

AGREEMENT BETWEEN

**THE SIMSBURY ADMINISTRATIVE
& PROFESSIONAL EMPLOYEES ASSOCIATION,
CSEA, SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 2001**

AND

THE TOWN OF SIMSBURY

July 1, 2015 — June 30, 2019

TABLE OF CONTENTS

PREAMBLE2
ARTICLE I - Recognition2
ARTICLE 2 - Appointments and Vacancies2
ARTICLE 3 - Classifications.....4
ARTICLE 4 - Wages and Compensation.....5
ARTICLE 5 - Hours and Conditions of Employment7
ARTICLE 6 - Leaves of Absence8
ARTICLE 7 - Holidays11
ARTICLE 8 - Vacations11
ARTICLE 9 - Insurance and Other Benefits.....13
ARTICLE 10 - Separations.....19
ARTICLE 11 - Disciplinary Action.....21
ARTICLE 12 - Grievances and Arbitration Procedures22
ARTICLE 13 - Status Changes.....24
ARTICLE 14 - Management Rights.....25
ARTICLE 15 - Union Security26
ARTICLE 16 - Nondiscrimination26
ARTICLE 17 - Reimbursement for Courses26
ARTICLE 18 - Mileage Reimbursement.....27
ARTICLE 19 - Applicability27
ARTICLE 20 - Health and Safety.....28
ARTICLE 21 - Miscellaneous28
ARTICLE 24 - Duration30

APPENDIX A - Position Schedule31
APPENDIX B - Simsbury Administrative and Professional Wage Schedule32
APPENDIX C - Health Insurance Plan Design Summary.....33

PREAMBLE

This Agreement is made and entered into by and between the Town of Simsbury (hereinafter referred to as “the Town” or “the Employer”) and the Simsbury Administrative and Professional Employees Association, CSEA, Service Employees International Union Local 2001 (hereinafter referred to as “the Union”).

ARTICLE 1 Recognition

SECTION 1.1 The Town of Simsbury recognizes The Simsbury Administrative & Professional Employees Association, CSEA, Service Employees International Union Local 2001 as the sole and exclusive bargaining agent for all full-time administrative and professional employees who occupy positions covered by this Agreement (see Appendix A for covered positions), excluding department heads, supervisors (except those set forth in the Appendix), members of the Police Department, and all others excluded by the Municipal Employee Relations Act (hereinafter referred to as “the Act”), for the purpose of bargaining with respect to wages, hours and other terms and conditions of employment as mandated by the Act.

SECTION 1.2 The Town agrees to provide the Union with notice of any newly created or reclassified administrative or professional position. If there is any question as to which unit, if any, such new or reclassified position may belong, either the Town or the Union may file with the Connecticut State Board of Labor Relations a petition to determine whether the position or positions in issue properly belong in this bargaining unit.

ARTICLE 2 Appointments and Vacancies

SECTION 2.1 The Town shall post notices of all newly established positions within the bargaining unit and notices of vacancies within the bargaining unit which it wishes to fill on official boards in each department for a period of two (2) weeks. Such notice shall specify the title and salary range of the position, the nature of the work to be performed, the requisite qualifications, including experience for the position, and the closing date for receiving applications. Any employee who meets the minimum qualifications may submit his or her application to the Town. Nothing contained herein shall prohibit simultaneous outside advertisement of the position.

SECTION 2.2 Whenever the application of any bargaining unit member is rejected, the First Selectman, or designee, shall give written notice to the applicant of the reason of such rejection. The applicant may grieve such rejection.

If the matter is not resolved after Step 3 of the contractual grievance procedure, the Union may submit the issue to arbitration in accordance with the following:

- a. Within fifteen (15) days after the completion of Step 3, the Union shall give notice to the Town of its intent to pursue the issue to arbitration;

- b. Within seven (7) days of receipt of such notice, the parties shall select a neutral third party by mutual consent; and
- c. The neutral third party shall convene a hearing as soon as possible and shall issue a bench ruling. The neutral third party shall be limited to determining whether or not the grievant meets the minimum qualifications for the position. The parties shall share equally the cost of the neutral third party.

SECTION 2.3 Appointments to vacant bargaining unit positions shall be made on the basis of qualifications, skill and ability, work experience and work record. Internal bargaining unit applicants who are qualified for vacant positions shall be appointed over outside applicants. Where qualifications, skill and ability, work experience and work record are relatively equal among two or more internal bargaining unit applicants, seniority shall be the determining factor in appointment. Junior employees cannot grieve the selection of a more senior employee.

SECTION 2.4 Probationary Period - For securing the most effective adjustment of a newly hired individual and for determining that an employee's work meets required standards, all initial appointments are for a probationary period not to exceed twelve (12) months. In case of extended documented illness, the probationary period for a new employee may be extended to encompass twelve (12) months of actual work time.

Any bargaining unit member or member of another CSEA bargaining unit who has completed her or his regular probationary period in a position within the bargaining unit and who voluntarily transfers or is promoted to a different position either in the bargaining unit or in another CSEA bargaining unit shall serve a probationary period of two calendar months. If during this probationary period, the employee finds the new position unacceptable or the Town finds the employee unsuited to the new position, such employee shall be returned to the position from which the employee transferred or was promoted. During this period, the vacated position may be filled at the Town's discretion, on a temporary basis.

SECTION 2.5 Evaluation of Performance - During the probationary period, the department head shall submit quarterly reports to the First Selectman in writing, with a copy to the employee, evaluating the work of the employee. Upon successful completion of the probationary period, the employee shall be given written notice of such with a copy to the Union.

SECTION 2.6 Dismissal - During the initial probationary period, a department head may dismiss an employee with approval of the First Selectman. Dismissal during the probationary period shall be at the discretion of the Town in accordance with the Town Charter and may occur for no reason or for any reason including but not limited to demonstration of inability or unwillingness to perform the duties of the position, lack of dependability, habits which detract from job performance or incompatibility with the supervisor. Notification of such dismissal shall be in writing. Dismissal during the probationary period shall not be subject to grievance and/or arbitration.

SECTION 2.7 Temporary Appointments - Temporary appointments may be made when there is a bona fide vacancy which the Town has decided to fill, or when an employee is on extended leave of absence due to illness, leave of absence or other reasons. An appointment to a bona fide vacancy shall be for a period of not more than two months unless mutually agreed to otherwise.

Qualified bargaining unit employees shall have preference for such appointments. Employees, who are temporarily appointed to a higher classification within the bargaining unit for a full work day, shall be paid as if promoted to the position.

SECTION 2.8 Emergency Appointments - The Town, to facilitate the carrying on of public business or avoid loss or serious inconvenience to the public, when an emergency arises which will not permit the appointment of eligible persons, may appoint any qualified person during such emergency for a period of not more than ninety (90) work days unless mutually agreed to otherwise.

Qualified bargaining unit employees shall have preference for such appointments.

Employees, who are so appointed to a higher classification within the bargaining unit for a full work day, shall be paid as if promoted to the position.

SECTION 2.9 Notification - At the time of appointment or recall from a layoff, a letter signed by the First Selectman, or his/her designee, with a copy sent to the collective bargaining unit and the department head, will be prepared indicating the following:

- A. Rate of remuneration
- B. Hours of employment
- C. Flex-time schedule where applicable
- D. A copy of the job description of the position for which he or she has been hired.

ARTICLE 3 Classifications

SECTION 3.1 Classification of Positions - All positions substantially similar with respect to duties, responsibilities, authority and character of work shall be included within the same grade and the same schedule of compensation shall apply with equity under like working conditions to all positions in the same grade. No new position shall be allocated to a grade without negotiations and agreement with the Union, although the Town may make a temporary allocation pending negotiations.

SECTION 3.2 Whenever the Town creates a new job classification or changes an existing job, the Town shall notify the Union. Within seven (7) days following the receipt of the notice, the Union may request and negotiate concerning the appropriate pay rate for such new or changed classification. If the parties are unable to reach an agreement, the Union may submit the issue to arbitration.

SECTION 3.3 Reclassification - Positions, the duties of which have been changed materially so as to necessitate reclassification, shall be allocated to a more appropriate grade, whether newly created or currently existing, in the manner set forth in Section 3.1 and 3.2 above.

SECTION 3.4 Whenever an employee believes that his/her job consistently requires the performance of duties of a specific higher classification for a majority of the workday or if an individual's job has evolved over time to encompass additional duties, either the employee or the Union may request a hearing before the First Selectman relative to reclassification of the position in a manner consistent with the provisions of Section 3.1 above. Within thirty (30) days the First Selectman or designee shall hold a hearing and shall render a decision within ten (10) days following the hearing. If the matter remains unresolved following the decision of the First Selectman or designee, the matter may be pursued through the contractual grievance and arbitration procedures. Requests in accordance with this provision may not be made more than once in a two-year period regarding a specific position.

ARTICLE 4 Wages and Compensation

SECTION 4.1

Wage Rates The wage rates for full time employees (for the purpose of this Article, those employees who are regularly scheduled to work at least seventeen and one-half hours per week) shall be set forth in Appendix B of this Agreement. The wage rates for part-time employees (for the purposes of this Article, those employees who are not regularly scheduled to work at least seventeen and one-half hours per week) shall be set forth in Appendix B of the Agreement.

B. Wage Increases

1. Effective July 1, 2015 and retroactive thereto, the rates of pay for all bargaining unit employees shall be increased by two and a quarter percent (2.25%).
2. Effective July 1, 2016, the rates of pay for all bargaining unit employees shall be increased by two and a quarter percent (2.25%).
3. On or after January 1, 2017 the parties shall meet to negotiate any adjustments to wages for the duration of this Agreement.

C. Step Movement

Employees shall receive applicable step increases from July 1, 2011 through June 30, 2015, and such payments as appropriate shall be retroactive to the effective date under the contract.

SECTION 4.2 Starting Rate on Return from Military Service - Any employee who leaves the Town service to enter the Armed Forces shall be reinstated to the extent required by state and federal law.

SECTION 4.3 Rate of Pay on Transfer or Demotion - When an employee is transferred from a position in one grade to a position in the same grade at the same level, he/she continues to be paid at the same rate. When an employee is demoted to a lower grade, his/her salary is set at a rate in a lower grade which is closest to, but does not exceed the former salary rate.

SECTION 4.4 Rate of Pay on Promotion - When an employee is promoted, his/her rate of pay shall be in accordance with Appendix B on an appropriate step representing at least a five percent (5%) increase.

SECTION 4.5 Reserve Duty - Advance payment of salary is allowed to an employee called for Reserve Duty with the understanding that the employee will reimburse the Town the amount paid to him/her for Reserve Duty; such reimbursement amount is not to exceed the amount of advanced pay. The employee must sign an agreement to reimburse the Town the amount of his/her military pay if he/she wishes the Town to provide his regular pay prior to his/her submission of a military pay voucher. Normal payroll deductions and Town contributions for insurance purposes are continued to cover such periods.

SECTION 4.6 Payment - Employees shall be paid on a weekly basis, and the town will continue to provide direct deposit of pay checks.

SECTION 4.7 Authorized Leave - When absent because of authorized sick or vacation leave, each employee is paid at the regular rate.

SECTION 4.8 Absence Without Leave – An employee absent without authorized leave shall forfeit his or her pay for the entire duration of such absence and will be subject to disciplinary action up to and including dismissal.

SECTION 4.9 Payroll Deductions - Credit Union - Employees are eligible to join the Dutch Point Credit Union and to request from the Finance Department that deductions be made from paychecks and automatically be deposited in their Credit Union accounts.

SECTION 4.10 Rate of Pay on Recall

- A. When an employee is recalled from layoff to a position in the same grade as the employee held prior to layoff, the employee shall be paid at the rate for the step the employee held prior to being laid off.
- B. When an employee is recalled from layoff to a position in a grade higher than the employee held prior to layoff, the employee shall be paid at the same step the employee held in the lower class in the higher classification.
- C. When an employee is recalled from layoff to a position in a grade lower than the employee held prior to layoff, the employee shall be paid as if demoted to the lower grade from the step the employee held prior to being laid off.

ARTICLE 5
Hours and Conditions of Employment

SECTION 5.1 Attendance - All departments shall maintain weekly attendance records for all employees.

SECTION 5.2 Exempt and Non-exempt Employees - Employees in salary grade A-6 and above shall be considered exempt employees under applicable state and federal law, and employees in salary grade A-5 and below shall be considered to be non-exempt employees.

SECTION 5.3 Hours of Work -

- A. The normal work week for full-time employees in the Assessor's Office, the Building Department, the Computer Department, the Finance Department, the Planning Department, Social Services, the Senior Center, the Tax Department and the Town Clerk's Office shall consist of 35 hours per week as follows: nine and a half (9.5) hours on Monday, seven (7) hours Tuesday through Thursday and four and a half (4.5) hours on Friday. For all other employees covered by this Agreement, the normal work week for full-time non-exempt employees shall consist of 35 hours per week in five (5) consecutive days, seven (7) hours per day, exclusive of an unpaid hour for lunch, except for Foreman - Roads, Buildings Supervisor, Superintendent of Golf Course, and Parks Foreman whose hours shall consist of forty (40) hours per week. During the term of this agreement the Town and the Union agree to discuss a possible change in the hours of work to a 4 ½ day work week for Town Hall and Social Services.
- B. It is expected that exempt employees covered by this Agreement shall normally work a minimum thirty-five (35) hours per week and shall work as many hours as may be required to satisfactorily perform their job duties, except for Superintendent of Water Pollution Control Facility and Superintendent of Highways whose hours shall average forty (40) hours per week.
- C. Work schedules for full-time employees shall be continued in accordance with current practice.

SECTION 5.4 Payment for Hours Worked and Overtime - Non-exempt employees shall be paid their regular straight time hourly rate for all hours worked in any work week up to forty (40) hours per week. With the approval of the employee's immediate supervisor, hour for hour compensatory time off may be taken within the same work week for hours worked in excess of seven on any day. Employees shall be paid at a rate of time and one-half for all hours actually worked in the work week in excess of forty (40) hours.

Non-exempt full-time employees shall be paid at the rate of double time for hours worked on a Sunday or a holiday. To be eligible for double time, an employee must be requested or required by the Department Head to work the Sunday or holiday.

SECTION 5.5 Compensatory Time - In lieu of overtime compensation, compensatory time off will be offered to non-exempt employees at the rate of time and one-half subject to the following provisions:

- A. A maximum of ninety (90) hours of compensatory time (sixty (60) hours of work at the overtime rate) may be accumulated;
- B. Requests for compensatory time off will be granted by mutual agreement between the employee and his/her immediate supervisor;
- C. An employee who has accrued compensatory time off shall, upon termination of employment, be paid for unused compensatory time at the higher of either his/her regular final rate or the average regular rate received by the employee during the last three (3) years of employment.

Exempt employees shall not accrue compensatory time off. Exempt employees, who have accrued compensatory time, shall have the provisions of this section apply to compensatory time.

SECTION 5.6 Job Sharing - Employees may submit proposals for job sharing agreements. Such agreements are subject to approval by the Town and the Union.

SECTION 5.7 Exempt Employees-Extraordinary Circumstances – Employees in salary grade A-6 and above shall be considered exempt employees under applicable state and federal law and are not required to track or report their hours of work. The Town and the Union recognize that there are extraordinary circumstances, including but not limited to circumstances declared as Emergencies by the Town, where certain exempt employees perform well above and beyond their regular position requirements. When the Director determines that an employee has performed above and beyond position requirements, the Director and the affected employee shall meet to discuss the employee's option of either accruing compensatory paid time off above and beyond any other time off provided for in this agreement, or being paid an additional amount. Such compensatory time shall not be accrued in excess of forty (40) hours per contract year. Alternatively, the employee may elect to be paid a bonus not to exceed one percent (1%) of his/her annual salary for any given contract year. An employee who is not satisfied with the outcome of this process may appeal to the Director of Administrative Services whose decision shall be final, binding and not subject to the grievance procedure.

ARTICLE 6 Leaves of Absence

SECTION 6.1 Sick Leave - When it is necessary for any employee to take sick leave due to a non-occupational illness or disability, the salary of bargaining unit employees shall be continued for a period not to exceed six months.

Conditions for Paid Sick Leave - Sick leave shall be subject to the following conditions:

A. Notification of Illness - In order to be paid for sick leave, an employee must notify his department head as soon as possible but not later than within one (1) hour of the time the employee is due to report for duty.

B. Use of Sick Leave - Sick leave shall not be considered a privilege to be used at any employee's discretion, but shall be allowed only in the following cases:

1. Personal illness or physical incapacity
2. Enforced quarantine of the employee in accordance with community health regulations.
3. Family illness or physical incapacity for which employee may apply up to five (5) paid sick leave days and may use up to an additional five (5) unpaid leave days. An employee may, at his/her discretion, use other accrued leaves for family illness or incapacity.
4. Any other reason specifically permitted under applicable State and/or Federal statutes, including but not limited to the State of Connecticut's Public Act 11-52.

C. Medical Reporting Requirements - The Town may require a doctor's certificate or other proof of illness after three (3) consecutive days of sick leave or in case of suspected abuse where the employee has been warned in accordance with the Disciplinary Action article. The doctor's certificate will include anticipated length of an employee's absence, date employee can safely return to work, and any physical limitations imposed by the illness.

When the Town believes it is necessary in order to assess the merits of a request for extended sick leave, the Town may require an employee requesting such leave to submit medical certification in the form that is provided for under the Family and Medical Leave Act of 1993.

Medical certificates shall be kept as part of an employee's medical record file. The parties consider medical records to be confidential and not subject to public disclosure unless so ordered by a non-appealable order of a court of competent jurisdiction.

D. Medical Appointments - Medical appointments that cannot be scheduled outside the employee's regular work day may be scheduled during work time with prior approval of his/her supervisor as follows:

1. For exempt employees, the current practice shall continue.
2. For non-exempt employees, if the appointment is less than one-half day, the time may be made up within the payroll period or may be charged to

accrued leave. If the medical appointment is longer than one-half day, the time may be charged to accrued leave.

3. Non-exempt employees may take medical appointments at the end of the workday in lieu of a lunch break.

SECTION 6.2 Family and Medical Leave Act - Employees may be eligible for unpaid FMLA leave in accordance with federal law. As part of the leave allowed under the law, employees must exhaust applicable paid time off which time off shall be credited toward the FMLA leave allowance, except at the employee's option, he/she may save up to two (2) weeks of vacation. Entitlement to such leave shall be computed utilizing a rolling twelve-month period measured backward from the date leave is used.

SECTION 6.3 Occupational Injury Leave - Injury leave as distinguished from sick leave means paid leave given to an employee because of the absence from duty caused by an accident or injury that occurred while the employee was engaged in the performance of his/her duties.

The Town will supplement for a period not to exceed six (6) months the payments made under Workers' Compensation Insurance so that the employee will receive his/her normal weekly pay for the period of time he/she is on injury leave.

SECTION 6.4 Personal Leaves of Absence - The First Selectman upon recommendation of the department head may grant leaves of absence when necessary, with or without pay, up to a maximum of 60 (sixty) working days. The Board of Selectmen may grant leaves of absence for periods longer than two months. An approved leave of absence will have no effect on the employee's benefits or length of service.

SECTION 6.5 Bereavement Leave - The Town allows up to five (5) days off, with pay, for death of a spouse, parent, child, step-child or grandchild; up to three (3) days off, with pay, for death of a parent-in-law, sibling or grandparent and one (1) day off for the death of the employee's niece, nephew, aunt or uncle. Employees may request additional time off for attendance at a funeral not provided for herein. Such time off may be without pay or charged to accrued leave. Such request shall not be unreasonably denied.

SECTION 6.6 Military Leave - The First Selectman shall grant Military Leave upon request for active duty in the National Guard or Armed Forces in accordance with state and federal law.

SECTION 6.7 Jury Duty - An employee called to jury duty shall notify the Town immediately of his or her selection. Such employee shall continue to be paid his or her regular pay as required under Section 51-247a(a), as is or as amended, of the Connecticut General Statutes. Any employee who is released from jury duty on any given work day is required to report to work if there are four or more hours left in the work day.

SECTION 6.8 Personal Days - Employees shall be entitled annually to three (3) personal days which may be used for personal business which cannot be scheduled during non-work hours. Personal days cannot be accumulated from year to year.

**ARTICLE 7
Holidays**

SECTION 7.1 Paid Holidays

A. The following holidays shall be granted with pay:

New Year's Day	Labor Day
Martin Luther King, Jr. Day	Veteran's Day
President's Day	Thanksgiving Day
Good Friday	Day following Thanksgiving
Memorial Day	Christmas Eve
Independence Day	Christmas Day

One (1) additional floating holiday shall be observed each year which shall be determined by mutual agreement between the employee and his/her supervisor.

B. When a holiday falls on a Saturday, the preceding Friday shall be the day off and when a holiday falls on a Sunday the following Monday shall be the day off. Exceptions to this section shall be mutually agreed to. When Christmas Eve and/or Christmas Day falls on a weekend, days off shall be scheduled to ensure that employees receive a day off for each holiday.

C. Attendance on Days Prior to and Immediately after a Holiday - Employees are not paid for holidays unless they work the last scheduled day prior to the holiday and the first scheduled day after the holiday unless such employees are on vacation, or have documented illness or on leave authorized by the First Selectman or Department Manager.

**ARTICLE 8
Vacations**

SECTION 8.1 - Employees shall earn paid vacation time for each completed month of service in accordance with the following:

0 to 6 years	.83 days per month
Over 6 and up to and including 10 years	1.25 days per month
Over 10 and up to and including 15 years	1.46 days per month
Over 15 years to 16 years	1.66 days per month
Over 16 years to 17 years	1.75 days per month

Over 17 years to 18 years	1.83 days per month
Over 18 years to 19 years	1.92 days per month
Over 19 years to 20 years	2.00 days per month
Over 20 years	2.08 days per month

SECTION 8.2 - Employees shall accrue vacation from date of employment, but are not eligible to take vacation time during the first six months.

SECTION 8.3 - Employees shall be paid for all accrued vacation at time of termination at the employee's rate of pay at termination.

SECTION 8.4 - Under normal circumstances, vacation earned in one fiscal year shall be used by the end of the next fiscal year. However, under extenuating circumstances, the First Selectman may permit the carry-over of up to a maximum of ten (10) days for a period not to exceed six months.

SECTION 8.5 – Break in Service - Vacation time is determined by the length of continuous service with the Town. For purposes of computing vacation time, employees who leave the Town service and who are re-employed within one year shall have their service bridged for purposes of vacation accrual.

SECTION 8.6 – Advance Vacation - No employee may take vacation time beyond the amount earned except in the most unusual of circumstances. Written requests for advance vacation will be approved at the discretion of the First Selectman.

SECTION 8.7 - Use of Individual Vacation Days - Employees are encouraged to take vacation in five day blocks. Vacation may be taken in single or half-day increments if the employee wishes and it is approved by the department manager, but no employee shall be forced to take vacation time in one day increments.

SECTION 8.8 - Crediting Vacation Time to Sick Leave - In the event an employee's sick leave is exhausted, earned vacation time may be credited to sick leave.

SECTION 8.9 - The current practice for granting vacation time for bargaining unit members shall continue.

SECTION 8.10 - Payment of Salary in Lieu of Vacation - No salary shall be paid to an employee in lieu of vacation, since the purpose of a vacation is rest and relaxation.

SECTION 8.11 - Holiday Celebrated During Vacation - Observed holidays established herein shall not be considered in the computation of vacation credit as a part of the vacation time.

SECTION 8.12 - Sickness While on Vacation - An employee who becomes ill while on vacation may not charge such illness to sick leave, unless a medical certificate confirms said illness.

SECTION 8.13 - Advanced Vacation Pay - In order for employees to receive vacation pay in advance, the Personnel Action Form reporting vacations to be taken must be received in the Finance Department at least one week before the day of last payroll distribution before the start of vacation to allow for the drawing of the check.

ARTICLE 9
Insurance and Other Benefits

SECTION 9.1 Health Insurance Plan Design: The Town offers three health insurance plan options including a preferred provider organization (PPO) option, a health maintenance organization (HMO) option and a high deductible health plan (HDHP) option including a health savings account (HSA). Effective June 30, 2017 the PPO option will no longer be offered. The plan designs for these options shall be posted in Appendix C of this Agreement. The Town will also provide eligible family members coverage for any employee who elects such coverage. The Town reserves the right to change insurance carriers provided that coverage under new plans is equal to coverage presently in effect including access to health care providers, provided that the Union is notified of the proposed change at least thirty (30) days prior to implementation.

There shall be a one-time special open enrollment period for thirty-one (31) days to give eligible employees the opportunity to consider all three plan options and to be held as soon as practicable following implementation of this Agreement.

SECTION 9.2 Health Insurance Plan Employee Contributions: Employees shall pay a percentage of their health insurance cost allocation according to the following schedule. The Town shall pay the remaining premium costs each year:

- A. **High Deductible Health Plan (HDHP):** 15% for all employees effective July 1, 2015.
- B. **Health Maintenance Organization (HMO):**
 - 1. Employees currently contributing 15% move to 16% upon implementation of this Agreement; and to 17% effective July 1, 2016.
 - 2. Employees currently contributing 17% move to 17.5% upon implementation of this Agreement; and to 18% effective July 1, 2016.
 - 3. Employees currently contributing 20% will remain at 20%; and all new employees shall contribute 20%.
- C. **Preferred Provider Organization:**

1. Employees currently contributing 15% move to 16.5% upon implementation of this Agreement; and to 18% effective July 1, 2016.
2. Employees currently contributing 17% move to 18.5% upon implementation of this Agreement; and to 20% effective July 1, 2016.
3. Employees currently contributing 20% will remain at 20%; and all new employees shall contribute 20%.

D. Credit for Declination of Health Care Coverage:

Full-time employees eligible to participate in the Town of Simsbury's health care plans who decline to participate will receive an annual credit of \$2,000 pro-rated and credited on a monthly basis. In the event that an employee experiences a qualifying event and seeks to enroll in the Town's health care plans, and provided that the employee is otherwise eligible to participate in the plans, the credit will be discontinued beginning in the month the enrollment takes place. Employees electing to receive the credit may not participate in the Town's health care program through coverage of a spouse or family member. Payments under this program shall not be retroactive and shall begin upon the effective date of this Agreement.

SECTION 9.3 Dental Coverage: CIGNA Dental Coverage (Group Plan 0320442-03) for employees and eligible family members at the premium rates set forth in Sections A and B above.

SECTION 9.4 Term Life Insurance: Term life insurance (employee only) in the amount of \$5,000 shall be paid by the Town, and up to twice the annual salary of the employee, provided the employee contributes \$.20 per \$1,000 of coverage.

SECTION 9.5 Long Term Disability: Long Term disability coverage (employee only) after the six month waiting period, benefits equal to sixty percent (60%) salary shall be paid by the Town.

SECTION 9.6 Insurance for Certain Part-Time Employees: Part-time employees who work more than 17.5 hours may join the group insurance plans except long-term disability, with the Town paying fifty (50%) of the premiums for the employees, not dependents, of those who choose to join. Dependents may be included in health insurance coverage with the employee paying one hundred percent (100%) of dependent's premium. Part-time employees who work an average of at least thirty (30) hours a week are entitled to participate in health care options available to full-time employees at the same contribution rates as new employees. Such employees shall be entitled to participate in the Special Open Enrollment described in Section 9.1 above.

SECTION 9.7 Retiree Health Insurance: Employees who are eligible and who retire before age 62 have the option of remaining on the Town's group health coverage at their own expense. At age 62, the Town begins providing payment for a retired employee's health coverage provided coverage had not been discontinued. Those who elect to leave the plans may not reenter. If the insurance carrier rejects the continuance of any Simsbury retiree as a member of the group, the Town will not be held liable for continuing in any other manner. Upon reaching

age 65, the Town provides supplemental insurance coverage. Those retiring after 1/1/92 will pay 25% of the premium charged to the town. Retirees pay 100 percent for spouse and dependents' coverage.

A Retiree, at his/her own expense, may choose to elect coverage for spouse and dependents in accordance with the plan's rules and regulations. If the retiree dies or otherwise becomes ineligible for coverage, the retiree's spouse and/or dependents shall be granted such continuation rights as COBRA or other state or federal law may provide.

SECTION 9.8 Retired Employees – Dental: Retired Town employees have the option to remain on the Town's group dental coverage at their own expense and also pay for continuing dental coverage for spouse and dependents. If the retiree dies or otherwise becomes ineligible for coverage, the retiree's spouse and/or dependents shall be granted such continuation rights as COBRA or other state or federal law may provide.

SECTION 9.9 Fringe Benefits While on Workers' Compensation or Long Term Disability: During an employee's absence under the Town's disability plan or Workers' Compensation, the Town continues to pay the employee's fringe benefits. It is the employee's responsibility to continue payment for any contributory portion of benefits.

SECTION 9.10 COBRA Benefits: Federal law requires that employers sponsoring group health insurance plans offer employees and their families the opportunity for continuation coverage at group rates in certain instances where coverage would otherwise end. An employee who loses medical or dental coverage as a result of reduction in hours or termination of employment (other than gross misconduct) may receive continued coverage at their own expense for 18 months; the maximum coverage period is 36 months for any other qualifying event.

SECTION 9.11 Other Post Employment Benefits ("OPEB") Trust:

A. Employees hired on or after July 1, 2013 shall contribute two percent (2.00%) a year for a period of 10 years, commencing on their date of hire, to the Town's OPEB Trust. It is the intent of the parties that all successor agreements shall include this contribution provision in order to reflect the 10 year contribution requirement for new hires after July 1, 2013.

B. Commencing on July 1, 2013, employees hired on or before June 30, 2013 shall contribute the following percentages of annual base salary to the OPEB Trust according to the following schedule:

1. Effective July 1, 2013, one half percent (0.50%);
2. Effective July 1, 2014, one percent (1%);
3. Effective July 1, 2015, one and a half percent (1.5%);
4. Effective July 1, 2016 and thereafter, two percent (2%)
5. Employee contributions shall cease effective July 1, 2023.

C. An employee with less than five (5) years of service is not entitled to any retiree health benefit, and is entitled to a one-hundred percent (100%) refund of the employee's

OPEB contributions upon separation from employment with the Town. An employee with five (5) years or more of service with the Town is entitled to a one hundred percent (100%) refund of the employee's actual contribution only if the employee (1) does not elect retiree health coverage; or (2) is not entitled to retiree health coverage for any other reason.

D. Once the OPEB Trust is fully funded (as defined by the Town's actuaries), the parties agree to negotiate a potential modification of the OPEB contributions.

SECTION 9.12 Retirement Plans

A. All employees in the bargaining unit who are hired by the Town of Simsbury on or before June 30, 2013 and who meet the eligibility requirements of the plan are covered by the Town's Pension Plan: Town of Simsbury - General Government Employees Retirement Income Plan Number (IN 15526B) which was in effect on July 3, 1992 (as amended).

B. Effective July 1, 2013 employee contributions to the Town's Pension Plan shall be increased from two percent (2.00%) to five percent (5.00%) according to the following schedule:

1. Effective July 1, 2013 employees shall contribute two and one-half percent (2.50%) of their compensation into the pension plan.
2. Effective July 1, 2014 employees shall contribute three percent (3.00%).
3. Effective and retroactive each July 1 thereafter, employees shall contribute an additional one-half percent (0.50%) of their compensation to the pension plan until the Employee contribution reaches five percent (5.00%) of their compensation.

C. Employees hired after June 30, 2013 and before January 1, 2016 shall have the following retirement benefit options:

1. Participation in General Government Defined Benefit Plan: the employee may participate in the plan provided the employee contributes seven percent (7%) of compensation as defined by the plan. All other provisions of the plan as stated in the plan documents apply.
2. Participation in Defined Contribution Plan: Alternatively, the employee may elect to participate in the defined contribution plan. The Employer shall contribute six percent (6.00%) of the employee's salary to the plan at no cost to the employee. Employees have the option of contributing up to the maximum amount allowable by law. There shall be a rolling 5 year vesting period for employer contributions, provided that all employer contributions shall vest upon the completion of the fifth year and thereafter. Employees electing the defined contribution plan may not elect to participate in the defined benefit plan at a later date.
3. Employees covered by this provision 9.12(C) shall have the option to convert their plans to the plan options available to employees hired on or after January 1, 2016 as described below.

D. Employees hired on or after January 1, 2016 shall have the following retirement benefit options:

1. Participation in General Government Defined Benefit Plan: the employee may participate in the plan provided the employee contributes ten percent (10%) of compensation as defined by the plan. All other provisions of the plan as stated in the plan documents apply.
2. Participation in Defined Contribution Plan: Alternatively, the employee may elect to participate in the defined contribution plan subject to the following terms:

Employee Contribution	Employer Contribution	Total Contributions
2% (mandatory)	2%	4%
4% total	7% total	11%
Additional as permitted by law and regulation	No contributions beyond 7% total	

There shall be a rolling 5 year vesting period for employer contributions, provided that all employer contributions shall vest upon the completion of the fifth year and thereafter. Employees electing the defined contribution plan may not elect to participate in the defined benefit plan at a later date.

E. Any employee who retires from Town service, and who utilizes any or all of the 2009-2010 contract year for the purpose of calculating his or her final average earnings, shall be entitled to include an imputed wage increase of three percent (3%) in calculating his or her final average earnings notwithstanding the provision of Article 4 section 1.B.4 subject to applicable limitations imposed by the Internal Revenue Code.

F. Employees and the Union shall have the right to inspect and obtain copies of Plan documents.

G. Employees will receive a summary plan description 90 days after they begin work, and at least once every four years. Employees will be notified of any substantial Plan changes within 30 days after the effective date of such change.

H. Each year employees will receive a current annual retirement statement with personalized information.

SECTION 9.13 Deferred Compensation - All employees are eligible to participate in the Deferred Compensation Plan in accordance with applicable federal and state laws.

SECTION 9.14 Employee Assistance Program - Employees may participate in the Child and Family Services Employee Assistance Program. Participation is voluntary and confidential. The Town will fund the cost of the program. Nothing contained herein shall prohibit the Town from changing EAP providers.

SECTION 9.15 Health Incentive Program

- A. The Town will introduce an optional wellness program designed to help employees better manage their own health. Employees who choose to participate in the program will receive:
1. A one-time financial incentive payment of \$100 for participating in the wellness program. Participation in the program shall include participation in an onsite confidential health evaluation conducted by the wellness provider (to include provision, by the employee, of a medical history and participation in a blood pressure reading and a blood draw as determined by the wellness provider); and
 2. In the second year of the program and all subsequent years covered by this agreement, for those employees who maintain participation in the wellness program and meet the employee-specific health goals established by the wellness program provider, a health care premium rate 2% lower than the applicable premium rate set forth in Section 9.2 of this agreement.
- B. The Town shall not be provided with any employee-specific health, medical or genetic information by the wellness provider. Both the Town and the wellness provider shall comply with all federal and state laws, including but not limited to ADA, GINA, and HIPAA, prohibiting the unauthorized disclosure of employee medical and genetic information. The wellness provider shall be permitted to provide the Town with aggregate data designed to help the Town identify the health needs of the workforce, the need for specific health improvement programs and the measurable return the program offers to the Town and its employees.
- C. Implementation of the proposal is contingent upon participation by a sufficiently large number of Town Employees.

SECTION 9.16 Health Insurance Issues Study Committee

The parties shall establish a Health Insurance Issues Study Committee, composed of two (2) members from each bargaining unit and three (3) members of Town management. The charge of the Committee shall be to study current developments in the laws and regulations governing employer-provided health insurance plans, alternative delivery models (e.g., private exchanges, public exchanges) and plan options as may be permitted by law, and the implications of the Affordable Care Act, including the "Cadillac" tax for the Town and the membership of the bargaining units. The goal of the Committee includes identification of a mutually acceptable strategy to mitigate the financial impact of the "Cadillac" tax on the Town and its employees. The provisions of this agreement related to medical insurance shall be subject to renegotiation with an effective date for any changes of July 1, 2017. The Committee shall commence its work upon the ratification of this agreement and shall conclude its work in time for the re-opener.

ARTICLE 10

Separations

SECTION 10.1 Resignation - An employee in good standing desirous of leaving the Town shall provide a written resignation two (2) weeks before the effective date. Failure to comply with the notice requirement may be cause for denying future employment with the Town. The First Selectman may permit a shorter period of notice because of extenuating circumstances. An employee who is leaving will be scheduled with his department head or First Selectman, or designee, for an exit interview to cover pension benefits, any vacation accrued, continuance of health insurance benefits, reasons for leaving, etc. within two (2) weeks of the submission of the resignation notice.

Employees are normally expected to provide written notice to the Office of First Selectman of their intention to leave the Town's employment two weeks in advance of their last day of work. This two weeks written notice shall be considered a "working" notice period. It is expected that an employee will be at work during the period of notice.

If, after requesting and being granted vacation leave, a floating holiday, compensatory time, and/or earned days, an employee gives the notice described above and seeks to utilize any of the various types of leave specified above during the "working" notice period, the Town will have the right to reconsider the granting of the leave request, including the withdrawal of a previously approved leave. The Town will have two business days from the Office of First Selectman's receipt of the notice described above to reconsider such a leave request.

While the Town has the right to withdraw its approval of leave, there shall be no loss of accrued benefit based upon the Town's subsequent denial of a previously granted request. To the extent the collective bargaining agreement provides for that accrued benefits are to be paid upon termination of employment, the benefits will be paid at the rate in effect on the last day of the notice period.

Following the receipt of the written notice described above, employees' requests for vacation leave, floating holiday, compensatory time and earned days shall be considered by the Town. The Town will have two business days from the Office of First Selectman's receipt of the employee's request to render a decision.

SECTION 10.2 Layoff

A. **Definition** - A layoff is defined as the involuntary, non-disciplinary separation of an employee from Town service.

B. **Order of Layoff** - No full-time employee in a position selected for layoff shall be laid off if the Town retains a part-time, seasonal, temporary, contractual, or probationary employee in the position. If there is more than one employee in the position selected for layoff, layoff shall take place in inverse order of seniority.

C. **Job Security** - No bargaining unit employee shall be laid off or have his or her hours reduced through June 30, 2010

D. **Bumping** - A full-time employee subject to layoff may displace a less senior employee in a lower classified bargaining unit position provided he/she is qualified to perform the work. A full-time employee subject to lay-off may displace a part-time, seasonal, temporary, contractual, or probationary employee in a lower classified bargaining unit position provided he/she is qualified to perform the work.

E. **Seniority** - Layoff for two years or less shall not constitute a break in service nor shall it result in a loss of seniority, provided however that no additional seniority shall be accrued during layoff.

F. **Notice of Layoff** - The Town will make every effort to give at least thirty days prior notice of layoff, except in cases of emergency. It is agreed that in any event the Town will give fourteen days prior notice of layoff, or, in lieu thereof, two weeks pay.

G. **Re-employment List** - Recall shall be in inverse order of layoff provided the employee is qualified to perform the work. An employee shall remain on the recall list for a period of two years. Notice of recall to the same or substantially similar position shall be made by certified mail to the employee's address of record, it being agreed that employee must keep the Town informed of address changes. Failure to respond to such notice within the earlier of three working days of receipt of notice or fifteen days after mailing shall constitute a refusal of recall and seniority will be broken as of the date of such refusal. Failure to return to work within the earlier of two weeks after receipt of notice or eighteen days after mailing of such notice shall also constitute refusal of recall and seniority will be broken as of the date of such refusal. No new employee shall be hired into a bargaining unit position until laid off employees eligible for recall and qualified for the position have been offered reemployment.

H. **Fractionating Bargaining Unit Positions** - During the life this agreement, no full-time bargaining unit position shall be fractionated in such manner as to diminish the number of full-time positions for the purposes of reducing employee's wages and benefits.

I. **Reduction in Hours** - If a full-time employee has his/her hours reduced, this reduction shall be considered a layoff for the purposes of this Article.

SECTION 10.3 Death - All compensation due in accordance with Section 8.3 is paid to the estate of the employee, except for such sums as by law may be paid to the surviving spouse.

SECTION 10.4 Conditions of Separation - At the time of separation and prior to final payment, all records, assets, or other items of Town property in the employee's custody are transferred to his/her department head. Any amount due because of a shortage in the above will be collected through appropriate action.

SECTION 10.5 Payment of Earned Compensation and Leave Upon Separation - Employees who leave the Town service shall receive payment for all earned vacation leave and perfect attendance leave.

ARTICLE 11

Disciplinary Action

SECTION 11.1 Disciplinary Action - No employee shall be disciplined except for just cause. Ordinarily, disciplinary action for employees is a four-stage process, except in the case of a serious offense. The First Selectman may depart from the following order or omit steps where warranted by the nature of the offense. The four stages are as follows:

A. Oral Reprimand - This is a verbal warning for poor job performance or other problem. The supervisor will outline the specific problem and areas that need to change, may set goals and time frame for performance improvements, if appropriate, and will inform the employee of future disciplinary action in case of continued poor performance or problems. Oral reprimands are documented by the supervisor and placed in the employee's personnel file with a copy to the employee.

B. Formal Reprimand - The supervisor gives the employee a formal reprimand in writing and places it in the individual's personnel file. The written reprimand shall include the date(s) and description of the incidents and statement of further disciplinary action should the situation not improve, and shall be signed by the employee or other witness, with a copy given to the employee.

C. Suspension - The supervisor may remove the employee from his job and suspend him/her with or without pay with the signed approval of the Department Head and First Selectman for a period not to exceed thirty (30) days. A written memorandum will outline the circumstances leading to the suspension and set goals for improvement, if appropriate. It is reviewed with and signed by the employee and permanently placed in the employee's Personnel File and a copy sent to the Union President within one day of issuance.

D. Dismissal or Demotion - If previous discipline has not resulted in the required improvement, or when the misconduct is serious enough to warrant this action, the First Selectman or Board of Selectmen when appropriate, may dismiss or demote the employee. The basis for dismissal or demotion is summarized in a letter of dismissal or demotion of the employee and a copy of the letter sent to the Union President within one day of issuance.

SECTION 11.2 Prior to a suspension without pay or dismissal or demotion, an employee shall be given the opportunity to attend a predisciplinary hearing before the First Selectman, or his/her designee, which shall be informal, at which time the employee shall have the opportunity to present his/her position.

SECTION 11.3 Right to Union Representation - Upon request, each employee shall be entitled to Union representation at any interview regarding matters which the employee reasonably believes will result in disciplinary action, at predisciplinary action, at predisciplinary hearings referenced in Section 11.2, at meetings during which discipline is administered and at each step of the grievance procedure. The employee's exercise of this right shall not cause undue delay in any investigation, meeting or hearing.

SECTION 11.4 Complaint in Employee's File - No record of complaint against any employee shall be kept in an employee's personnel file unless the affected employee receives a copy of such complaint. An employee shall be given a copy of any complaint which is the basis of any disciplinary action.

SECTION 11.5 Compelled to Testify Against Yourself - In the event a grievance concerning an employee's discipline or dismissal goes to arbitration, the Town will not call the grievant as a witness.

ARTICLE 12

Grievance and Arbitration Procedures

SECTION 12.1 Definition A grievance is defined to be a dispute or disagreement arising out of any of the following:

- (a) Discharge, involuntary demotion, suspension or other forms of disciplinary action.
- (b) Prohibited discrimination.
- (c) Interpretation or application of specific rules, regulations, or policies of the Town.
- (d) Interpretation or application of a specific provision of this Agreement.
- (e) Job Specification. An employee may grieve that the duties assigned are not normally or reasonably expected to be performed in accordance with the overall job specification.

SECTION 12.2 Time Limits

A. Since it is important that grievances be processed as rapidly as possible, the number of days indicated at each step is considered as a maximum. The time limit specified may, however, be waived by mutual agreement. This agreement shall be confirmed in writing.

B. If an employee does not file a written grievance at step one of the formal procedure within fifteen (15) working days after the employee knew or can reasonably be expected to have known of the act or condition on which the grievance is based, then the grievance is considered waived.

C. Failure of the aggrieved at any step to appeal a grievance to the next step within the specified time limits is deemed to be acceptance of the last decision rendered.

D. Failure of the Town to render a decision within a specified time limit is deemed to be denial of the grievance submitted, and the aggrieved may proceed to the next step within the time limit which would apply if a written denial had been rendered on the day on which the time period for response expired.

SECTION 12.3 Procedure

A. Any employee may use this grievance procedure with or without Union assistance. Should an employee process a grievance through one or more steps provided herein prior to seeking Union assistance, the Union may process the grievance to the next succeeding step following that which the employee has utilized.

B. Steps

1. The aggrieved employee shall first notify his/her immediate supervisor and his/her Union representative in writing of the nature and facts of the grievance within fifteen (15) working days after its occurrence. The immediate supervisor shall meet and discuss the grievance with the employee and the Union representative and notify the employee and the Union of his/her decision in writing within six (6) working days after the employee notification.

2. If a satisfactory solution is not reached under Step 1 above, the employee or the Union shall submit the nature and facts of his/her grievance in writing to the Department Head within five (5) working days of receipt or due date of the decision rendered at Step 1 above. After the Department Head receives such grievance, he/she shall meet as soon as practical and discuss the matter with the concerned parties and shall notify the employee and the Union of the decision in writing within six (6) working days of the receipt of the grievance. If the employee's immediate supervisor is the Department Head, he or she proceeds to Step 3.

3. Grievances not settled at the department head level, or for which a reply is not given in the specified time, shall be submitted in writing to the First Selectman within five (5) working days of receipt or due date of the decision rendered at Step 2 above. The First Selectman shall meet with the employee and/or the Union, and such other persons as the First Selectman deems necessary for the discussion and settlement of the grievance. The First Selectman shall render a written resolution of the grievance within ten (10) working days of its receipt.

4. Grievances that cannot be settled by the First Selectman may be submitted to the Personnel Subcommittee for a decision within five (5) working days of receipt or due date of the decision rendered at Step 3. The Personnel Subcommittee shall hear the grievance within thirty (30) days of its receipt of the grievance and shall render its written decision within fifteen (15) days after such hearing.

SECTION 12.4 Arbitration - If the Union is not satisfied with the decision of the Personnel Subcommittee, it may appeal the decision to arbitration. Such submission to arbitration shall be made no later than ten (10) working days after receipt or due date of the decision at Step 4, with a simultaneous copy of the submission to the other party. The cost of the arbitration shall be born equally by the parties and both parties shall be bound by the decision of the arbitrators, provided however, that the arbitrators may not add to, delete from, or modify in any way the provisions of this Agreement.

In grievances regarding discharge, or for which the Town has a substantial, ongoing, potential financial, liability (in excess of \$5,000), grievances shall be submitted to the American Arbitration Association in accordance with its rules and regulations. Underlying discipline which is part of the basis for a discharge and for which grievances are pending before the Connecticut State Board of Mediation and Arbitration shall be refiled with the American Arbitration Association.

All other grievances shall be submitted to the Connecticut State Board of Mediation and Arbitration in accordance with its rules and regulations.

SECTION 12.5 All grievances initiated by employees regarding decisions or actions made by the First Selectman shall be filed at Step 3 of the grievance procedure. Said grievance shall be filed within fifteen (15) working days after the employee knew or can reasonably be expected to have known of the act or condition on which the grievance is based, if not, the grievance is considered waived.

SECTION 12.6 Grievances regarding the dismissal of employees whose appointment and removal is subject to the recommendation of the First Selectman and approval of the Board of Selectman shall be filed at Step 4 of the grievance procedure. Said grievance shall be filed within fifteen (15) working days after the employee knew or can reasonably be expected to have known of the act or condition on which the grievance is based, if not, the grievance is considered waived.

SECTION 12.7 The grievance procedure shall occur during working hours, except for the Personnel Subcommittee, and Union representatives representing employees and/or the Union shall be compensated at their regular salary rate for their attendance during working hours. The time of the meeting with the Personnel Subcommittee shall be mutually agreed to.

ARTICLE 13 Status Changes

SECTION 13.1 Transfers - Employees may be transferred under the following circumstances:

- A. On a voluntary basis to fill a vacant position under Section 2.7 and 2.8.
- B. If there are no volunteers in A above, the Town may transfer the least senior qualified employee.
- C. In lieu of layoff, an employee may transfer to a vacant position which he or she is qualified to fill if the town is accepting applications for the position.

SECTION 13.2 Other Status Changes - The Town will use its best efforts to find alternate work for an employee temporarily disabled or who suffers an injury that does not allow

him/her to perform usual work. Nothing contained herein shall be construed to require the Town to “make work.”

ARTICLE 14 Management Rights

Unless expressly and specifically limited, modified, abridged or relinquished by a specific provision of this Agreement, the rights, powers and authority to manage the operations of the Town, whether exercised or not, shall remain solely and exclusively vested by the Town. It shall have the sole and unquestioned right, responsibility and prerogative of management of the affairs of the Town and the direction of the working forces, including but not limited to the following:

- A. To determine the organization and standards of each department or division and to manage such operations;
- B. To determine the methods and levels of care, maintenance and operation of equipment used for and on behalf of the purposes of the Town;
- C. To establish or continue policies, practices and procedures for the conduct of Town business, including personnel policies, and from time to time, to change or abolish such policies, practices and procedures;
- D. To establish, modify, or discontinue processes or operations;
- E. To establish new or improved methods, procedures, practices, technologies or facilities which the Town may deem to be in its best interest and/or advisable for efficiency of operations and to modify any job description to accommodate such new or improved methods, procedures, practices, technologies or facilities;
- F. To determine the standards of selection for employment, and to determine the number and types of employees required or desired to perform the Town’s operations;
- G. To employ, direct, schedule, assign, appoint, discipline, dismiss, transfer, promote or demote employees, or to lay off, terminate or otherwise relieve employees from duty for lack of work, lack of funds or other legitimate reason in the best interest of the Town or any subdivision thereof;
- H. To establish, amend, abolish and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with Town requirements;
- I. To determine the content of job classifications and/or positions and to ensure that incidental duties connected with Town operations, whether enumerated in a job description or not, shall be performed by employees;

J. To fulfill all of the Town's legal responsibilities.

ARTICLE 15 Union Security

SECTION 15.1 During the life of this Agreement, an employee retains the freedom of choice whether or not to become or remain a member of the Union. Any employee who, within thirty (30) days after initial employment in the bargaining unit covered by this Agreement fails to become a member of the union or any employee whose Union membership is terminated for any reason or any employee who resigns from Union membership shall be required to pay an agency service fee under Section Two.

SECTION 15.2 Union dues shall be deducted by the Employer from the paycheck of each employee who signs and remits to the Employer an authorization form. Such deduction shall be discontinued upon written request of an employee thirty (30) days in advance. The Employer shall deduct the agency service fee from the paycheck of each employee who is required to pay such fee as a condition of employment, provided, however, no such payment shall be required of an employee who objects to payments of such fee based on the tenet of a bona fide religious sect. Employees objecting on religious grounds shall make a monthly contribution to an I.R.S. recognized charity, designated by mutual agreement of the Employer and Union, equivalent to union dues.

SECTION 15.3 The amount of dues or agency service fee deducted under this Article, together with a list of employees, shall be remitted to CSEA, Service Employees International Union Local 2001 within a week after the payroll period in which such deduction is made together with a list of employees for whom any such deduction is made or unless agreed to otherwise. Dues or agency service fee shall be deducted on a weekly basis.

SECTION 15.4 The Union shall indemnify the Employer for any liability or damages incurred by the Employer in compliance with this Article.

ARTICLE 16 Nondiscrimination

The parties herein agree that neither shall discriminate against any employee on the basis of race, color, religious creed, sex, age, national origin, marital status, lawful political activity, ancestry, sexual orientation, present or past history of mental disorder, mental retardation, learning disability or physical disability, including but not limited to blindness, except for bona fide occupational qualifications.

ARTICLE 17 Reimbursement for Courses

SECTION 17.1 Tuition Reimbursement - The following are conditions to reimbursement by the Town for any course or training program:

- A. Request in writing to the department head stating the name of the course and cost, including the cost of required study materials.
- B. Prior approval by the Department Head, if applicable, and First Selectman.
- C. No more than two courses per year unless the course or training is required by the Town.
- D. Course must be work-related or considered an asset to the job function.
- E. Course must be successfully completed for reimbursement, a 'C' level grade or above or certificate to prove completion.
- F. Reimbursement will be at the rate of 100%.

SECTION 17.2 Individualized Professional Development Plans - In conjunction with the annual Performance Review process, each employee will be encouraged to develop an individualized Professional Development Plan.

ARTICLE 18 Mileage Reimbursement

If the Town does not provide a vehicle required for use in the performance of a Town duty or function, an employee shall be reimbursed at the IRS rate for use of his/her personal vehicle.

ARTICLE 19 Applicability

SECTION 19.1 Personnel Rules and Regulations - The Personnel Rules and Regulations of the Town of Simsbury shall remain in full force and effect unless superseded by a specific provision of this Agreement or where by necessary implication no other construction is tenable.

SECTION 19.2 Rights and Benefits - All prior rights and benefits not specifically mentioned in this Agreement shall remain in effect unless negotiated by the parties pursuant to the Municipal Employees Relations Act.

SECTION 19.3 Contract Negotiations - Two members of the Union's negotiating committee shall be released with full pay to attend negotiating sessions held during working hours provided that nothing contained herein shall be construed to require negotiations to take place during regular work hours.

ARTICLE 20
Health and Safety

SECTION 20.1 Health and Safety - The Town will endeavor to provide a safe and healthy work environment. The Union agrees to bring to the attention of the Town any conditions within the working environment which it perceives to be unsuitable. Safety issues may be submitted to the joint Union/Management safety committee and may also be processed through the contractual grievance procedure but may not be submitted to arbitration.

SECTION 20.2 Labor/Management Committee - A Joint Union/Management Safety Committee shall be established to investigate, discuss and develop recommendations regarding specific safety and health matters including working conditions relative to video display terminals.

The Committee shall be comprised of two representatives from each of the three bargaining units represented by CSEA, Local 2001. Management may appoint no more than an equal number of representatives to the committee.

The Committee shall have regular quarterly meetings.

ARTICLE 21
Miscellaneous

SECTION 21.1 Orientation and Training - The Union will provide each new employee with a copy of the collective bargaining agreement then in force. During the first three days of employment the Town shall, upon request of the new employee or the union, authorize a meeting of up to one hour between the new employee and an officer designated by the union for the purpose of reviewing contractual benefits. The meeting shall afford new employees the opportunity to meet with the union prior to deciding upon any contractual benefit options. Employees participating in such a meeting shall be paid.

SECTION 21.2 Bulletin Boards - The Town will provide bulletin board space for union notice in each work location.

SECTION 21.3 Union Business Leave - Members of the Union, as may be designated by the Union, shall be granted leave from duty with full pay for union business, such as attending labor conventions and educational conferences, provided the total leave for the bargaining unit for the purposes set forth above shall not exceed twenty-four (24) hours in any fiscal year.

Such hours are not cumulative from year to year. Union leave may be taken in increments of one (1) hour. The Union shall endeavor to give as such advance notice as possible before such leave is taken.

SECTION 21.4 Uniforms - The Town shall continue to furnish or provide, at no cost to the employee, all uniforms and safety shoes at the current level. As of the effective date of this Agreement, all eligible employees, except sewer department employees, will receive one (1) pair of steel toed shoes up to \$130 per year furnished by the Town. As of the effective date of this Agreement, Sewer department employees shall receive two (2) pairs of steel toed shoes per year at \$130 per pair.

SECTION 21.5 Vehicles - The Highway Superintendent, Highway Foreman, Buildings Supervisor, shall have use of a town-owned vehicle to commute back and forth from work to home.

SECTION 21.6 Highway Foreman - The employee shall receive a minimum four (4) hours of regular hourly salary per call out. The employee shall receive a minimum of eight (8) hours of regular hourly salary for “on-duty” per week. If an employee is called to work while “on-duty,” the first eight (8) hours are deducted from the eight (8) hour call-up time unless the call-up is a full response, and in that case the employee is paid overtime.

SECTION 21.7 Call Back - A non-exempt employee called in or scheduled for extra or emergency duty shall be paid a minimum of four (4) hours work time.

ARTICLE 22

Duration

SECTION 22.1 Except where an effective date is otherwise specified, this Agreement shall become effective upon the implementation date set forth in the Statute.

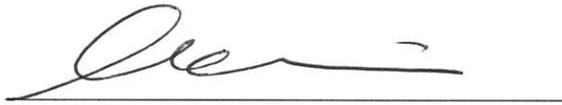
SECTION 22.2 This Agreement shall remain in full force and effect until June 30, 2019, except with respect to the following:

A. Article 9, Section 9.11, Other Post Employment Benefits (“OPEB”) Trust, will remain in full force and effect until June 30, 2023; and it is the parties’ intent in accordance with Section 9.10(a) to extend beyond this date for all employees hired after July 1, 2013.

B. Article 9, Section 9.12.B., Pension Plans, will remain in full force and effect until June 30, 2019.

Town of Simsbury

Simsbury Administrative & Professional
Town Employees Association,
CSEA/SEIU AFL-CIO, LOCAL 2001



Lisa L. Heavner
First Selectman



Michael Wallace
President



Michael Coogan
Union Representative

Date: 9/17/15

Date: 9/17/15

APPENDIX A Position Schedule

ADMINISTRATIVE AND PROFESSIONAL POSITION SCHEDULE	
Grade	Job Title
A0	Accountant Animal Control Officer
A1	Plan Review Technician
A2	Computer Cartographic Specialist Children's Librarian Reference Librarian Teen Services Librarian
A3	Senior Center Coordinator Engineering Technical Analyst Records Supervisor Recreation Supervisor Business Resource Center Coordinator WPCF Engineering Inspector
A4	Building Supervisor Engineer Foreman - Parks Foreman - Roads
A5	Zoning Enforcement Officer
A5-B	Information Technology Analyst
A6	Assistant Town Engineer Deputy Building Official Assistant Town Planner Tax Collector
A7	Assessor Building Official Superintendent of Golf Course Town Clerk
A8	Superintendent of Highways
A9	

APPENDIX B

SIMSBURY ADMINISTRATIVE AND PROFESSIONAL WAGE SCHEDULE

Effective July 1, 2015 (2.25% GWI)

GRADE	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
A0	43,091	43,954	44,834	45,731	46,645	47,578	48,529	49,500	50,488	51,500
A1	54,402	55,489	56,598	57,732	58,887	60,063	61,266	62,491	63,741	65,016
A2	58,079	59,241	60,425	61,633	62,865	64,124	65,405	66,714	68,047	69,408
A3	61,999	63,240	64,505	65,794	67,110	68,452	69,822	71,218	72,642	74,096
A4	66,189	67,512	68,862	70,239	71,644	73,078	74,539	76,031	77,552	79,101
A5	70,660	72,073	73,515	74,987	76,484	78,015	79,575	81,166	82,790	84,445
A5-B										96,509
A6	75,431	76,942	78,480	80,051	81,651	83,285	84,949	86,648	88,382	90,149
A7	79,792	81,388	83,017	84,678	86,371	88,097	89,860	91,656	93,489	95,359
A8	84,411	86,098	87,819	89,577	91,367	93,195	95,060	96,960	98,899	100,877
A9	89,766	91,561	93,392	95,260	97,165	99,108	101,092	103,114	105,176	107,279

Effective July 1, 2016 (2.25% GWI)

GRADE	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
A0	44,061	44,943	45,842	46,760	47,695	48,648	49,621	50,614	51,624	52,659
A1	55,626	56,738	57,872	59,031	60,212	61,414	62,645	63,897	65,175	66,479
A2	59,386	60,573	61,784	63,020	64,280	65,567	66,877	68,215	69,578	70,970
A3	63,394	64,662	65,957	67,274	68,620	69,992	71,393	72,821	74,277	75,764
A4	67,679	69,031	70,412	71,819	73,255	74,722	76,216	77,742	79,296	80,880
A5	72,250	73,695	75,169	76,674	78,205	79,770	81,365	82,992	84,653	86,345
A5-B										98,681
A6	77,128	78,673	80,246	81,852	83,488	85,159	86,861	88,597	90,370	92,177
A7	81,587	83,219	84,885	86,584	88,314	90,079	91,882	93,718	95,593	97,505
A8	86,311	88,035	89,795	91,593	93,422	95,292	97,199	99,141	101,125	103,147
A9	91,786	93,621	95,493	97,404	99,351	101,338	103,366	105,434	107,543	109,692

Appendix C

SUMMARY OF BENEFITS

Cigna Health and Life Insurance Co.
For - Town of Simsbury CSEA, Supervisors, Administrative & Professional
and Secretarial, Clerical and Library Open Access Plus Plan (OAP3)

PPO Plan Design

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

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

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Coinsurance	Plan pays 100%	Plan pays 80%
Maximum Reimbursable Charge	Not Applicable	300%
Calendar Year Deductible	Individual: None Individual + Family: None	Individual: \$250 Individual + Family: \$750
<ul style="list-style-type: none"> Only the amount you pay for in-network covered expenses counts toward your in-network deductible. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network deductibles. After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan. 		
<p>Note: Services where plan deductible applies are noted with a caret (^)</p>		

Plan Highlights		In-Network	Out-of-Network
Calendar Year Out-of-Pocket Maximum		Individual: \$6,350 individual + Family: \$12,700	Individual: \$1,500 Individual + Family: \$3,250
<ul style="list-style-type: none"> Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums. Plan deductible does not contribute towards your out-of-pocket maximum. All copays and benefit deductibles contribute towards your out-of-pocket maximum. Mental Health and Substance Abuse covered expenses contribute towards your out-of-pocket maximum. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket. 			
Benefit	In-Network	Out-of-Network	
Note: Services where plan deductible applies are noted with a caret (^)			
Physician Services			
Physician Office Visit <ul style="list-style-type: none"> All services including Lab & X-ray 	\$30 Primary Care Physician (PCP) copay, then plan pays 100% or \$30 Specialist copay, then plan pays 100%	Plan pays 80% ^	
Second Surgical Opinion	Plan pays 100%	Plan pays 80% ^	
Surgery Performed in Physician's Office	\$30 copay, then plan pays 100%	Plan pays 80% ^	
Allergy Treatment/Injections	Plan pays 100%	Plan pays 80% ^	
Allergy Serum Dispensed by the physician in the office	Plan pays 100%	Plan pays 80% ^	
Preventive Care			
Preventive Care <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. 	Plan pays 100%	Plan pays 80% ^	
Immunizations	Plan pays 100%	Plan pays 80% ^	
Mammogram, PAP, and PSA Tests <ul style="list-style-type: none"> 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. 	Plan pays 100%	Plan pays 80% ^	
Inpatient			

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)		
Inpatient Hospital Facility	\$500 per admission copay, then plan pays 100%	Plan pays 80% ^
Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate		
Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate		
Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)): In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate		
Inpatient Hospital Physician's Visit/Consultation	Plan pays 100%	Plan pays 80% ^
Inpatient Professional Services <ul style="list-style-type: none"> • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	Plan pays 100%	Plan pays 80% ^
Outpatient		
Outpatient Facility Services <ul style="list-style-type: none"> • Non-surgical treatment procedures are not subject to the facility per visit copay/benefit deductible 	\$200 per facility visit copay, then plan pays 100%	Plan pays 80% ^
Outpatient Professional Services <ul style="list-style-type: none"> • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	plan pays 100%	Plan pays 80% ^
Short-Term Rehabilitation Calendar Year Maximums: <ul style="list-style-type: none"> • Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy, Cardiac Rehabilitation and Chiropractic Care – 90 days 	\$30 copay, then plan pays 100%	Plan pays 80% ^
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum.		
Other Health Care Facilities/Services		
Home Health Care (includes outpatient private duty nursing subject to medical necessity) <ul style="list-style-type: none"> • Unlimited days maximum per Calendar Year • 16 hour maximum per day 	Plan pays 100%	Plan pays 80% ^
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility <ul style="list-style-type: none"> • 120 days maximum per Calendar Year 	Plan pays 100%	Plan pays 80% ^
Durable Medical Equipment <ul style="list-style-type: none"> • Unlimited maximum per Calendar Year 	Plan pays 100%	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 	Plan pays 100%	Plan pays 80% ^

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)		
External Prosthetic Appliances (EPA) • Unlimited maximum per Calendar Year	Plan pays 100%	Plan pays 80% ^
Hearing Aids • Unlimited maximum per Calendar Year for children under age 13	Plan pays 100%	Plan pays 80% ^
Vision Care • Eye exam every 12 months • Eye glasses and Contacts are not covered	Plan pays 100%	Plan pays 80% ^
Wigs • Unlimited maximum per Calendar Year	Plan pays 100%	Plan pays 80% ^
Routine Foot Disorders	Not covered	Not covered

Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.

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

Note: Services where plan deductible applies are noted with a caret (^)								
Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lab and X-ray	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%		Plan pays 100%	Plan pays 80% ^
Advanced Radiology Imaging	Plan pays 100%	Plan pays 80% ^	Not Applicable	Not Applicable	Plan pays 100%		Plan pays 100%	Plan pays 80% ^

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

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

Benefit	Emergency Room / Urgent Care Facility		Outpatient Professional Services		*Ambulance	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Care	\$100 per visit (copay waived if admitted), then plan pays 100%		Plan pays 100%		Plan pays 100%	
Urgent Care	\$10 per visit (copay waived if admitted), then plan pays 100%		Plan pays 100%		Not Applicable	

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

Benefit	Inpatient Hospital and Other Health Care Facilities		Outpatient Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Bereavement Counseling	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^

Note: Services provided as part of Hospice Care Program

Benefit	Inpatient Hospital and Other Health Care Facilities				Outpatient Services					
	In-Network		Out-of-Network		In-Network			Out-of-Network		
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Initial Visit to Confirm Pregnancy		Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)		Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)			Delivery - Facility (Inpatient Hospital, Birthing Center)		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity	\$30 copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	\$30 copay, then plan pays 100%	Plan pays 80% ^	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit		
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Abortion (Elective and non-elective procedures)	\$30 copay, then plan pays 100%	Plan pays 80% ^	\$500 per admission copay, then plan pays 100%	Plan pays 80% ^	\$200 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Family Planning - Men's Services	\$30 copay, then plan pays 100%	Plan pays 80% ^	\$500 per admission copay, then plan pays 100%	Plan pays 80% ^	\$200 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Includes surgical services, such as vasectomy (excludes reversals)										
Family Planning - Women's Services	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.										
Infertility	\$30 copay, then plan pays 100%	Plan pays 80% ^	\$500 per admission copay, then plan pays 100%	Plan pays 80% ^	\$200 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.										

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
Unlimited lifetime maximum										
TMJ, Surgical and Non-Surgical	\$30 copay, then plan pays 100%	Plan pays 80% ^	\$500 per admission copay, then plan pays 100%	Plan pays 80% ^	\$200 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Services provided on a case-by-case basis. Always excludes appliances & orthodontic treatment. Subject to medical necessity.										
Non-Surgical: Unlimited maximum per lifetime										
Bariatric Surgery	\$30 copay, then plan pays 100%	Plan pays 80% ^	\$500 per admission copay, then plan pays 100%	Plan pays 80% ^	\$200 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered. The following are excluded:										
<ul style="list-style-type: none"> • medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity. • weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision 										
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Inpatient Hospital Facility			Inpatient Professional Services						
	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network				
Organ Transplants	\$500 per admission copay, then plan pays 100%	\$500 per admission copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 100%	Plan pays 80% ^				
Travel Lifetime Maximum - Lifesource Facility: In-Network: \$10,000 maximum per Transplant per Lifetime										
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Inpatient		Outpatient - Physician's Office		Outpatient Facility					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network				
Mental Health	\$250 per admission copay, then plan pays 100% ^	Plan pays 80% ^	\$30 copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^				
Substance Abuse	\$250 per admission copay, then plan pays 100%	Plan pays 80% ^	\$30 copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^				

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

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

Note: Detox is covered under medical

- Unlimited maximum per Calendar Year
- Services are paid at 100% after you reach your out-of-pocket maximum.
- Inpatient includes Residential Treatment.
- Outpatient includes partial hospitalization and individual, intensive outpatient and group therapy.

Mental Health and Substance Abuse Services

Mental Health/Substance Abuse Utilization Review, Case Management and Programs

Cigna Behavioral Advantage - Inpatient and Outpatient Management

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

Pharmacy

In-Network

Out-of-Network

Cigna Pharmacy three-tier copay plan

- Patient is responsible for the applicable copay based upon the tier of the dispensed medication.
- Self Administered injectable and optional injectable drugs - includes infertility drugs
- Oral contraceptives included
- Includes oral contraceptives - with specific products covered 100%
- Lifestyle drugs included - limited to sexual dysfunction
- Prescription smoking cessation drugs included
- Oral Fertility drugs included
- Growth Hormones
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges included

Retail - 30 day supply
 Generic: You pay \$5
 Preferred Brand: You pay \$10
 Non-Preferred Brand: You pay \$20

Home delivery - 90 day supply
 Generic: You pay \$10
 Preferred Brand: You pay \$20
 Non-Preferred Brand: You pay \$40

Retail - 30 day supply
 Generic: You pay \$5
 Preferred Brand: You pay \$10
 Non-Preferred Brand: You pay \$20

Home delivery - Not covered

Pharmacy Program Information

Pharmacy Clinical Management and Prior Authorization

- Your plan is subject to refill-too-soon and other clinical edits as well as prior authorization requirements.
- Plan exclusion edits are always included.
- Additional clinical management - Basic package - provides a limited set of clinical edits such as prior authorization, age edits and quantity limits for a specific list of prescription medications.

Pharmacy Program Information

Prescription Drug List:

- Cigna Standard Prescription Drug List

Specialty Pharmacy Management:

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

Clinical Outcome Programs:

- Includes complex psychiatric case management
- Includes narcotic therapy management

Additional Information

Case Management

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

Comprehensive Oncology Program

- Care Management outreach
- Case Management

Included

Health Advisor - A

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

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

Included

Healthy Pregnancies/Healthy Babies

- Care Management outreach
- Maternity Case Management
- Neo-natal Case Management

Included

Maximum Reimbursable Charge

Out-of-Network services are subject to a Calendar Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (300%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.

Additional Information

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.

- \$300 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.
- 50% penalty applied for any admission reviewed by Cigna Healthcare and not certified.
- 50% penalty applied for any additional days not certified by Cigna Healthcare.

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

Your Health First - 200

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

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

Holistic health support for the following chronic health conditions:

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

Definitions

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

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

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

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

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

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

Exclusions

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

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services do not include routine patient care costs related to qualified clinical trials as described in your plan document. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Healthplan Medical Director to be: not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or the subject of review or approval by an Institutional Review Board for the proposed use.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following Acupressure; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- 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 of 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.
- Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays, autism or mental

Exclusions

retardation.

- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and 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 Prostheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures.
- Hearing aids (with the exception of that as shown in Covered Expenses), including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- 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 for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- Medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Telephone, e-mail, and Internet consultations, and telemedicine.
- Massage therapy.
- Any medications, drugs, for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction.

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.

SUMMARY OF BENEFITS



Cigna Health and Life Insurance Co.
For - Simsbury, Town and Board of Education
Open Access Plus IN Plan

HMO Plan Design

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

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

Plan Highlights	In-Network
Lifetime Maximum	Unlimited
Coinsurance	Plan pays 100%
Calendar Year Deductible	Individual: None Family: None
<ul style="list-style-type: none"> After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan. 	
Calendar Year Out-of-Pocket Maximum	Individual: \$6,350 Family: \$12,700
<ul style="list-style-type: none"> All copays and benefit deductibles contribute towards your out-of-pocket maximum. Mental Health and Substance Abuse covered expenses contribute towards your out-of-pocket maximum. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket. 	
Benefit	In-Network
Physician Services	
Physician Office Visit	\$15 Primary Care Physician (PCP) copay or \$15 Specialist copay
<ul style="list-style-type: none"> All services including Lab & X-ray 	
Second Surgical Opinion	Plan pays 100%

Benefit	In-Network
Surgery Performed in Physician's Office	\$15 copay, then plan pays 100%
Allergy Treatment/Injections <ul style="list-style-type: none"> • Includes Testing • Unlimited maximum per calendar year 	Plan pays 100%
Allergy Serum Dispensed by the physician in the office	Plan pays 100%
Preventive Care	
Preventive Care <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. 	Plan pays 100%
Immunizations	Plan pays 100%
Mammogram, PAP, and PSA Tests <ul style="list-style-type: none"> • 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. 	Plan pays 100%
Inpatient	
Inpatient Hospital Facility Semi-Private Room: Limited to the semi-private negotiated rate Private Room: Limited to the semi-private negotiated rate Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)): Limited to the negotiated rate	\$250 per admission copay, then plan pays 100%
Inpatient Hospital Physician's Visit/Consultation	Plan pays 100%
Inpatient Professional Services <ul style="list-style-type: none"> • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	Plan pays 100%
Outpatient	
Outpatient Facility Services <ul style="list-style-type: none"> • Non-surgical treatment procedures are not subject to the facility per visit copay/benefit deductible 	\$100 per facility visit copay, then plan pays 100%
Outpatient Professional Services <ul style="list-style-type: none"> • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	Plan pays 100%
Short-Term Rehabilitation Calendar Year Maximums: <ul style="list-style-type: none"> • Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy, Cardiac Rehabilitation and Chiropractic Care – 90 days 	\$15 copay, then plan pays 100%
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum.	

7/1/2015

ASO / EHB State: CT

Open Access Plus In-Network - Copay IN3- TOWN OAPIN - All Town Employees - 3944256. Version# 5

Benefit	In-Network
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 Calendar Year 16 hour maximum per day 	Plan pays 100%
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility <ul style="list-style-type: none"> 120 days maximum per Calendar Year 	Plan pays 100%
Durable Medical Equipment <ul style="list-style-type: none"> Unlimited maximum per Calendar Year 	Plan pays 100%
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 	Plan pays 100%
External Prosthetic Appliances (EPA) <ul style="list-style-type: none"> Unlimited maximum per Calendar Year 	Plan pays 100%
Hearing Aids <ul style="list-style-type: none"> Unlimited maximum per Calendar Year for children under age 13 	Plan pays 100%
Routine Vision <ul style="list-style-type: none"> One eye exam every 12 months Eye glasses and Contacts are not covered 	Plan pays 100%
Wigs <ul style="list-style-type: none"> Unlimited maximum per Calendar Year 	Plan pays 100%
Routine Foot Disorders	Not covered

Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.

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

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

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	In-Network	In-Network
Emergency Care	\$50 per visit (copay waived if admitted), then plan pays 100%	Plan pays 100%	Plan pays 100%

7/1/2015

ASO / EHB State: CT

Open Access Plus In-Network - Copay IN3- TOWN OAPIN - All Town Employees - 3944256. Version# 5

Benefit	Emergency Room / Urgent Care Facility	Outpatient Professional Services		*Ambulance	
	In-Network	In-Network		In-Network	
Urgent Care	\$10 per visit (copay waived if admitted), then plan pays 100%	Plan pays 100%		Not Applicable	
* Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.					
Benefit	Inpatient Hospital and Other Health Care Facilities		Outpatient Services		
	In-Network		In-Network		
Hospice	Plan pays 100%		Plan pays 100%		
Bereavement Counseling	Plan pays 100%		Plan pays 100%		
Note: Services provided as part of Hospice Care Program					
Benefit	Initial Visit to Confirm Pregnancy	Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)	Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)	Delivery - Facility (Inpatient Hospital, Birthing Center)	
	In-Network	In-Network	In-Network	In-Network	
Maternity	\$15 copay, then plan pays 100%	Plan pays 100%	\$15 copay, then plan pays 100%	Covered same as plan's Inpatient Hospital benefit	
Benefit	Physician's Office	Inpatient Facility	Outpatient Facility	Inpatient Professional Services	Outpatient Professional Services
	In-Network	In-Network	In-Network	In-Network	In-Network
Abortion (Elective and non-elective procedures)	\$15 copay, then plan pays 100%	\$250 per admission copay, then plan pays 100%	\$100 per facility visit copay, then plan pays 100%	Plan pays 100%	Plan pays 100%
Family Planning - Men's Services	\$15 copay, then plan pays 100%	\$250 per admission copay, then plan pays 100%	\$100 per facility visit copay, then plan pays 100%	Plan pays 100%	Plan pays 100%
Includes surgical services, such as vasectomy (excludes reversals)					
Family Planning - Women's Services	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.					
Infertility	\$15 copay, then plan pays 100%	\$250 per admission copay, then plan pays 100%	\$100 per facility visit copay, then plan pays 100%	Plan pays 100%	Plan pays 100%
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. Unlimited lifetime maximum					

7/1/2015

ASO / EHB State: CT

Open Access Plus In-Network - Copay IN3- TOWN OAPIN - All Town Employees - 3944256. Version# 5

Benefit	Physician's Office	Inpatient Facility	Outpatient Facility	Inpatient Professional Services	Outpatient Professional Services
	In-Network	In-Network	In-Network	In-Network	In-Network
TMJ, Surgical and Non-Surgical	\$15 copay, then plan pays 100%	\$250 per admission copay, then plan pays 100%	\$100 per facility visit copay, then plan pays 100%	Plan pays 100%	Plan pays 100%
Services provided on a case-by-case basis. Always excludes appliances & orthodontic treatment. Subject to medical necessity.					
Non-Surgical: Unlimited maximum per lifetime					
Bariatric Surgery	\$15 copay, then plan pays 100%	\$250 per admission copay, then plan pays 100%	\$100 per facility visit copay, then plan pays 100%	Plan pays 100%	Plan pays 100%
Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered.					
The following are excluded:					
<ul style="list-style-type: none"> • medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity. • weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision 					
Benefit	Inpatient Hospital Facility		Inpatient Professional Services		
	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	
Organ Transplants	\$250 per admission copay	\$250 per admission copay, then plan pays 100%	Plan pays 100%	Plan pays 100%	
Travel Lifetime Maximum - Lifesource Facility: In-Network: \$10,000 maximum per Transplant per Lifetime					
Benefit	Inpatient In-Network	Outpatient - Physician's Office In-Network	Outpatient Facility In-Network		
Mental Health	\$250 per admission copay, then plan pays 100%	\$15 copay, then plan pays 100%	Plan pays 100%		
Substance Abuse	\$250 per admission copay, then plan pays 100%	\$15 copay, then plan pays 100%	Plan pays 100%		
Note: Detox is covered under medical					
<ul style="list-style-type: none"> • Unlimited maximum per Calendar Year • Services are paid at 100% after you reach your out-of-pocket maximum. • Inpatient includes Residential Treatment. • Outpatient includes partial hospitalization and individual, intensive outpatient and group therapy. 					

Mental Health and Substance Abuse Services

Mental Health/Substance Abuse Utilization Review, Case Management and Programs

Cigna Behavioral Advantage - Inpatient and Outpatient Management

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

Pharmacy

In-Network

Out-of-Network

Cigna Pharmacy three-tier copay plan

- Patient is responsible for the applicable copay based upon the tier of the dispensed medication.
- Self Administered injectable and optional injectable drugs - includes infertility drugs
- Oral contraceptives included
- Includes oral contraceptives - with specific products covered 100%
- Lifestyle drugs included - limited to sexual dysfunction
- Prescription smoking cessation drugs included
- Oral Fertility drugs included
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges included

Retail - 30 day supply
 Generic: You pay \$5
 Preferred Brand: You pay \$10
 Non-Preferred Brand: You pay \$20

Home delivery - 90 day supply
 Generic: You pay \$10
 Preferred Brand: You pay \$20
 Non-Preferred Brand: You pay \$40

Not covered

Pharmacy Program Information

Pharmacy Clinical Management and Prior Authorization

- Your plan is subject to refill-too-soon and other clinical edits as well as prior authorization requirements.
- Plan exclusion edits are always included.
- Additional clinical management - Basic package - provides a limited set of clinical edits such as prior authorization, age edits and quantity limits for a specific list of prescription medications.

Prescription Drug List:

- Cigna Standard Prescription Drug List

Specialty Pharmacy Management:

- Clinical Programs
 - o Prior authorization is not required on specialty medications but quantity limits may apply.
 - o Theracare® Program
- Medication Access Option
 - o Retail and/or Home Delivery

7/1/2015

ASO / EHB State: CT

Open Access Plus In-Network - Copay IN3- TOWN OAPIN - All Town Employees - 3944256. Version# 5

Additional Information

Case Management

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

Comprehensive Oncology Program

- Care Management outreach
- Case Management

Included

Health Advisor - A

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

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

Included

Healthy Pregnancies/Healthy Babies

- Care Management outreach
- Maternity Case Management
- Neo-natal Case Management

\$400 (1st trimester) / \$200 (2nd trimester) - Option 1

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

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

Additional Information

Your Health First - 200

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

- Condition Management
- Medication adherence
- Risk factor management
- Lifestyle issues
- Health & Wellness issues
- 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

Definitions

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

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

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

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

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

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

Exclusions

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

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.

7/1/2015

ASO / EHB State: CT

Open Access Plus In-Network - Copay IN3- TOWN OAPIN - All Town Employees - 3944256. Version# 5

Exclusions

- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services do not include routine patient care costs related to qualified clinical trials as described in your plan document. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Healthplan Medical Director to be: not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or the subject of review or approval by an Institutional Review Board for the proposed use.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Acupressure; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- 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 of 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.
- Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays, autism or mental retardation.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and 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 Prostheses" 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

7/1/2015

ASO / EHB State: CT

Open Access Plus In-Network - Copay IN3- TOWN OAPIN - All Town Employees - 3944256. Version# 5

Exclusions

meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.

- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures.
- Hearing aids (with the exception of that shown in Covered Expenses), including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- 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 for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- Medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Telephone, e-mail, and Internet consultations, and telemedicine.
- Massage therapy.
- Any medications, drugs, for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction.

These are only the highlights

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

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

7/1/2015

ASO / EHB State: CT

Open Access Plus In-Network - Copay IN3- TOWN OAPIN - All Town Employees - 3944256. Version# 5

SUMMARY OF BENEFITS

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

HDHP w/ HSA Plan Design



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 coverage includes a health savings account that you can use to pay for eligible out-of-pocket expenses.

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Coinsurance	Plan pays 100%	Plan pays 80%
Maximum Reimbursable Charge	Not Applicable	300%
Contract Year Deductible	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000
<ul style="list-style-type: none"> • The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles. • All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan. • This plan includes a combined Medical/Pharmacy plan deductible. • Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy deductible. <p>Note: Services where plan deductible applies are noted with a caret (^)</p>		

Plan Highlights	In-Network	Out-of-Network
Contract Year Out-of-Pocket Maximum	Individual: \$5,000 Family: \$10,000	Individual: \$5,000 Family: \$10,000
<ul style="list-style-type: none"> The amount you pay for all covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums. Plan deductible contributes towards your out-of-pocket maximum. Mental Health and Substance Abuse covered expenses contribute towards your out-of-pocket maximum. All eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100% This plan includes a combined Medical/Pharmacy out-of-pocket maximum. Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket. 		
Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)		
Physician Services		
Physician Office Visit	Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> All services including Lab & X-ray 		
Surgery Performed in Physician's Office	Plan pays 100% ^	Plan pays 80% ^
Allergy Treatment/Injections	Plan pays 100% ^	Plan pays 80% ^
Allergy Serum	Plan pays 100% ^	Plan pays 80% ^
Dispensed by the physician in the office		
Preventive Care		
Preventive Care	Plan pays 100%	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. 		
Immunizations	Plan pays 100%	Plan pays 80% ^
Mammogram, PAP, and PSA Tests	Plan pays 100%	Plan pays 80% ^
<ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Associated wellness exam is covered in-network only. 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	Plan pays 100% ^	Plan pays 80% ^
Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate		
Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate		
Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)): In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate		
Inpatient Hospital Physician's Visit/Consultation	Plan pays 100% ^	Plan pays 80% ^
Inpatient Professional Services	Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)		
Outpatient		
Outpatient Facility Services	Plan pays 100% ^	Plan pays 80% ^
Outpatient Professional Services <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	Plan pays 100% ^	Plan pays 80% ^
Short-Term Rehabilitation Contract Year Maximums: <ul style="list-style-type: none"> Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy, Cardiac Rehabilitation and Chiropractic Care – 90 days 	Plan pays 100% ^	Plan pays 80% ^
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum.		
Other Health Care Facilities/Services		
Home Health Care (includes outpatient private duty nursing subject to medical necessity) <ul style="list-style-type: none"> Unlimited days maximum per Contract Year 16 hour maximum per day 	Plan pays 100% ^	Plan pays 80% ^
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility <ul style="list-style-type: none"> 120 days maximum per Contract Year 	Plan pays 100% ^	Plan pays 80% ^
Durable Medical Equipment <ul style="list-style-type: none"> Unlimited maximum per Contract Year 	Plan pays 100% ^	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 	Plan pays 100%	Plan pays 80% ^
External Prosthetic Appliances (EPA) <ul style="list-style-type: none"> Unlimited maximum per Contract Year 	Plan pays 100% ^	Plan pays 80% ^
Hearing Aids <ul style="list-style-type: none"> Unlimited maximum per Contract Year for children under age 13 	Plan pays 100% ^	Plan pays 80% ^
Routine Vision <ul style="list-style-type: none"> One exam every 12 months Eye glasses and Contacts are not covered 	Plan pays 100% ^	Plan pays 80% ^
Routine Foot Disorders	Not covered	Not covered
Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.		

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

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

Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lab and X-ray	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^		Plan pays 100% ^	Plan pays 80% ^
Advanced Radiology Imaging	Plan pays 100% ^	Plan pays 80% ^	Not Applicable	Not Applicable	Plan pays 100% ^		Plan pays 100% ^	Plan pays 80% ^

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

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

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

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

Benefit	Inpatient Hospital and Other Health Care Facilities		Outpatient Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Bereavement Counseling	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^

Note: Services provided as part of Hospice Care Program

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

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

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

Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Abortion (Elective and non-elective procedures)	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Family Planning - Men's Services	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Includes surgical services, such as vasectomy (excludes reversals)										
Family Planning - Women's Services	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.										
Infertility	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. Unlimited lifetime maximum										
TMJ, Surgical and Non-Surgical	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Services provided on a case-by-case basis. Always excludes appliances & orthodontic treatment. Subject to medical necessity. Non-Surgical: Unlimited maximum per lifetime										
Bariatric Surgery	Plan pays 100% ^	Not covered	Plan pays 100% ^	Not covered	Plan pays 100% ^	Not covered	Plan pays 100% ^	Not covered	Plan pays 100% ^	Not covered
Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered. The following are excluded: <ul style="list-style-type: none"> • medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity. • weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision 										
Note: Services where plan deductible applies are noted with a caret (^)										

Benefit	Inpatient Hospital Facility			Inpatient Professional Services		
	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network
Organ Transplants	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^

Travel Lifetime Maximum - Lifesource Facility: In-Network: \$10,000 maximum per Transplant per Lifetime

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

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

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

Note: Detox is covered under medical

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

Mental Health and Substance Abuse Services

Mental Health/Substance Abuse Utilization Review, Case Management and Programs

Cigna Behavioral Advantage - Inpatient and Outpatient Management

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

Pharmacy	In-Network	Out-of-Network
<p>Cigna Pharmacy three-tier copay plan</p> <ul style="list-style-type: none"> • Patient is responsible for the applicable copay based upon the tier of the dispensed medication. • Self Administered injectable and optional injectable drugs - includes infertility drugs • Oral contraceptives included • Includes oral contraceptives - with specific products covered 100% • Lifestyle drugs included - limited to sexual dysfunction • Prescription smoking cessation drugs included • Oral Fertility drugs included • Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges included 	<p>Retail - 30 day supply Generic: You pay \$5 ^ Preferred Brand: You pay \$10 ^ Non-Preferred Brand: You pay \$20 ^</p> <p>Home delivery - 90 day supply Generic: You pay \$10 ^ Preferred Brand: You pay \$20 ^ Non-Preferred Brand: You pay \$40 ^</p>	<p>Retail You pay 20% ^ Your plan pays 80% ^</p> <p>Home Delivery Not covered</p>

Pharmacy Program Information

Pharmacy Clinical Management and Prior Authorization

- Your plan is subject to refill-too-soon and other clinical edits as well as prior authorization requirements.
- Plan exclusion edits are always included.
- Additional clinical management - Basic package - provides a limited set of clinical edits such as prior authorization, age edits and quantity limits for a specific list of prescription medications.

Prescription Drug List:

- Cigna Standard Prescription Drug List

Specialty Pharmacy Management:

- Clinical Programs
 - o Prior authorization is not required on specialty medications but quantity limits may apply.
 - o Theracare® Program
- Medication Access Option
 - o Retail and/or Home Delivery

Additional Information

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

<p>Comprehensive Oncology Program</p> <ul style="list-style-type: none"> • Care Management outreach • Case Management 	<p>Included</p>
--	-----------------

Additional Information

<p>Health Advisor - A Support for healthy and at-risk individuals to help them stay healthy</p> <ul style="list-style-type: none"> • Health and Wellness Coaching • Gaps in Care coaching for select conditions • Preference Sensitive Care/Treatment Decision Support Coaching 	<p>Included</p>
<p>Healthy Pregnancies/Healthy Babies</p> <ul style="list-style-type: none"> • Care Management outreach • Maternity Case Management • Neo-natal Case Management 	<p>\$400 (1st trimester) / \$200 (2nd trimester) - Option 1</p>
<p>Maximum Reimbursable Charge Out-of-Network services are subject to a Contract Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (300%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.</p>	
<p>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.</p>	
<p>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.</p> <ul style="list-style-type: none"> • \$300 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. 	
<p>Pre-Existing Condition Limitation (PCL) does not apply.</p>	

Additional Information

Your Health First - 200

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

- Condition Management
- Medication adherence
- Risk factor management
- Lifestyle issues
- Health & Wellness issues
- 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

Definitions

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

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

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

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

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

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

Exclusions

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

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.

7/1/2015

ASO / EHB State: CT

Choice Fund Health Savings Account (HSA) Open Access Plus (TCHFC; TCHIC; TCHSF; TCHSI) - - Town of Simsbury HSA Plan - 4591493. Version# 5

Exclusions

- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services do not include routine patient care costs related to qualified clinical trials as described in your plan document. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Healthplan Medical Director to be: not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or the subject of review or approval by an Institutional Review Board for the proposed use.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Acupressure; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- For medical and surgical services, initial and repeat, 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 of 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.
- Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays, autism or mental retardation.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and 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 Prostheses" 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

7/1/2015

ASO / EHB State: CT

Choice Fund Health Savings Account (HSA) Open Access Plus (TCHFC; TCHIC; TCHSF; TCHSI) - - Town of Simsbury HSA Plan - 4591493. Version# 5

Exclusions

meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.

- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
- Hearing aids (with the exception of that listed in the Schedule), including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- 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 for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- Medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Telephone, e-mail, and Internet consultations, and telemedicine.
- Massage therapy.

These are only the highlights

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

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.