUS

- 17.0 Evaluations. Employees shall be given a copy of their evaluation form at the time they are required to sign it. Employees will be evaluated three (3) times during their first year and once a year after that. Evaluations will only be used for disciplinary and promotional purposes for a period of three (3) years from their date of issue. After probation has been completed, if an employee receives an overall rating of "below" he/she shall have the right to grieve said rating if the decision to rate the employee at "below" was arbitrary, capricious or discriminatory.
- 17.1 Deferred Compensation Plan. The Town shall continue established procedures for enrolling members of the bargaining unit in the Town recognized deferred compensation plan. Participation in this plan shall be at the discretion of each individual employee.
- 17.2 Tuition Reimbursement. Employees with six (6) months of continuous service may apply for an educational refund for a course or seminar for a certificate or toward a degree at an accredited college.
- a. The employee must submit to the department head for his/her approval (prior to the commencement of the course) a description of the course to be taken and a degree to which the course is credited, if applicable. This application must then be submitted to the Human Resources Director and Town Manager for approval.
 - b. The Human Resources Director or Town Manager has the prerogative to approve or disapprove such application depending on the nature of the course taken and the degree which is being matriculated for, and its relevancy to the employee's position in the Town. This decision may not be grieved.
 - c. When the application is approved, the employee will be reimbursed eighty percent (80%) of tuition cost up to \$400.00 (not including books), sixty (60) days after the submission of passing grades. The maximum allowance per fiscal year will be \$800.00 per employee.

- d. The Town reserves the right to limit the education refund program based on availability of funds.
- 17.3 Non-Waiver of Claim. Failure of the Town, the employees or the Union to insist upon compliance with a specific provision of this Agreement at any given time or times, shall not operate to waive or modify such provision in any manner whatsoever, to render it unenforceable as to any other time or times, or as to any other occurrences, provided the circumstances are the same.

ARTICLE 18
SAVINGS CLAUSE

- 18.0 Should any article, section or portion thereof of this Agreement be held unlawful and unenforceable by any court of competent jurisdiction such decisions shall apply only to the specific article, section or portion thereof directly related to the decision. Upon issuance of such a decision, the parties agree, where applicable, to negotiate a substitute for the invalidated article, section or portion thereof.
- 18.1 This contract represents complete collective bargaining and full agreement by the parties in respect to rates of pay, wages, hours of employment, or other conditions of employment which shall prevail during the term hereof and any matters not herein covered have been satisfactorily adjusted, compromised, or waived by the parties for the life of this agreement.

ARTICLE 19
SAFETY COMMITTEE

- 19.0 A joint safety committee shall be formed by the Town and the Union and said committee shall meet to review and discuss safety and health conditions.

ARTICLE 20
FSA AND CHET PLANS

- 20.0 The Town's flexible spending account and section 125 plan will be made available to the employees per the Agreement between the Town and the carrier. The monthly participant cost and annual fees, if any, for this plan will be borne by the employees opting to enroll in the account and plan. Enrollment is optional to all employees covered by this Agreement.
- 20.1 The Town will provide for payroll deduction of contributions to the Connecticut Higher Education Trust Fund for all employees.

ARTICLE 21
DURATION

- 21.0 This contract shall be in full force and effect through June 30, 2022 and shall continue in effect thereafter, unless amended or modified in the manner prescribed below, or

terminated in accordance with the law. All changes shall be implemented as soon as possible after execution of this Agreement, except where other specific effective dates are called for in this Agreement.

21.1 Between the first day of January and the first day of February, 2022 either party may notify the other party if it wishes to amend or modify the contract as of July 1, 2022. Within thirty (30) days of such notification, the party receiving such notification shall meet with the other party to discuss the proposed amendments or modifications.

SIGNED ON THIS 4th DAY OF MAY
IN THE YEAR 2020.

BY:
TOWN OF ENFIELD
William V. Billander
William V. Billander

LOCAL 1303-359 OF COUNCIL 4
Lynna Marie Clinger
President
Anthony J. B...

APPENDIX A - WAGES

Grade	Classifications	Increase	Fiscal Year	Hourly	Annual
Entry Level	Receptionist	0.00%	2019-2022	\$ 20.16	\$ 36,691.20
1	Secretary I	0.00%	2019-2020	\$ 20.16	\$ 36,691.20
		3.00%	2020-2021	\$ 20.76	\$ 37,791.94
		3.00%	2021-2022	\$ 21.39	\$ 38,925.69
1A	Public Safety Administrator (.55 bump)*	0.00%	2019-2020	\$ 20.71	\$ 37,692.20
	*(Effective April 7, 2020)	3.00%	2020-2021	\$ 21.33	\$ 38,822.97
		3.00%	2021-2022	\$ 21.97	\$ 39,987.65
2	Administrative Assistant	0.00%	2019-2020	\$ 22.81	\$ 41,514.20
	Secretary II	3.00%	2020-2021	\$ 23.49	\$ 42,759.63
	Tax Clerk I	3.00%	2021-2022	\$ 24.20	\$ 44,042.41
3	Accounting Clerk	0.00%	2019-2020	\$ 23.74	\$ 43,206.80
	Accounts Payable Clerk	3.00%	2020-2021	\$ 24.45	\$ 44,503.00
	Assessment Clerk	3.00%	2021-2022	\$ 25.19	\$ 45,838.09
	Senior Public Safety Administrator				
	Secretary III				
	Tax Clerk II				
4	Legal Assistant	0.00%	2019-2020	\$ 24.67	\$ 44,899.40
		3.00%	2020-2021	\$ 25.41	\$ 46,246.38
		3.00%	2021-2022	\$ 26.17	\$ 47,633.77

APPENDIX B

TOWN OF ENFIELD

FAMILY/MEDICAL LEAVE POLICY

<i>Issues</i>	<i>Personal serious health condition</i>	<i>Birth, adoption or foster care</i>	<i>Serious health condition of child, parent or spouse</i>
Employment Eligibility	Employed at least 12 Months and work at least 1250 hours during the fiscal year.	Same.	Same
Effective Date	August 5, 1993 for non-bargaining unit employees; February 5, 1994 for union members.	Same.	Same
Who qualifies?	Employees who meet eligibility criteria above.	An employee who is either the father or the mother can take family leave for the birth, placement for adoption or foster care of a child. Sec 825.112, Family Medical Leave Act for qualifying circumstances under which family leave may be taken for adoption or foster care. Eligibility for leave expires 12 months after the event. Leave must be completed by the one year anniversary of the event.	An employee who has a biological child, adopted child, foster child, step-child, legal ward or a child under 18 for whom the employee stands in loco parentis. An employee who has a child (defined above) age 18 or older who is incapable of self-care due to mental or physical disability. An employee who has a biological parent, former legal guardian, or someone who raised the employee in place of a parent. An employee who has a spouse as legal husband or wife.
Serious Health Condition Defined	Illness, injury, impairment or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility; or Continuing treatment by a health care provider. Excludes short term conditions for which treatment and recovery are brief such as illness lasting a few days. Pregnancy/Maternity Leave taken shall count toward FMLA leave.	Not applicable.	Illness, injury, impairment or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility; or Continuing treatment by a health care provider. Excludes short term conditions for which treatment and recovery are brief such as illness lasting a few days. Pregnancy/Maternity Leave taken shall count toward FMLA leave.
Intermittent or Reduced Leave	Leave may be intermittent or reduced if medically necessary.	Leave may be intermittent or reduced only if employer agrees.	Leave may be intermittent or reduced if medically necessary.
Ability to temporarily		Same.	Same.

<i>Issues</i>	<i>Personal serious health condition</i>	<i>Birth, adoption or foster care</i>	<i>Serious health condition of child, parent or spouse</i>
transfer to another position	Yes, if employee is on intermittent or reduced leave to position of equivalent pay and benefits.		
Provisions if Both Spouses Work For the Town	12 weeks leave each for their respective personal serious health condition(s).	A combined total of 12 weeks of leave which may or may not be taken concurrently. However, if both employees work in the same department then the leave cannot be taken on the same scheduled work days.	2 weeks of leave each which may or may not be taken concurrently. However, if both employees work in the same department, then the leave cannot be taken on the same scheduled work days, except for the serious health condition of the spouse.
Restoration to Position	Must be restored to the same position held prior to the leave; or To a position that is equivalent in pay, benefits, privileges and other conditions and terms of employment. An employee has no greater right to reinstatement or to benefits and conditions of employment than if the employee had been continuously employed during the FMLA leave period.	Same.	Same.
Notification	Employee must provide 30 days notice when need for leave is foreseeable. Otherwise notice must be given as soon as practicable.	Same.	Same.
Medical Certification	Certification for illnesses shall include the date the serious health condition began, duration of the condition, applicable medical facts, statement that the employee is unable to perform the functions of the job, and medical reasons for any intermittent or reduced leave requests (if applicable).	Not applicable.	Certification for illness shall include the date the serious health condition began, duration of the condition, applicable medical facts, statement that the employee is needed to care for the ill person, an estimate of how long the employee will be needed, and/or medical reasons for any intermittent or reduced leave requests.
Second and Third Opinions	The Town may request and pay for a second opinion from a physician of the Town's choice. Either the employee or the Town may request a third opinion if the 1st two opinions conflict. A third opinion shall be paid for by the Town and both the Town and the Employee must agree on the provider. The decision of the third opinion is final.	Not applicable.	The Town may request and pay for a second opinion from a physician of the Town's choice. Either the employee or the Town may request a third opinion. A third opinion shall be paid for by the Town and both the Town and the employee must agree on the provider. The decision of the third opinion is final.

<i>Issues</i>	<i>Personal serious health condition</i>	<i>Birth, adoption or foster care</i>	<i>Serious health condition of child, parent or spouse</i>
Certification for Return to Work	Certification of fitness for duty may be required of all employees taking FMLA leave.	Certification of fitness for duty may be required of all employees taking FMLA leave.	Not applicable.
Relationship to Paid Leave	<p>Employee may utilize accrued sick leave, then may request unpaid leave for the duration of the FMLA leave.</p> <p>The employee may substitute accrued vacation leave in place of all or part of the unpaid leave, if s/he so desires.</p>	<p>If the employee is the birth mother, accrued sick leave must be utilized first for the period of disability. After the disability, the employee may request unpaid leave for the remainder of the FMLA leave for the care of the child. Accrued vacation time can also be used in lieu of all or part of the unpaid leave if the employee so desires.</p> <p>If the employee is not the birth mother, s/he may request unpaid leave or use accrued vacation time in lieu of all or part of the unpaid leave for the duration of the FMLA leave.</p>	Employees may use up to 15 family sick days, then may request unpaid leave or the accrued vacation time in lieu of all or part of the unpaid leave, for the duration of the FMLA leave.
Sick Leave and Vacation Leave Accruals	Sick and vacation leave shall not accrue for any full calendar month in which the employee is not in a regular paid status. Sick and vacation time will accrue during the employee's use of paid sick leave and/or paid vacation leave for any portion of FMLA leave.	Same.	Same.
Maintenance of Medical, Dental and Life Insurance Benefits	The Town will maintain group medical, dental and life insurance coverage for the duration of the FMLA leave provided that the employee make the necessary payment(s) for that portion of the insurance premium that s/he would have had to make had s/he not taken FMLA leave. In the event that the employee does not return to work when the FMLA leave expires, s/he shall be able to continue medical and dental coverage under COBRA at his/her own expense at the COBRA rates. Failure to continue coverage under COBRA will remain in the expiration of medical and dental coverage at the end of the month when such FMLA leave has expired. Life insurance coverage expires when FMLA leave expires if the employee does not return to work.	Same.	Same.

<i>Issues</i>	<i>Personal serious health condition</i>	<i>Birth, adoption or foster care</i>	<i>Serious health condition of child, parent or spouse</i>
Miscellaneous	<p>All requests for FMLA leave must be documented including whether or not the leave was granted and reasons for the denial where that is the case.</p> <p>The Family Medical Leave Act prohibits an employer from putting any restraint on an employee for exercising his/her rights under the FMLA. The Town may not penalize or discipline an employee for requesting or using the FMLA provisions.</p> <p>The 12 month period for FMLA purposes will coincide with the Town's fiscal year (July 1-June 30). Each employee shall be allowed a combined total of 12 weeks of FMLA leave per year (except when both spouse work for the Town as described above).</p> <p>Medical information and documentation shall be treated as confidential medical records and shall be kept in a confidential file separate from the employee's personnel file.</p> <p>The parties agree that existing contractual benefits will remain in effect in accordance with existing collective bargaining agreement.</p>		
Date of Adoption	The above provisions were agreed to by the parties as indicated on the signature page of this collective bargaining agreement.		

APPENDIX C

Cigna Dental Benefit Summary
Enfield Town - All Others (DENT2)
Plan Renewal Date: 07/01/2019



Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

Cigna Dental PPO				
Network Options	In-Network: Total Cigna DPPO Network		Non-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Based on Billed Charge	
Calendar Year Benefits Maximum Applies to: Class II & III expenses	Unlimited		Unlimited	
Calendar Year Deductible				
Individual	\$0		\$0	
Family	\$0		\$0	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings (amalgam and composite) Endodontics: minor and major Oral Surgery: minor and major Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments Crowns: prefabricated stainless steel / resin	100% No Deductible	No Charge	100% No Deductible	No Charge
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: permanent cast and porcelain Bridges and Dentures	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Billed Charge. The dentist may balance bill up to their usual fees.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			
Late Entrant Limitation Provision	No coverage until next open enrollment. This provision does not apply to new hires.			
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.			
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. This provision does not apply to fillings.			

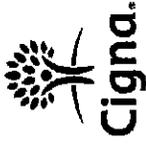
Oral Health Integration Program (OHIP)	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations	2 per calendar year
X-rays (routine)	Bitewings: 1 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy
Fluoride Application	2 per calendar year for children under age 19
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14
Space Maintainers	Limited to non-orthodontic treatment for children under age 19
Inlays, Crowns, Bridges, Dentures and Partial Denture and Bridge Repairs	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Reviewed if more than once
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation
Prosthesis Over Implant	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not included in the list of covered dental expenses;	
Occlusal guards and repairs; Anesthesia: general and IV sedation; Periodontics: minor and major	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;	
Periodontics: bite registrations; splinting;	
Prosthodontic: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines;	
Implants: implants or implant related services; Orthodontics: orthodontic treatment;	
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;	
Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs	
Charges in excess of the Billed Charge.	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms (for insured dental plans) in OK: HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); OR: HP-POL68; TN: HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

**Cigna Health and Life Insurance Co.
For - Enfield & Board of Education, Town of
Choice Fund Open Access Plus HRA Plan**



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

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

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

Employer Contribution	Employee - \$750 Employee + 1 - \$1,500 Family - \$1,500
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Lifetime Maximum	Unlimited
Plan Coinsurance	Your plan pays 100%
Maximum Reimbursable Charge	Not Applicable
Contract Year Deductible	Individual: \$1,500 Family: \$3,000

- The amount you pay for all covered expenses counts towards both your in-network and out-of-network deductibles.
 - Copays always apply before plan deductible and coinsurance.
 - All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan.
 - This plan includes a combined Medical/Pharmacy plan deductible.
 - Prescription medications used to prevent any of the following medical conditions are not subject to the individual and/or family plan deductible: hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke, prenatal nutrient deficiency.
- Note:** Services where plan deductible applies are noted with a caret (^).

Individual: \$3,000
Family: \$6,000

Individual: \$3,000
Family: \$6,000

Contract Year Out-of-Pocket Maximum

- The amount you pay for all covered expenses counts towards both your in-network and out-of-network out-of-pocket maximums.
- Plan deductible contributes towards your out-of-pocket maximum.
- All copays and benefit deductibles contribute towards your out-of-pocket maximum.
- Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum.
- All eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100%.
- This plan includes a combined Medical/Pharmacy out-of-pocket maximum.

Physician Services - Office Visits

Physician Office Visit – Primary Care Physician (PCP)/Specialist	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).		
Surgery Performed in Physician's Office	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Allergy Treatment/Injections Performed in Physician's Office	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Allergy Serum	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%

- Dispensed by the physician in the office

Cigna Telehealth Connection Services

- Includes charges for the delivery of medical and health-related consultations via secure telecommunications technologies, telephones and internet only when delivered by contracted medical telehealth providers (see details on myCigna.com)

Preventive Care

Preventive Care	Plan pays 100%	After the plan deductible is met, your plan pays 80%
<ul style="list-style-type: none"> Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit. 		

Immunizations

Plan pays 100%

After the plan deductible is met, your plan pays 80%

Plan pays based on Place of Service.

Mammogram, PAP, and PSA Tests

- Coverage includes the associated Preventive Outpatient Professional Services.
- Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on Place of Service.

Inpatient

Inpatient Hospital Facility Services	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
<p>Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)): In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate</p>		
Inpatient Hospital Physician's Visit/Consultation	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Inpatient Professional Services <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Outpatient		
Outpatient Facility Services	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Outpatient Professional Services <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Short-Term Rehabilitation - PCP	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Short-Term Rehabilitation - Specialist	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Contract Year Maximums: <ul style="list-style-type: none"> Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – Unlimited days 		
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum.		
Cardiac Rehabilitation - PCP	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Cardiac Rehabilitation - Specialist	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Contract Year Maximum: <ul style="list-style-type: none"> Cardiac Rehabilitation – 36 days 		
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum.		

7/1/2019
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Other Health Care Facilities/Services

Home Health Care (includes outpatient private duty nursing subject to medical necessity) <ul style="list-style-type: none"> • Unlimited days maximum per Contract Year • 16 hour maximum per day 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities <ul style="list-style-type: none"> • 180 days maximum per Contract Year 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Durable Medical Equipment <ul style="list-style-type: none"> • Unlimited maximum per Contract Year 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Breast Feeding Equipment and Supplies <ul style="list-style-type: none"> • Limited to the rental of one breast pump per birth as ordered or prescribed by a physician • Includes related supplies 	Your plan pays 100%	After the plan deductible is met, your plan pays 80%
External Prosthetic Appliances (EPA) <ul style="list-style-type: none"> • Unlimited maximum per Contract Year 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Routine Foot Disorders Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.	Not Covered	Not Covered
Hearing Aid <ul style="list-style-type: none"> • Includes testing and fitting of hearing aid devices at Physician Office Visit cost share. • Coverage through age 12 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Routine Hearing Exam <ul style="list-style-type: none"> • One exam every two Contract Years 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Early Intervention Services <ul style="list-style-type: none"> • Birth to Age 3 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Wigs <ul style="list-style-type: none"> • Unlimited maximum per Contract Year 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 100%

7/1/2019

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Choice Fund Health Reimbursement Account (HRA) Open Access Plus - Proclaim BE - OAP HDHP HRAF/HRAI/RHRAF/RHRA1 - 8501646. Version# 14

Medical Specialty Drugs

<p>Inpatient</p> <ul style="list-style-type: none"> This benefit applies to the cost of the Infusion Therapy drugs administered in an Inpatient Facility. This benefit does not cover the related Facility or Professional charges. 	<p>After the plan deductible is met, your plan pays 100%</p>	<p>After the plan deductible is met, your plan pays 80%</p>
<p>Outpatient Facility Services</p> <ul style="list-style-type: none"> This benefit applies to the cost of the Infusion Therapy drugs administered in an Outpatient Facility. This benefit does not cover the related Facility or Professional charges. 	<p>After the plan deductible is met, your plan pays 100%</p>	<p>After the plan deductible is met, your plan pays 80%</p>
<p>Physician's Office</p> <ul style="list-style-type: none"> This benefit applies to the cost of targeted Infusion Therapy drugs administered in the Physician's Office. This benefit does not cover the related Office Visit or Professional charges. 	<p>After the plan deductible is met, your plan pays 100%</p>	<p>After the plan deductible is met, your plan pays 80%</p>
<p>Home</p> <ul style="list-style-type: none"> This benefit applies to the cost of targeted Infusion Therapy drugs administered in the patient's home. This benefit does not cover the related Professional charges. 	<p>After the plan deductible is met, your plan pays 100%</p>	<p>After the plan deductible is met, your plan pays 80%</p>

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

Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Laboratory	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% [^]	Plan pays 80%	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Plan pays 100% [^]	Plan pays 80%
Radiology	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Not Applicable	Not Applicable	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Plan pays 100% [^]	Plan pays 80% [^]

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

Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility			Outpatient Facility		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Advanced Radiology Imaging	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Not Applicable	Not Applicable	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Outpatient Facility Services	Covered same as plan's Outpatient Facility Services	Covered same as plan's Outpatient Facility Services
Advanced Radiology Imaging (ARI) includes MRI, MRA, CAT Scan, PET Scan, etc. Note: All lab and x-ray services, including ARI, provided at Inpatient Hospital are covered under Inpatient Hospital benefit										
Benefit	Emergency Room / Urgent Care Facility		Outpatient Professional Services		*Ambulance					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network				
Emergency Care	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^				
Urgent Care	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Not Applicable*	Not Applicable*				
*Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.										
Benefit	Inpatient Hospital and Other Health Care Facilities				Outpatient Services					
	In-Network		Out-of-Network		In-Network		Out-of-Network			
Hospice	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^		
Bereavement Counseling	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^		

Note: Services provided as part of Hospice Care Program

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

Benefit	Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)		Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Delivery - Facility (Inpatient Hospital, Birthing Center)			
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Maternity	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ^	Plan pays 80% ^	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit

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

7/1/2019

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Choice Fund Health Reimbursement Account (HRA) Open Access Plus - Proclaim BE - OAP HDHP HRAF/HRAI/RHRAF/RHRA1 - 8501646. Version# 14

Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Abortion (Elective and non-elective procedures)	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Covered same as plan's Inpatient Professional Services	Covered same as plan's Inpatient Professional Services	Covered same as plan's Outpatient Professional Services	Covered same as plan's Outpatient Professional Services
Family Planning - Men's Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Covered same as plan's Inpatient Professional Services	Covered same as plan's Inpatient Professional Services	Covered same as plan's Outpatient Professional Services	Covered same as plan's Outpatient Professional Services
Includes surgical services, such as vasectomy (excludes reversals)										
Family Planning - Women's Services	Plan pays 100%	Covered same as plan's Physician's Office Services	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Covered same as plan's Inpatient Professional Services	Plan pays 100%	Covered same as plan's Outpatient Professional Services
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.										
Infertility	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Covered same as plan's Inpatient Professional Services	Covered same as plan's Inpatient Professional Services	Covered same as plan's Outpatient Professional Services	Covered same as plan's Outpatient Professional Services
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. Unlimited maximum per lifetime										
TMJ, Surgical and Non-Surgical	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Covered same as plan's Inpatient Professional Services	Covered same as plan's Inpatient Professional Services	Covered same as plan's Outpatient Professional Services	Covered same as plan's Outpatient Professional Services
Services provided on a case-by-case basis. Always excludes appliances & orthodontic treatment. Subject to medical necessity. Unlimited maximum per lifetime										
Note: Services where plan deductible applies are noted with a caret (^).										

7/1/2019

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Choice Fund Health Reimbursement Account (HRA) Open Access Plus - Proclaim BE - OAP HDHP HRAF/HRAI/RHRAF/RHRA 1 - 8501646. Version# 14

Benefit	Inpatient Hospital Facility		Inpatient Professional Services			
	Cigna LifeSOURCE Transplant Network® Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Cigna LifeSOURCE Transplant Network® Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network
Organ Transplants	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Covered same as plan's Inpatient Professional Services	Covered same as plan's Inpatient Professional Services
<ul style="list-style-type: none"> Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility: In-Network: \$10,000 maximum per Transplant 						
Note: Services where plan deductible applies are noted with a caret (^).						
Benefit	Inpatient		Outpatient - Physician's Office		Outpatient - All Other Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	Plan pays 100%^	Plan pays 80% ^	Plan pays 100%^	Plan pays 80% ^	Plan pays 100%^	Plan pays 80% ^
Substance Use Disorder	Plan pays 100%^	Plan pays 80% ^	Plan pays 100%^	Plan pays 80% ^	Plan pays 100%^	Plan pays 80% ^
Note: Services where plan deductible applies are noted with a caret (^).						
Notes:						
<ul style="list-style-type: none"> Unlimited maximum per Contract Year Services are paid at 100% after you reach your out-of-pocket maximum. Inpatient includes Acute Inpatient and Residential Treatment. Outpatient - Physician's Office - includes Individual, family and group therapy, psychotherapy, medication management, etc. Outpatient - All Other Services - includes Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy) and Behavioral Telehealth Consultation, etc. Detox is covered under medical. 						
Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs						
Cigna Total Behavioral Health - Inpatient and Outpatient Management						
<ul style="list-style-type: none"> Inpatient utilization review and case management Outpatient utilization review and case management Partial Hospitalization Intensive outpatient programs Changing Lives by Integrating Mind and Body Program Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management. Narcotic Therapy Management Complex Psychiatric Case Management 						

Cost Share and Supply

Cigna Pharmacy Cost Share

- Retail – up to 90-day supply (except Specialty up to 30-day supply)
- Home Delivery – up to 90-day supply

Retail (per 30-day supply):

Generic: You pay \$5
 Preferred Brand: You pay \$25
 Non-Preferred Brand: You pay \$40

Retail (per 90-day supply):

Generic: You pay \$10
 Preferred Brand: You pay \$50
 Non-Preferred Brand: You pay \$80

Home Delivery (per 90-day supply):

Generic: You pay \$10
 Preferred Brand: You pay \$50
 Non-Preferred Brand: You pay \$80

Retail:

You pay 20%
 Your plan pays 80%

Home Delivery:
 Not Covered

- Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.
- Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or Cigna Home Delivery. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or Cigna Home Delivery to be covered by the plan.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- When patient requests brand drug, patient pays the generic cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW).
- Your pharmacy benefits share an annual deductible and out-of-pocket maximum with the medical/behavioral benefits. The applicable cost share for covered drugs applies after the combined deductible has been met.
- If you receive a supply of 34 days or less at home delivery (including a Specialty Prescription Drug), the home delivery pharmacy cost share will be adjusted to reflect a 30-day supply.

Preventive Drugs:

Federally required preventive drugs will not be subject to deductible and will be provided at no charge. In addition, In-Network preventive drugs and products will not be subject to deductible. This applies to drugs for:

- Hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke, prenatal nutrient deficiency

7/1/2019

ASO

Choice Fund Health Reimbursement Account (HRA) Open Access Plus - Proclaim BE - OAP HDHP HRAF/HRAI/RHRAF/RHRA1 - 8501646. Version# 14

Prescription Drug List:

Your Cigna Standard Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:

- Coverage includes Self Administered injectables and optional injectable drugs – but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Lifestyle drugs are covered - limited to sexual dysfunction.
- Oral Fertility drugs are covered.
- Prescription vitamins are covered.
- Prescription smoking cessation drugs are covered.

Pharmacy Clinical Management

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

- Prior authorization requirements.
- Quantity over time edits and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- Your plan includes access to the TheraCare® program which works with customers to help them better understand their condition, medications and their side effects in addition to why it's important to take their medications exactly as prescribed by a physician.

Case Management

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

Health Advisor - A

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

- Health Assessments
- Health and Wellness Coaching
- Gaps in Care Coaching
- Treatment Decision Support
- Educate and Refer

Included

7/1/2019

ASO

Choice Fund Health Reimbursement Account (HRA) Open Access Plus - Proclaim BE - OAP HDHP HRAF/HRAI/RHRAF/RHRA1 - 8501646. Version# 14

Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (200%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Contract Year deductible and maximum reimbursable charge limitations.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or if no amount is agreed to, the greater of the following: (i) the median amount negotiated with In-Network providers for the Emergency Service, excluding any In-Network copay or coinsurance; (ii) the Maximum Reimbursable Charge; or (iii) the amount payable under the Medicare program, not to exceed the provider's billed charges.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is also responsible for all charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

Medicare Coordination

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

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

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

Multiple Surgical Reduction

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

Pre-Certification - Continued Stay Review - PHS Inpatient - required for all inpatient admissions

In-Network: Coordinated by your physician

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

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

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

Your Health First - 200 - St. Louis Care Center
 Individuals with one or more of the chronic conditions, identified on the right, may be eligible to receive the following type of support:

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

Holistic health support for the following chronic health conditions:

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

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

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

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

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

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

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

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

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

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

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.

7/1/2019
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Choice Fund Health Reimbursement Account (HRA) Open Access Plus - Proclaim BE - OAP HDHP HRAF/HRAI/RHRAF/RHRA1 - 8501646. Version# 14

- Treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider or pharmacy is or has waived, reduced, or forgiven any portion of its charges and/or any portion of copayment, deductible, and/or coinsurance amount(s) you are required to pay for a Covered Expense (as shown on The Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Expense, or reduce the benefits in proportion to the amount of the copayment, deductible, and/or coinsurance amounts waived, forgiven or reduced, regardless of whether the provider represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.
- Charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug or Biologic therapies or devices that are determined by the utilization review Physician to be:
 - o Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed;
 - o Not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which its use is proposed;
 - o The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" sections of this plan; or
 - o The subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" sections of this plan.
- In determining whether drug or Biologic therapies are experimental, investigational and unproven, the utilization review Physician may review, without limitation, U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem.
- The following services are excluded from coverage regardless of clinical indications: acupuncture; dance therapy, movement therapy; applied kinesiology; and rolting.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental Injury to teeth are covered provided a continuous course of dental treatment is started within six months of an accident.
- For medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute guideline is covered if the services are demonstrated, through peer-reviewed medical literature and scientifically based guidelines, to be safe and effective for treatment of the condition.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.

7/1/2019

ASO

Choice Fund Health Reimbursement Account (HRA) Open Access Plus - Proclaim BE - OAP HDHP HRAF/HRAI/RHRAF/RHRA1 - 8501646. Version# 14

- Non-medical counseling and/or ancillary services including, but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, hypnosis, sleep therapy, return to work services, work hardening programs and driver safety courses.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prosthesis" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports (except for custom molds and diabetic shoes), elastic stockings, garter belts, corsets and dentures.
- Aids or devices that assist with non-verbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Routine refractions (unless coverage is specifically provided under this plan), eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs, unless Physician administration or oversight is required, injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a non-Participating Provider.
- Medical treatment when payment is denied by a Primary Plan because treatment was received from a non-Participating Provider.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under the benefit section.

7/1/2019

ASO

Choice Fund Health Reimbursement Account (HRA) Open Access Plus - Proclaim BE - OAP HDHP HRAF/HRAI/RHRAF/RHRA1 - 8501646. Version# 14

- Massage therapy.

These are only the highlights

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

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

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7/1/2019

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Danh cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주세요.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Cigna - برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki deyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

شماره فکری کنبد).
برای خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویزه ناشنایان: شماره 711 را