

AGREEMENT BETWEEN  
THE SIMSBURY BOARD OF EDUCATION  
AND  
THE SIMSBURY EDUCATION ASSOCIATION

**July 1, 2023 – June 30, 2026**



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THIS AGREEMENT IS MADE AND ENTERED INTO by and between the SIMSBURY BOARD OF EDUCATION (hereinafter called the "Board") and the SIMSBURY EDUCATION ASSOCIATION (hereinafter called the "Association"), affiliated with the CONNECTICUT EDUCATION ASSOCIATION and the NATIONAL EDUCATION ASSOCIATION.

## **ARTICLE I**

### **RECOGNITION**

The Board recognizes the Association as the exclusive representative of all certified professional personnel and personnel employed under a durational shortage area permit except administrators and temporary substitute teachers excluded by statute for the purpose of negotiations with respect to salaries and other conditions of employment pursuant to Section 10-153b to 10-153f of said statutes, until such time as the professional personnel represented shall choose other representatives pursuant to said section.

## **ARTICLE II**

### **SALARIES**

#### **A. Salary Schedule**

The salary schedule for positions covered by this Agreement is attached hereto and is part of this Agreement as follows:

Exhibit I, II & III - Salary Schedule

#### **B. Placement on the Salary Schedule**

At the time of initial employment, certified personnel shall be assigned a step on the salary schedule commensurate with preparation, teaching experience, and military service. For teachers hired after July 1, 2002, up to full credit for previous PK-12 teaching experience will be granted to those who are certifiable in the state of Connecticut.

Placement credit up to five (5) steps may be granted to new hires for other employment experiences directly related to their teaching assignment and/or to new hires who are employed in shortage areas as identified by the Commissioner of Education, including the shortage areas applicable to Alliance Districts.

Realizing there will be situations in which other experience may be deemed teaching experience of value to our schools, in such situations the Superintendent/Designee shall consult with the SEA President/Designee to mutually determine if placement on a higher salary step is acceptable.

Any teacher who transfers from another public school system shall be placed upon the step up to that step the teacher would be on if all the experience had been in the Simsbury Public Schools. Except as provided above, teachers newly employed or recalled shall not be placed at a step of the salary schedule that is

higher than the step of incumbent teachers with the same number of years of teaching experience.

#### Initial Hiring Placement Schedule

Step	2023-24 Years of Experience	2024-25 Years of Experience	2025-26 Years of Experience
1	0	0	0
2	1	1	1
3	2	2	2
4	3	3	3
5	4	4	4
6	5	5	5
7	6-7	6	6
8	8	7-8	7
9	9	9	8-9
10	10+	10+	10+

#### 1. Military Service

One step of the salary schedule shall be allowed for each year of military service, to a maximum of two years. Service in excess of one hundred eighty days shall be considered as one full year when computing the teacher's placement on the salary schedule. Service credit shall never be granted beyond the stated maximum of the salary schedule.

#### 2. Transfer of Accrued Illness Time from Previous District

Staff hired after July 1, 2002, will be entitled to transfer to the Simsbury Public School system, from the school system in which they were previously employed, up to a maximum of ninety (90) days of accrued sick time, provided that the teacher shall furnish the Superintendent or designee with written confirmation of the amount of accrued sick time. Such confirmation must be signed by the Superintendent or Personnel Director of the school system in which the teacher was previously employed.

### C. Advancement on the Salary Schedule

#### 1. Based on Satisfactory Performance

(a) A step increase has been negotiated in all years of the agreement, therefore, all teachers whose work is satisfactory in accordance with the school district's evaluation procedure shall be advanced one step on the salary schedule until maximum has been reached.

(b) A teacher whose work is considered to be unsatisfactory in accordance with the

school district's evaluation procedure may be retained at the same salary step for the succeeding year. When this action is taken, the teacher shall receive an explanation in writing prior to June 1.

2. Based on Change in Classification

Advancement related to further course work is governed by the Appendix, "Advancement on Salary Schedule," which is set forth in Exhibit IV, attached hereto and is part of this Agreement.

D. Additional Remuneration

Additional remuneration for military service, special service personnel, extra duties, professional education beyond the Master's Degree, mentor teachers, national board certification, and longevity retirement is set forth in Exhibit V, and is part of this Agreement.

E. Contracts

Provisions which govern contracting with certified professional personnel covered by this Agreement are set forth in Exhibit VI as part of this Agreement. The contract forms to be used are set forth in Exhibits VI-A and VI-B, and are part of this Agreement as "Contract of Employment" and "Annual Salary Notification."

### ARTICLE III

#### INSURANCE BENEFITS

A. Life Insurance

1. Fifty thousand dollars (\$50,000) of life insurance coverage is provided at Board expense. Individuals may purchase additional life insurance on a 50% / 50% Board-teacher shared-cost basis. The maximum amount available, which shall not exceed three (3) times the annual salary of the insured is computed to the nearest higher thousand up to a maximum of \$400,000. (Exhibit XI)
2. Teachers employed prior to July 1, 2007 who are eligible for retirement under statute, who have 25 years of service in Simsbury, and who participate in the longevity retirement program, will receive a \$7,500 life insurance policy upon retirement. Teachers employed thereafter who are eligible for retirement under statute, and who have 25 years of service in Simsbury, and who participate in the longevity retirement program, will receive a \$7,500 life insurance policy upon retirement until age 70. (Exhibit XI)

B. Board of Education Health Insurance Program

1. There are three (3) health insurance options available to employees hired before July 1, 2014: a High Deductible Health Plan (HDHP), a Health Maintenance Organization (HMO), and a Preferred Provider Organization (PPO), outlined

further below (see also summaries in Exhibit IX). For new hires as of July 1, 2014 or thereafter, the only health insurance plan will be the High Deductible Health Plan (HDHP). Employees participating in the HDHP must remain in the HDHP. The Board-teacher shared cost basis is indicated in the following schedule:

	<u>Year</u>	<u>Board Contribution</u>	<u>Employee Contribution</u>	
a.	High Deductible Health Plan (HDHP)			
	Individual Employee and Dependent Coverage			
	2023-24	79%	21%	
	2024-25	79%	21%	
	2025-26	79%	21%	
	<u>Year</u>	<u>Board Contribution</u>	<u>Employee Contribution</u>	
b.	Health Maintenance Organization (HMO)			
	Individual Employee	2023-24	Buy-up*	Buy-up*
	and Dependent Coverage	2024-25	Buy-up*	Buy-up*
		2025-26	Buy-up*	Buy-up*
c.	Preferred Provider Organization (PPO)			
	Individual Employee	2023-24	Buy-up*	Buy-up*
	and Dependent Coverage	2024-25	Buy-up*	Buy-up*
		2025-26	Buy-up*	Buy-up*

\*NOTE: "Buy-up" is the option to participate in the HMO or PPO by paying the difference between (1) what the Board would have paid in premium or premium equivalent plus the applicable Board payment to offset the deductible amount for the HDHP and (2) the cost of participating in the HMO or PPO.

## 2. Additional Plan Information

### a. High Deductible Health Plan (HDHP)

- Participation is mandatory for new hires, and teachers participating in the HDHP must remain in the HDHP.
- Prescription co-pays (\$5/\$30/\$45) apply after the deductible is satisfied. Mail Prescription co-pays are twice the amount of retail.

- The deductibles shall be \$2,000/\$4,000, and employees will be enrolled in a Health Savings Account (HSA).
- The Board contribution to the deductible is 50%.
- The Board's contribution to the deductible shall be made 50% on the first pay date in July and 50% on the first pay date in January.

**b. Health Maintenance Organization (HMO)**

- There is no annual deductible for the individual and their families as long as they stay in the HMO Network.
- This Plan has no lifetime maximum if services are provided In-Network. For Out-of-the-HMO Network, the individual has total responsibility for medical expenses, except in an emergency.

**c. Preferred Provider Organization (PPO-In Network)**

- There is no annual deductible cost to the individual, no family deductible, and no co-insurance costs for those expenses incurred within the Network of doctors and hospitals. This Plan includes an unlimited lifetime maximum.

**d. Preferred Provider Organization (PPO-Out-of-Network)**

- The annual deductible for out-of-network is \$500 individual/ \$1,000 individual plus one/ \$1,500 family,
- 80% / 20% co-insurance on a calendar year basis,
- After the insured has paid \$1,500 individual/ \$3,000 individual plus one/ \$4,500 family in benefit payments including deductible, covered expenses are paid 100%.

**e. Plan design co-pays in PPO and HMO are as follows:**

Co-Pay	2023-24	2024-25	2025-26
	Year 1	Year 2	Year 3
<b><i>Providers</i></b>			
Office Visit	\$30	\$30	\$30
Specialist	40	40	40
Emergency Room	125	125	125
Urgent Care	75	75	75
Inpatient Hospital	250	250	250
Outpatient	250	250	250
High End Imaging	75/375	75/375	75/375
<b><i>Prescription</i></b>			
• Retail	\$10/25/40	\$10/25/40	\$10/25/40
• Mail Order	20/50/80	20/50/80	20/50/80
• Maximum Out-of-Pocket (MOOP)	Unlimited	Unlimited	Unlimited
• Duration (Retail/Mail Order)	30/90 days	30/90 days	30/90 days
• Edits	* See Note	* See Note	* See Note

**\*NOTE:** See edits in #3 “Prescription Drug Benefits” and managed care programs for medical coverage in #4 “Health Benefits” below.

**3. Prescription Drug Benefits**

Prescription drug benefits for all three (3) plans are detailed in the chart above and in the summary of benefits in Exhibit IX. The prescription drug benefits include the following “edits” (managed care):

(1) Mandatory specialty drugs are dispensed through Accredo mail order specialty pharmacy. (Specialty medications are used to treat complex medical conditions, are typically injected, and may need special handling.)

(2) The Board will implement CIGNA’s “Essentials Package” of Prescription Plan Management provisions, including Prior Authorization, Step Therapy, Quantity Limits, and Mandatory Generic Substitution\*.

**\*NOTE:** Teachers currently prescribed a prescription drug with a DAW Provider override are grandfathered for the first six (6) months of the Teachers’ collective bargaining agreement (until December 31, 2023) before they must comply with Mandatory Generic Substitution.



4. Health Benefits Programs

Complete details on each health plan is provided to the teachers on the district website. From the "Human Resources" page, SEA members should click on "Employee Benefits" and then "Medical Insurance." A summary of benefits coverage is available for all plans; these documents are updated annually by the insurance carrier.

Information is also provided regarding CIGNA's Health Matters Preferred Model (managed care) implemented by the Board, which includes in-patient and out-patient precertification.

Plan summaries of benefits and the most recent cost comparison between plans are included as Exhibit IX in this contract.

5. Open Enrollment Period

A regular, annual enrollment will occur each year for teachers, active, retired, and those on Board approved guaranteed leave of absence, to change or renew their choices of all Insurance Plan Options.

6. Retired Teachers

Upon retirement, teachers will be eligible to participate at their own expense in the health insurance programs in place for active employees in accordance with and subject to the limitations under statute.

C. Dental

The Board will provide Dental Insurance (preventive services, general services, major services, and orthodontic benefits) on the following cost basis: Qualifying individuals may purchase individual and/or dependent coverage on a Board – teacher shared-cost basis with a maximum annual benefit of \$2,000 per individual for the duration of this agreement. (Premium cost-sharing amounts are same as for HDHP health benefits)

Plan will provide for 85% restorative services, including composite ("white") fillings. A summary of Dental Benefits is included as Exhibit X in this contract.

D. Part-time Employee Premium Contribution

The employee contribution towards the annual cost of health insurance for part-time employees who are employed at least half-time (.5) is the percentage they are employed. For example, a teacher who is employed as a half-time (.5) teacher will pay 50% of their health insurance premium, with the Board paying 50%. Teachers who are employees less than a .5 FTE (full time equivalent) are not eligible to receive health insurance benefits.

E. Death Benefits

If a teacher dies while employed by the Simsbury Board of Education, the health insurance for the deceased teacher's dependent(s) will remain in force for 24

weeks. Additional extension rights will be available to eligible dependents at their expense at the current group rate as provided by applicable law.

F. Long-Term Disability Income Plan

A long-term disability income plan is available on a 50% / 50% Board-teacher shared-cost basis. The disability benefit is \$6,000 per month or a maximum of 60% of the teacher's salary whichever is less.

G. Flexible Spending Arrangement (FSA) / Section 125 Program

The Board of Education agrees to maintain an optional Section 125 Program with a General Purpose Medical FSA, a Limited Purpose Medical FSA and a Dependent Care FSA. The purpose of these Section 125 plans is to enable eligible teachers to divert a portion of their gross salaries, prior to reduction for federal income or social security taxes for "Medical Care" Expenses and "Dependent Care" Expenses, and have the following conditions:

*General Purpose and Limited Purpose Medical FSAs:* Both the General Purpose Medical FSA and Limited Purpose Medical FSA have a minimum of \$100 to a maximum of \$3,050 per plan year (in 2023) and may be adjusted year-by-year by federal law. The General Purpose Medical FSA is only available to those members that are not enrolled in a HDHP/HSA plan and the qualified expenses are for "Medical Care" expenses as defined by the IRS Section 213 (d) code. The Limited Purpose Medical FSA is for members enrolled in the HDHP/HSA. The eligible expenses with the Limited Purpose Medical FSA are limited first to the following expenses: services or treatments for dental care and/or vision care.

*Dependent Care FSA:* The Dependent Care FSA has a minimum of \$500 to a maximum of \$5,000 per plan year for dependents (in 2023) and may be adjusted year by year by federal law. The dependent care contributions go into an account from which, during the course of the plan year, the member can be reimbursed for their covered dependent care expenses per the guidelines of the plan document.

It is understood that the plan administrator monitoring the program might have a minimum participation requirement. Those employees electing to participate are responsible for the annual fee.

H. Filing and Content of Insurance Plan

Complete details of all insurance plans are filed in the office of the Board of Education and may be examined there during regular office hours. The actual terms and conditions of these plans shall determine the benefits for which employees may be eligible, and this Agreement will not be construed to alter these plans or grant additional benefits not provided in them.

I. Alternate Programs

The Board reserves the right to change insurance carriers or third-party administrators for the benefits under this Article provided that such benefits are equal to the current benefits. In addition, disruption (by physician) shall be no greater than 10%. The Board will notify the Association in writing at least sixty (60)

days prior to any change of carriers or third-party administrators. The Association shall have up to thirty (30) days following such notification to review such change and respond in writing whether it approves or does not approve the change. If the Association does not approve the proposed change, with its notification to the Board it shall submit a written statement detailing the reasons for such disapproval. Failure to submit such a statement to the Board within the thirty (30) day period shall be deemed approval of such change. Should the Association file such written statement of disapproval in a timely manner, the Board shall respond within thirty (30) days. The Board reserves the right to proceed with the change as proposed, and the Association reserves the right to seek review of that action through the grievance procedure. Any such grievance shall be filed at the arbitration level, pursuant to the expedited arbitration procedures of the American Arbitration Association, as such procedures may be amended by mutual agreement of the parties.

J. Vision Plan

The Board will offer a Voluntary Vision plan (100% employee paid) to benefits-eligible employees and their dependents. In order to be eligible, employees must work a minimum of 30 hours. Participants enrolled in HDHP plans will be enrolled in an Eye Exam Only plan through CIGNA.

## **ARTICLE IV**

### **WORKING DAYS**

The work year shall consist of one hundred eighty-five (185) workdays as outlined below.

There shall be one hundred and eighty (180) student contact days during the duration of the contract. There shall be two days (2) to be scheduled prior to the first student day, which shall be used for administratively determined meetings as authorized by the Superintendent or designee in each year of the contract. There shall be two additional professional development days to be held during the school year as determined by the Superintendent or designee. These days will be identified with sufficient advance notice through the school calendar. There shall be one (1) workday following the last student contact day.

If the teachers' workday is lengthened beyond the hours in effect during the 2022-23 school year, the Board of Education shall negotiate compensation in accordance with the provisions of impact bargaining. Teachers at the middle school and high school levels shall attend two programs approved by administration that are designed to increase parent involvement. Such programs will occur outside of the regular work day or work year (for example, Open House Programs and Orientation Programs as scheduled by the Board).

The person or persons (no more than two) serving in the capacity of President of the Simsbury Education Association shall be exempt from any and all school coverage duties normally assigned to a teacher for the duration of the school year(s) that he/she is elected. This includes recess duty, bus duty, lunch duty, cafeteria duty, hall monitoring.

## **ARTICLE V**

### **ABSENCES**

#### **A. With Salary Continuation**

Certified personnel covered by this Agreement shall be granted fifteen (15) days per year for personal illness, quarantine, injury, or disability related to pregnancy, cumulative to one hundred eighty-five (185) days. "Personal illness" may be defined for up to fifteen (15) days per year to include illness or death in the immediate family of an absent employee covered by this Agreement.

When the absence of a person employed under this Agreement is covered by Workers' Compensation, said employee shall also be entitled to partial sick leave payment on a pro-rata basis, but total compensation shall not exceed the employee's regular rate of pay.

The deduction of days from the accumulated sick leave of the employees receiving benefits under Workers' Compensation and partial sick leave payment simultaneously shall be on a pro-rata, partial day basis.

Said deduction of partial days from the employee's accumulated sick leave per day of absence under Workers' Compensation shall be equivalent in percentage to that part of the employee's normal salary not covered by Workers' Compensation payments through the term of coverage by Workers' Compensation.

Provisions for absence due to assault are provided for under 10-236, a, b, and c of the General Statutes.

#### **1. Other Personal Absences**

The Superintendent shall grant certified personnel covered by this Agreement, personal days without salary deduction for:

- a. Religious days (not to exceed three [3] a year),
- b. Sickness or death of close relatives or a member of the immediate household,
- c. Attendance in court or for other legal reasons beyond the employee's control,
- d. Personal reasons subject to approval by the Superintendent of Schools.
- e. One day for which the reason is confidential.

As a general procedure, personal days shall be limited to five (5) days in any school year. Exceptions shall be made by the Superintendent, based upon emergency situations.

Personal day requests, with the exception of emergencies or conditions beyond

one's control, must be forwarded to the Superintendent of Schools seventy-two (72) hours prior to the desired day.

2. Jury Duty

Certified personnel covered by this Agreement who are called to jury duty shall be granted the difference between jury pay and their regular salary. Time lost for jury duty shall not be charged against accumulated sick leave.

3. Absence for Professional Reasons

Absence may be allowed for visiting days, attendance at conventions, participation in school evaluations, educational conferences and/or other forms of professional improvement, without pay deduction, if approval is granted by the Superintendent of Schools.

4. Absence in Excess of Allowance

In the event of absence in excess of days allowed, salary deductions shall be made by the Board at a per diem rate of the annual salary for each such day of absence, based on the work year as defined in this Agreement.

5. Sick Leave of Absence

In the event of absence due to illness or physical disability of tenure employees beyond the granted sick leave accrual, the Board shall make requisite payments to maintain in full force said teacher's protection under the current insurance plan for a period not to exceed twelve (12) months.

6. Adoption of a Child

A teacher who adopts a child may be granted up to fifteen (15) days of personal/sick time by the Superintendent or designee.

B. Leave

1. Without Salary Continuation

Absence for professional improvement may be granted by the Board upon the recommendation of the Superintendent. The teacher seeking leave shall be assured of consideration for any unfilled position for which he/she holds certification and for which he/she is qualified at the termination of the leave. Leaves, for reasons other than professional improvement or sick leave of absence, may be granted at the discretion of the Board of Education. All such leaves shall terminate 5 calendar days before the first working day of the school year following the granting of the leave, with the exception of leaves granted between March 1 and the first working day of the next school year which shall terminate five calendar days before the first working day of the subsequent school year. As in the case of the leave granted for professional improvement, consideration shall be given by the administration to return the teacher to his/her former position or an equivalent one.

## 2. Sabbatical Leave

Teachers with at least six (6) years of service in the Simsbury Schools may devote one (1) year to additional training upon approval of the Board of Education, where such training would be for the benefit of the Simsbury school system and the teacher, and where the teacher could be temporarily replaced without serious dislocation to the school system.

The Board of Education shall pay up to 100% of salary to the individual on leave in an amount it shall specify if such leave is granted.

Application for sabbatical leave and the initial proposal must be received by the Superintendent of Schools or his/her designee by the last school day in September for a sabbatical leave requested for the succeeding year. Announcement of sabbatical application procedures shall be provided by no later than the previous June 1. The number of certified teachers on sabbatical leave during any one year shall not exceed one percent of the total number of certified teachers covered by this Agreement.

Teachers granted such leaves shall be required to return to the Simsbury school system for three (3) years, with one-third (1/3) of the amount of salary provided being forgiven for each year of additional service. In the event that a teacher should not return to the Simsbury Public Schools following the sabbatical leave, or complete three (3) years of service, any unforgiven salary must be returned to the Simsbury Public Schools within thirty (30) calendar days. In the event of death or disability which renders the teacher to be incapable of performing his/her duties, the Board of Education shall release him/her and his/her estate from these obligations. (See Exhibit VII).

## 3. Pregnancy Related Disability and Childrearing Leave

Pregnancy related disability shall be treated as a temporary disability under the conditions as set forth in Article V, paragraph A.1., above. Leaves of absence for childrearing shall be granted under the conditions as set forth in Article V, paragraph B.1, above.

# ARTICLE VI

## TEACHER ASSIGNMENTS, TRANSFERS, AND VACANCIES

### A. Assignments

1. Under normal circumstances, teachers will be notified in writing of the schools to which they will be assigned for the coming year, if different; the grades and/or subjects that they will teach if different; by June 1. If such assignments must be changed thereafter, the affected teacher will be notified as soon as practicable.

2. The positions listed in Exhibit V, Section K are appointive positions lasting for a period of no more than one school year. After three (3) continuous years in the same position, reappointment to these positions will be automatic unless there is documented evidence justifying removal of a person from such position. All persons who apply for a vacancy in such a position, will be considered, provided the applicant applies in writing and meets the posted qualifications. However, the appointing authority, Superintendent or his/her designee, shall not be limited in making appointment to those expressing written interest.

B. Transfer

1. The transfer of teachers within the school system is the responsibility of the Superintendent of Schools. When the Superintendent determines that an involuntary transfer is required, the Superintendent or his/her designee shall meet with the affected teacher(s) and a representative of the Association to discuss the need for the transfer.
2. Teachers who request a transfer for the next school year shall file a written statement of such desire with the Superintendent.

C. Vacancies

1. All job vacancies shall be posted for five (5) days prior to filling the position, and the Board reserves the right to post any position externally. Notice of vacancies shall be distributed electronically to certified staff.
2. Should the Superintendent grant a request to transfer to a vacancy, the Superintendent reserves the right to defer transfer until the beginning of the next school year to avoid disruption of the educational process.

## **ARTICLE VII**

### **LUNCH PERIODS AND PREPARATION TIME**

The Association and the Board recognize the importance of teacher preparation time, both individual and collaborative, to maximize instructional effectiveness with and for students. Both parties recognize that schools remain dynamic environments and requests requiring preparation time to be utilized in a specific way are sometimes inevitable. However, administrators shall refrain from making last minute administrative requests affecting scheduled preparation time when reasonably possible.

1. Lunch Periods

Each teacher shall have a minimum of thirty (30) minutes of uninterrupted, duty-free lunch time. Teachers will not be required to attend administrative meetings or other activities during their lunch period.



2. Elementary Preparation Time

All elementary school teachers (grades K-6) shall have, in addition to their duty-free lunch periods, a minimum of two hundred forty (240) minutes of preparation time per week in blocks of no less than thirty (30) minutes, to be used for planning and/or conferences.

3. Secondary Preparation Time

Secondary teachers (Grades 7-12) shall have, in addition to a duty-free lunch, a minimum of one (1) preparation/conference period of time in a consecutive block of not less than thirty (30) minutes per day, totaling at least two hundred, forty (240) minutes of preparation time per week, to be used for planning and/or conferences.

## **ARTICLE VIII**

### **GRIEVANCE PROCEDURE**

A. Purpose

1. The purpose of this grievance procedure is to settle equitably and at the lowest possible administrative level issues which arise from time to time concerning salaries and other working conditions of the professionals covered by this Agreement.
2. The Board and the Association agree that these proceedings shall be kept as informal and confidential as may be appropriate at any and all levels of the procedure.
3. Nothing herein contained shall be construed as limiting the right of any teacher having a problem to discuss the matter informally with the appropriate member of the administration or with any representative of the Association at any time.

B. Definitions

1. "Grievance"
  - a. A "contractual grievance" is a complaint by a teacher or group of teachers or the Association that, as to him/her/them, there has been a violation, misrepresentation, or misapplication of the provisions of this Agreement.
  - b. A "non-contractual grievance" is a complaint other than a contractual grievance which (i) an individual teacher or group of teachers or the Association may assert relative to (1) Board Policies and Administrative Regulations, or (2) administrative decisions made pursuant to (1) above as applied to the aggrieved person(s), or (ii) an individual teacher or group of teachers or the Association may assert relative to a claim of failure to follow the established procedures in the evaluation plan.
2. An "aggrieved person(s)" is the certified professional person or group of persons or the Association making the grievance.

3. "Days" as used in this procedure shall mean, unless otherwise indicated, working school days.

C. Time Limits

1. No grievance, either contractual or non-contractual, shall be filed unless such filing by the aggrieved person(s) takes place within twenty (20) days of the act or occurrence constituting the grievance, or as of the time when the aggrieved person(s) reasonably should have known of the act or occurrence leading to the grievance, whichever is later. Unless such timely filing takes place, such matter shall thereafter not be considered a grievance.
2. In the case of an alleged continuing violation of the contract, the time limits begin to run from the last violation.

D. Procedure with Respect to Non-Contractual Grievances

1. If any professional staff member feels that he/she has a grievance to discuss, he/she should first take it through the Informal Procedure, discussed below, in Section E.
2. If the grievance cannot be resolved through said Informal Procedure, then it may only be taken through Levels One and Two, discussed below in Section G, except for grievances related to Board Policy, which may be heard at Level Three.

E. Informal Procedure

1. If an aggrieved person believes that he/she has a grievance, such person should first discuss the matter with the school principal or other appropriate administrator in an effort to resolve the matter.
2. Should the aggrieved person wish, he/she may contact the Association President for help in resolving the problem at this level. This procedure shall be referred to as "pre-grievance" and it is hoped that all problems can be resolved at this level.
3. All decisions by supervisors or administrators at this level of the informal procedure shall be reported in writing to the Superintendent of Schools. Copies of the decisions shall be forwarded to the Chairperson of the Professional Rights and Responsibilities Committee.

F. Content of Written Grievance

The written grievance at Levels One, Two, Three and Four shall contain:

1. A citation of the specific section or sections of the article or articles of this Agreement, or the Board Policies and Administrative Regulations or administrative regulations promulgated thereunder, allegedly mis-interpreted, misapplied, and/or violated.

2. The date of such alleged misinterpretations, misapplications, and/or violations.
3. The signature of the aggrieved person.
4. Statement of the facts giving rise to such grievance

G. Formal Procedure

1. Level One: School Principal

- a. If the aggrieved person is not satisfied with the disposition of his/her grievance at the informal level, or if no decision at the informal level is rendered within five (5) days after the institution of the informal procedure, he/she may submit his/her grievance in writing as a formal grievance to the proper school principal or other such administrator as the situation shall dictate within ten (10) days after the grievance was first presented at the informal procedure level.
- b. The school principal (or other administrator) shall render a written decision within five (5) days after the initiation of the Level One proceedings to the aggrieved party, and a copy shall be sent to the Chairperson of the Association's Professional Rights and Responsibilities Committee.

2. Level Two: Superintendent of Schools

- a. If the aggrieved person is not satisfied with the disposition of his/her grievance at Level One, or if no decision at Level One is rendered within five (5) days of the institution of Level One procedures, he/she may appeal to the Superintendent of Schools within five (5) days after the decision at Level One or within ten (10) days after the initiation of the Level One procedures, whichever is sooner.
- b. Within ten (10) days after the Superintendent's receipt of said written appeal, the Superintendent shall hold a hearing with the aggrieved person and representatives of the Association (if involved). A record shall be kept of the hearing by the Superintendent or his/her designee and by the Association.
- c. The Superintendent shall render a written decision to the aggrieved person, with a copy to the Association, within five (5) days after the hearing at Level Two.

3. Level Three: Board of Education

- a. If the aggrieved person is not satisfied with the disposition of his/her grievance at Level Two, or if no decision at Level Two is rendered within five (5) days after the hearing at Level Two, he/she may file a written request for appeal with the Association's Professional Rights and Responsibilities Committee within five (5) days after the decision at Level Two or within

fifteen (15) days after the initiation of the Level Two procedure, whichever is sooner.

- b. Such an appeal to the Board of Education may only be brought by the Association's Professional Rights and Responsibilities Committee or its designee. Notice of such an appeal shall be given within five (5) days of the Association's receipt of the request for Level Three procedures from the aggrieved person.
- c. Within ten (10) days after the receipt of said notice of appeal from the Association, the Board shall hold a hearing with the aggrieved person and representative(s) of the Association. A record shall be kept of the hearing by the Board and by the Association.
- d. The Chairman of the Board of Education shall render a written decision to the aggrieved person, with a copy to the Association, within five (5) days following the hearing at Level Three.

4. **Level Four: Binding Arbitration (contractual grievances only)**

- a. If the aggrieved person is not satisfied with the disposition of his/her grievance at Level Three, or if no decision at Level Three is rendered within five (5) days after the hearing at Level Three, he/she may file a request for binding arbitration with the Association's Professional Rights and Responsibilities Committee of any alleged violation, misrepresentation or misapplication of the provisions of this Agreement within five (5) days after the decision at Level Three or fifteen (15) days after the initiation of the Level Three procedure, whichever is sooner.
- b. The Association may submit the grievance to arbitration by written notice to the Chairman of the Board of Education (or other duly authorized representative of said Board) and to the American Arbitration Association. Notice of such submission shall be given within five (5) days of the Association's receipt of the request for arbitration from the aggrieved person.
- c. The arbitrator shall be selected from a list submitted by the American Arbitration Association.
- d. The parties shall be bound by the rules of the American Arbitration Association.
- e. The arbitrator shall hear and decide only one grievance in each case. He/she shall be bound by and must comply with all terms of this Agreement. Furthermore, said arbitrator shall not have the power nor the authority to add to, delete from, or modify in any way the provisions of the Agreement, nor to require the commission of an act prohibited by statute.
- f. The decision of the arbitrator shall be final and binding on both parties.

- g. The expense of such arbitrator shall be borne equally by both the Association and the Board of Education.

H. Miscellaneous

1. If in the judgment of the Association a grievance affects a group or class of professionals covered under this Agreement, or involves a matter of precedent or policy, the Association may process such a grievance through levels of the grievance procedure.
2. Decisions at all levels of the grievance procedure shall be in writing setting forth the decision and reasons therefor.
3. All documents, communications, and records dealing with the processing of a grievance shall be filed separately from the personnel files of the participants.
4. When a grievance is submitted by an individual teacher without the Association involvement at Levels One and Two, and the Principal and/or the Superintendent shall notify the President of the Association that the grievance exists, stating the aggrieved person's name, date of filing, and the nature of the grievance.
5. The number of days indicated at each level of the procedure should be considered as maximum and every effort should be made to expedite the process. The time limits may be extended, however, by mutual agreement in writing. Permission for such extension of time shall not be unreasonably withheld by either party.
6. In the event that a grievance is filed on or after June 1, every effort shall be made to resolve the grievance prior to the end of the school year or as soon thereafter as is practicable.
7. Failure at any level in the procedure to communicate the decision on a grievance within the specified time limits shall entitle the aggrieved to proceed to the next step. Failure at any level in this procedure to appeal a grievance decision within the specified time limits shall be deemed to be acceptance of the decision rendered at that level.
8. No reprisals of any kind shall be taken by either party or by any member of the administration or its representatives against any party or interest, or any other member of the Association by reason of his/her participation in the grievance procedure.
9. The formal or informal procedures above shall commence at either the levels specifically referred to herein, or at the level at which the relevant decision was made.

## ARTICLE IX

### INSTRUCTIONAL ACCOUNTABILITY

A. Personnel File

No material which is negative in nature originating after original employment shall be placed in a teacher's personnel file unless the teacher has been notified and has had an opportunity to sign, date, and review the material. A teacher may submit a written notation regarding any material in his/her file, and the same shall be attached to the file copy of the material in question. When the teacher is asked to sign material placed in his/her file, such signature shall be understood to indicate his/her awareness of the material, but in no instance shall said signature be interpreted to mean agreement with the content of the material. No anonymous complaint shall be placed in any teacher's file.

B. Just Cause

No teacher shall be disciplined, i.e. reprimanded in writing, suspended or denied an increment without just cause.

## ARTICLE X

### STAFF REDUCTION AND RECALL

A. Reduction

The Association shall be notified of the need for staff reduction before any determination shall be made of the individual teachers to be dropped. Determination of those who are to be released is to be in the following order:

1. Tenure and Certification Status (in the following order)

- a. Volunteer retirements, transfers and resignations
- b. Non-certified, non-tenured teachers, including holders of durational area shortage permits
- c. Certified, non-tenured teachers
- d. Certified, tenured teachers

2. Other Criteria

In the event that tenure and certification status is found to be not definitive enough, the following criteria (in the following order) shall be used within each level (of tenure and certification status):

- a. Total contractual experience in the system (starting with the date the contract was signed)
- b. Experience in position (elementary or secondary, not grade or subject taught)
- c. Total experience in the position in any system
- d. Total experience in any system

- e. Degree status
  - f. Additional course credit
3. The criteria in (1) and (2) above shall govern all staff reductions except that in unusual and exceptional circumstances, the Superintendent, for just cause, may deviate from the criteria specified in 2. a-f inclusive, provided that the Superintendent shall have the burden to justify any exception to said criteria.

B. Notification

1. Non-Renewal – Non-Tenured Teachers

Non-tenured teachers whose contracts of employment will not be renewed for the ensuing year will be notified of their non-renewal in accordance with Section 10-151 of the Connecticut General Statutes. This provision is for informational purposes only.

2. Termination – Non-Tenured and Tenured Teachers

Non-tenured and tenured teachers whose contracts of employment are to be terminated will be notified of their termination in accordance with Section 10-151 of the Connecticut General Statutes. This provision is for informational purposes only.

C. Recall Procedure

1. The name of any teacher whose services have been terminated because of the elimination of position or a reduction in staff shall be placed upon a recall list and remain on such list for three (3) years provided such teacher does not refuse an appointment and provided such teacher applies by email addressed to the Assistant Superintendent for Administration, with receipt acknowledged by the Assistant Superintendent for Administration via a return email to the teacher, for the retention of his/her name on said list on or before June 1 of each year subsequent to his/her termination. Such email shall also include a preferred phone number and email address. (A teacher who is terminated from a full-time position does not waive his/her right to remain on the recall list for three (3) years by a refusal to accept an offer of part-time reemployment through recall procedure.)
2. Any teacher on the recall list shall receive, when possible, a telephone call and email at the addresses provided by the teacher at least ten (10) work days prior to the date of reemployment. The teacher shall accept or reject the appointment by return email to the Assistant Superintendent for Administration within three (3) calendar days, with receipt acknowledged by the Assistant Superintendent for Administration via a return email to the teacher. If he/she accepts the appointment, he/she shall receive a written contract prior to the date of reemployment, where possible.
3. Any teacher who changes his/her preferred phone number and/or email address

shall notify the Board by email of said change, with receipt acknowledged by the Assistant Superintendent for Administration via a return email to the teacher.

4. Recall shall be based on a reversal of the staff reduction criteria of A.1., and a parallel of the steps in A.2.
5. No new teacher shall be hired in a subject area or grade level until all teachers who were terminated from that subject area or grade level have been recalled or declined the opening.
6. No new teachers shall be hired in a subject area or grade level before teachers who were terminated from other subject areas or grade levels, and possessing the necessary certification are recalled or decline the opening.

In unusual and exceptional circumstances, the Superintendent, for just cause, may deviate from the above criteria provided that the Superintendent shall have the burden to justify the exception.

7. A teacher who has been recalled shall be placed at the top of the list of all teachers whose length of seniority is the same as that of the returning teacher. Should further staff reduction occur, a recalled teacher would then be the last to be released in his/her category of seniority.
8. The temporary separation of a teacher shall not affect any earned sick days.
9. Upon written request, the Association shall be provided with a copy of the current recall list.

## **ARTICLE XI**

### **AMENDMENTS**

Proposals by either party for additions to this Agreement are negotiable at any time.

This agreement may not be modified in whole or in part by the parties except by an instrument in writing duly authorized and executed by both parties.

If any provision or any position of this Agreement is ultimately ruled invalid for any reason by an authority of established and competent legal jurisdiction, the balance and remainder of the Agreement shall remain in full force and effect.



## ARTICLE XII

### ASSOCIATION SERVICE FEE

A. Deductions

The Simsbury Board of Education agrees to deduct from each member an amount equal to the Association membership dues or any voluntary service fee as authorized in writing and by means of payroll deductions. The amount of the deduction from each paycheck shall be equal to the total Association membership dues or any voluntary service fee divided by the number of paychecks agreed to by the Simsbury Education Association and the Board of Education within 22 payroll dates. The amount of Association membership dues and voluntary service fee shall be certified by the Association to the Board of Education prior to the opening of school each year.

B. Subsequent Employment

Those teachers whose employment commences after the start of the school year shall pay a pro-rated amount equal to the percentage of the remaining school year.

C. Forwarding of Monies

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

D. Lists

No later than the first paycheck in October of each school year, the Board of Education shall provide the Association with a list of all certified employees of the Board of Education and the positions held by said employees. The Board shall notify the Association monthly of any changes in said list.

E. Save Harmless

The Association shall hold the Board harmless against any and all claims, demands, liabilities, lawsuits, attorneys' fees or other costs which may arise out of, or by reason of, actions taken against the Board as a result of the enforcement or administration of this Section.

## ARTICLE XIII

### DURATION

The provisions of this Agreement shall be effective as of July 1, 2023 and shall continue and remain in full force and effect until June 30, 2026, provided that the Board may reopen negotiations over the provisions of Article III if there is any material amendment to the federal Patient Protection and Affordable Care Act (ACA) or related state or federal law. Reopener negotiations shall be governed by the provisions of Conn. Gen. Stat. Section 10-153f(e), and such negotiations shall be limited to health insurance plan design and funding, premium cost share and/or the introduction of an additional optional health insurance plan.

IN WITNESS WHEREOF, the parties hereunto set their hands and seals this.

SIMSBURY EDUCATION ASSOCIATION



Kara Maslar, Co-President



Jamie Sepa, Co-President

SIMSBURY BOARD OF EDUCATION



Susan Salina, BOE Chairperson

**EXHIBIT I**  
**SIMSBURY TEACHERS' SALARY SCHEDULE**

**2023 -24**

**Salary Schedule**

<b>Step</b>	<b>Bachelor</b>	<b>Masters</b>	<b>6<sup>th</sup> Year</b>	<b>7<sup>th</sup> Year</b>
1	51030	53925	56818	60825
2	52588	56485	59267	63274
3	54814	59601	62606	66502
4	57596	62939	66724	70620
5	60937	67281	71177	76631
6	64221	73125	77772	83031
7	68581	78968	84367	89431
8	73240	84811	90962	95830
9		91420	98235	103202
10		98329	105808	110873

- One step has been inserted between Steps 8 and 9 for a total of 10 steps. Steps 1-10 are renumbered.
- Teachers not at maximum step 10 advance one step from the previous year.
- \$2,500 has been added to each step below the maximum step in each salary lane.
- \$2,800 has been added to the maximum step in each salary lane.

Inasmuch as no future increment is awarded to teachers beyond the last step of the salary schedule, the Board shall grant a \$725 supermax payment to teachers in each of the 4 years following achievement of the last step and a \$925 supermax payment in the 5th and subsequent years. Scheduled increments shall be granted annually to members of the staff whose work is deemed satisfactory or better in accordance with the school district's evaluation procedure.

The Superintendent shall make recommendations to the Board for the granting or withholding of increments or the equivalent for teachers whose work is deemed unsatisfactory, and the granting or withholding of increments shall be accomplished by Board action.

In no case shall an increment be withheld except on the recommendation of the Superintendent, providing, however, that the Board may grant an increment notwithstanding recommendations by the Superintendent that the same be withheld.

In the event of termination of contract, total earnings shall be based on the actual number of contractual days worked.

**EXHIBIT II**  
**SIMSBURY TEACHERS' SALARY SCHEDULE**  
**2024 - 25**

**Salary Schedule**

<b>Step</b>	<b>Bachelor</b>	<b>Masters</b>	<b>6<sup>th</sup> Year</b>	<b>7<sup>th</sup> Year</b>
1	53530	56425	59318	63325
2	55088	58985	61767	65774
3	57314	62101	65106	69002
4	60096	65439	69224	73120
5	63437	69781	73677	79131
6	66721	75625	80272	85531
7	71081	81468	86867	91931
8	76040	87311	93462	98330
9		93920	100735	105702
10		101129	108608	113673

- Teachers not at maximum step 10 advance one step from the previous year.
- \$2,500 has been added to each step below the maximum step in each salary lane.
- \$2,800 has been added to the maximum step in each salary lane.

Inasmuch as no future increment is awarded to teachers beyond the last step of the salary schedule, the Board shall grant a \$725 supermax payment to teachers in each of the 4 years following achievement of the last step and a \$925 supermax payment in the 5th and subsequent years. Scheduled increments shall be granted annually to members of the staff whose work is deemed satisfactory or better in accordance with the school district's evaluation procedure.

The Superintendent shall make recommendations to the Board for the granting or withholding of increments or the equivalent for teachers, whose work is deemed unsatisfactory, and the granting or withholding of increments shall be accomplished by Board action.

In no case shall an increment be withheld except on the recommendation of the Superintendent, providing, however, that the Board may grant an increment notwithstanding recommendations by the Superintendent that the same be withheld.

In the event of termination of contract, total earnings shall be based on the actual number of contractual days worked.

**EXHIBIT III**  
**SIMSBURY TEACHERS' SALARY SCHEDULE**  
**2025 - 2026**

**Salary Schedule**

<b>Step</b>	<b>Bachelor</b>	<b>Masters</b>	<b>6<sup>th</sup> Year</b>	<b>7<sup>th</sup> Year</b>
1	56030	58925	61818	65825
2	57588	61485	64267	68274
3	59814	64601	67606	71502
4	62596	67939	71724	75620
5	65937	72281	76177	81631
6	69221	78125	82772	88031
7	73581	83968	89367	94431
8	78840	89811	95962	100830
9		96420	103235	108202
10		103929	111408	116473

- Teachers not at maximum step 10 advance one step from the previous year.
- \$2,500 has been added to each step below the maximum step in each salary lane.
- \$2,800 has been added to the maximum step in each salary lane.

Inasmuch as no future increment is awarded to teachers beyond the last step of the salary schedule, the Board shall grant a \$725 supermax payment to teachers in each of the 4 years following achievement of the last step and a \$925 supermax payment in the 5th and subsequent years. Scheduled increments shall be granted annually to members of the staff whose work is deemed satisfactory or better in accordance with the school district's evaluation procedure.

The Superintendent shall make recommendations to the Board for the granting or withholding of increments or the equivalent for teachers whose work is deemed unsatisfactory, and the granting or withholding of increments shall be accomplished by Board action.

In no case shall an increment be withheld except on the recommendation of the Superintendent, providing, however, that the Board may grant an increment notwithstanding recommendations by the Superintendent that the same be withheld.

In the event of termination of contract, total earnings shall be based on the actual number of contractual days worked.

## **EXHIBIT IV**

### **ADVANCEMENT ON SALARY SCHEDULE**

#### **SECTION A – MASTER’S SALARY SCHEDULE**

- I. The Master’s Salary Schedule includes the categories Master's Degree and Professional Educator Certificate.
  - A. The category Master's Degree means that the individual has been awarded a Master's Degree by a regionally accredited college or university.
  - B. The category Professional Educator Certificate means that the Connecticut State Department of Education has issued the individual a Professional Educator Certificate.
  - C. In order to advance to the Master’s Schedule, a teacher shall earn a Master’s Degree from an accredited institution with prior written approval of the Superintendent of Schools or designee. This requirement will apply beginning with all new teachers hired for the 2000-2001 school year.
- II. Instructional personnel who wish to be placed on the Master’s Salary Schedule must make written application to the Superintendent of Schools by February 1 of a given year for placement on that schedule.
  - A. Personnel who apply for such placement by February 1 and who qualify by the end of the first half of the next school year (ninety-first school day) shall be placed on this schedule as of the ninety-first (91st) day of the school year.
- III. Instructional personnel who have applied for placement on this schedule must file with the Superintendent of Schools, prior to the effective date of such placement, evidence of courses offered to qualify for such placement and completed satisfactorily.
- IV. Credit for any course taken in a foreign college/university or an institution that is not regionally accredited may be determined by the Superintendent of Schools on the basis of his/her own evaluation of the course.

#### **SECTION B - SIXTH YEAR SCHEDULE**

- I. The Sixth Year Schedule includes the categories Certificate of Advanced Graduate Study (CAGS) and Master's Degree plus 30.
  - A. The category Certificate of Advanced Graduate Study means that the individual:

1. Holds, or has held, either an Initial Educator, a Provisional, or a Professional Educator Certificate issued by the Bureau of Certification of the Connecticut State Department of Education.
  2. Has been awarded a Certificate of Advanced Graduate Study by a regionally accredited college or university.
- B. In order to advance to the Sixth Year Salary Schedule, a teacher shall earn a Certificate of Advanced Graduate Study (CAGS), or earn 30 graduate credits beyond the Master's Degree, with prior written approval by the Superintendent of Schools or designee.
- This requirement will apply to those who fall under the provisions of Section A above, and who were hired commencing with the 2000-2001 school year.
- II. Instructional personnel who wish to be placed on the Sixth Year Schedule must make written application to the Superintendent of Schools by February 1 of a given year for placement on this schedule.
- A. Personnel who apply for such placement by February 1 and who qualify by the end of the first half of the next school year (ninety-first school day) shall be placed on this schedule as of the ninety-first (91st) day of the school year.
- III. Instructional personnel who have applied for placement on this schedule must file with the Superintendent of Schools, prior to the effective date of such placement, evidence of courses offered to qualify for such placement and completed satisfactorily.
- IV. To qualify for the Master's Degree plus 30 category:
- A. Only courses within an interval of ten years can be offered for the 30 semester hours beyond the Master's Degree.
  - B. At least 15 of the 30 semester hours must be in general education in addition to the credits offered for the requirements for a Master's Degree or for a Professional Educator Certificate.
  - C. The credits must be earned in a planned program approved by the Superintendent.
  - D. Teachers whose Master's program requires at least 60 credits will be placed on the Sixth Year schedule, effective July 1, 2020.

#### SECTION C - SEVENTH YEAR SCHEDULE

- I. The Seventh Year Schedule includes the categories Doctor of Philosophy (Ph.D.), Doctor of Education (Ed.D.), Certificate of Advanced Graduate Study (CAGS) plus 30 and Master's Degree plus 60.

- A. The categories Doctor of Philosophy (Ph.D.) and Doctor of Education (Ed.D.) mean that the individual:
  - 1. Holds, or has held, either an Initial Educator, a Provisional, or a Professional Educator Certificate issued by the Bureau of Certification of the Connecticut State Department of Education.
  - 2. Has been awarded either an earned Doctor of Philosophy Degree or Doctor of Education Degree, by a regionally accredited college or university.
- B. The category Certificate of Advanced Graduate Study plus 30 means that the individual:
  - 1. Holds, or has held, either an Initial Educator, a Provisional, or a Professional Educator Certificate issued by the Bureau of Certification of the Connecticut State Department of Education.
  - 2. Has been awarded a Certificate of Advanced Graduate Study by a regionally accredited college or university.
  - 3. Has satisfactorily completed 30 semester hours of study beyond the CAGS in a planned program approved by the Superintendent.
  - 4. Has complied with the requirements listed below in parts II, III, and IV.
- C. The category Master's Degree plus 60 means that the individual:
  - 1. Holds, or has held, either an Initial Educator, a Provisional, or a Professional Educator Certificate issued by the Bureau of Certification of the State Department of Education.
  - 2. Has met all the requirements of the Master's Degree plus 30 as detailed in SECTION B, Sub-section B.
  - 3. Has satisfactorily completed 30 semester hours of study beyond the Master's Degree plus 30 in a planned program approved by the Superintendent.
  - 4. Has complied with the requirements listed below in Parts II, III, and IV.
- II. Instructional personnel who wish to be placed on the Seventh Year Schedule must make written application to the Superintendent of Schools by February 1 of a given year for placement on this schedule.



- A. Personnel who apply for such placement by February 1 and who qualify by the end of the first half of the next school year (ninety-first school day) shall be placed on this schedule as of the ninety-first (91st) day of the school year.
- III. Instructional personnel who have applied for placement on this schedule must file with the Superintendent of Schools, prior to the effective date of such placement, evidence of courses offered to qualify for such placement and completed satisfactorily.
- IV. To qualify for the Certificate of Advanced Graduate Study plus 30 category, or for the Master's Degree plus 60 category:
  - A. Only courses within an interval of ten years can be offered for the 30 semester hours beyond the CAGS or for the 30 semester hours beyond the Master's Degree plus 30.
  - B. At least 15 of the 30 semester hours must be in general education in addition to the credits offered for the requirements for the Sixth Year Schedule.

#### SECTION D - IMPLEMENTATION

The requirement in Section B and Section C that credits be earned in a planned program approved by the Superintendent shall not apply where a teacher has earned any of the required number of credits prior to July 1, 2005.

## EXHIBIT V

### ADDITIONAL REMUNERATION

#### A. Military Service Increment

Veterans of the Armed Services are to receive one (1) year of teaching experience credit for each year of service, up to a maximum of two (2) years; half a year of service (180 days) shall be counted as one (1) year. Simsbury teachers on a military leave of absence shall be granted teaching credit for military service to a maximum of two (2) years, unless otherwise specified by law.

#### B. Mentor Teachers

Teachers who have successfully completed mentor training through an approved Connecticut State Department of Education program and who demonstrate exemplary teaching as reflected in the established selection process will be assigned as mentor teachers as needed and when so assigned shall be awarded a stipend in year one and year two for mentoring a new teacher and, if necessary, year three of mentoring the same teacher in the Teacher Education and Mentoring (TEAM) program (see Exhibit V, item K).

Additionally, mentors who have completed appropriate training and are appointed to serve as master mentors (appointments shall be made on an annual basis) shall be awarded an annual stipend (see Exhibit V, item K).

#### C. National Board Certification (National Board for Professional Teaching Standards)

Teachers who are certified by the National Board for Professional Teaching Standards and agree to conduct in-service/staff training workshops or serve as a mentor for other teachers seeking such certification as directed by the Superintendent or designee will receive \$1000 annually while serving in that capacity.

#### D. Substitute Coverage

1. Long term. Contracted teachers who are certified in the content area and who accept a long-term substitute coverage assignment for a secondary teacher which is in addition to their regular assignment as authorized by the Assistant Superintendent for Administration will be compensated at a rate of 1.2 FTE for the duration of the assignment. Long-term is defined as coverage which will exceed ten (10) consecutive work days.
2. Short term. Teachers who during their scheduled preparation time cover a class for an absent teacher in lieu of a substitute when a substitute is not available, including for split classes, will receive the professional employment rate (per Exhibit V).

E. Retirement Benefits

1. Advanced Longevity of Retirement

If requested in writing prior to the close of the school year (June 30) and three full years before retirement, a teacher eligible for retirement under statute shall submit his/her irrevocable resignation for purposes of retirement (effective three years thereafter) and receive an added annual stipend for each of the last three years of service subject to the following schedule and conditions:

<u>Years of Service in Simsbury upon Retirement</u>	<u>Stipend</u>
15 years	\$ 600
20 years	\$ 1750
30 years	\$ 2900

If a teacher achieves a new level during the period before his/her retirement is effective (e.g. achieves 20 years of service two years after providing notification of retirement), he/she shall receive a retroactive adjustment reflecting payment for the level achieved for each of the three years before retirement. In extraordinary circumstances, such resignation may be withdrawn by mutual agreement between the teacher and the Superintendent or his/her designee.

- a. Teachers will have the option of having the stipend listed in Section I divided over twenty-two or twenty-seven payrolls in each of the three years prior to retirement.

2. Health Insurance Benefits

The Board will provide, up to a maximum of 84 months, to teachers who participate in the longevity retirement programs and who remain enrolled in our group health insurance plan, from the date of retirement to age 65, the following amounts annually toward their health insurance premium:

<u>Years of Service In Simsbury</u>	<u>Amount Toward Premium</u>
15 years	\$ 600
20 years	\$ 800
30 years	\$ 900

If a teacher achieves a new level during the period before his/her retirement is effective (e.g., achieves 20 years of service two years after providing notification of retirement), he/she shall receive a retroactive adjustment reflecting payment for the level achieved for each of the three years before retirement.

A teacher eligible for retirement under statute but not participating in the longevity retirement program shall be eligible for these health insurance benefits if a written statement from a medical doctor indicates that the individual can no longer function as a teacher and should retire.

### 3. Severance Retirement

Teachers not participating in the longevity retirement program shall be eligible for severance benefits as follows:

<u>Years of Service in Simsbury upon Retirement</u>	<u>Stipend</u>
15 years	\$ 900
20 years	\$ 1200
30 years	\$ 1600

### F. Reimbursement for Advanced Study:

#### 1. Sixth Year and Seventh Year Program of Studies

Certified staff members who are on, or above, the Master's Year Schedule, will be granted a 50% tuition reimbursement for advanced study, to a maximum allowance of \$1000 per fiscal year, provided that prior approval for the study has been granted by the Superintendent of Schools, and that a certificate of satisfactory completion of course work has been submitted to document the request for reimbursement. Credit hours in excess of six (6) per fall or spring semester must be granted by the Superintendent of Schools.

#### 2. Advanced Study Beyond Seventh Year

Certified staff members who are on the Seventh Year Schedule will be granted reimbursement for advanced study and professional activities such as institutes, seminars and courses up to \$1,000 per year subject to the prior approval of the Superintendent of Schools.

### G. Professional Employment:

When school is not in session and if a member of the certified staff is to be employed by the Board in a professional capacity, that person shall be compensated at a rate of \$44/hour for the 2023-24 year; \$45/hour for the 2024-25 year; and \$46/hour for the 2025-26 year, based on an eight (8) hour work day.

### H. Part-time Teacher Compensation

Teachers who teach less than full-time will be compensated in the categories of supermax and longevity on a pro-rated basis according to their percentage of teaching time.

### I. Clarification of Interim Teacher

An "interim teacher" is a temporary employee hired to replace a member of the bargaining unit on leave employed under the following conditions:

1. Said interim teacher must be certified for the teaching assignment.

2. Said interim teacher must serve a minimum of forty (40) consecutive days in the same assignment.

3. Said interim teacher shall be paid as follows:

- Starting with the forty-first (41<sup>st</sup>) day, BA track, Step 1.
- Starting with the ninety-first (91<sup>st</sup>) day, at the step and track appropriate to his/her experience.

When the Board anticipates that an interim assignment will last more than ninety days, it may place the interim teacher on the step and track appropriate to his/her experience before the ninety-first (91<sup>st</sup>) day.

4. Other conditions of employment are as follows:

- The interim teacher shall earn sick leave at the rate of 1.5 days per month of employment.
- The interim teacher will not earn seniority credit or be placed on a recall list after the assignment is completed.

Starting with the forty-first (41<sup>st</sup>) day in the same assignment, the interim teacher shall be eligible and is invited to join the Association.

J. Extra Compensation for Extra Duties

<b>POSITION</b>		<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>
<b>Coordinators</b>				
Unified Arts Team Leader		\$1,027	\$1,053	\$1,079
Guidance, 7-8		\$2,052	\$2,103	\$2,156
Music 7-8		\$2,052	\$2,103	\$2,156
Phys. Ed., 7-8		\$2,052	\$2,103	\$2,156
School Psychologist, K-12		\$2,052	\$2,103	\$2,156

Building Coordinator (4 elementary)		\$3,518	\$3,606	\$3,696
Special Services, 9-12		\$3,518	\$3,606	\$3,696

Elementary Science Coordinator		\$3,518	\$3,606	\$3,696
Homebound Tutor Coordinator, 7-12		\$3,518	\$3,606	\$3,696
Team Leader, 7-8 (186 days)		\$3,750	\$3,844	\$3,940
Family and Consumer Science, 7-12		\$5,570	\$5,709	\$5,852
Library Media Services, K-12		\$5,570	\$5,709	\$5,852
Tech Ed/Project Lead the Way, 7-12		\$5,570	\$5,709	\$5,852
Elementary Technology Resource		\$7,038	\$7,214	\$7,394
Elementary Writing/Social Studies Coordinator		\$7,038	\$7,214	\$7,394
Transition Specialist for Secondary Supports, 7-12		\$7,038	\$7,214	\$7,394
Capstone Coordinator		\$7,038	\$7,214	\$7,394
<b>Department Supervisors</b>				
Supervisor, FVTA		\$4,727	\$4,845	\$4,967
Art, K-12		\$9,457	\$9,693	\$9,935
Career & Technology Education, 7-12		\$9,457	\$9,693	\$9,935
English, 7-8		\$9,457	\$9,693	\$9,935
English, 9-12		\$9,457	\$9,693	\$9,935
Guidance, 7-12		\$9,457	\$9,693	\$9,935

<b>POSITION</b>		<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>
<b>Department Supervisors Continued:</b>				
Mathematics, 7-8		\$9,457	\$9,693	\$9,935
Mathematics, 9-12		\$9,457	\$9,693	\$9,935
Music, K-12		\$9,457	\$9,693	\$9,935
PE/Health, K-12		\$9,457	\$9,693	\$9,935
Science, 9-12		\$9,457	\$9,693	\$9,935
Science, 7-8		\$9,457	\$9,693	\$9,935
Social Studies, 7-8		\$9,457	\$9,693	\$9,935
Social Studies, 9-12		\$9,457	\$9,693	\$9,935
Special Services, K-6 (3)		\$9,457	\$9,693	\$9,935
Special Services, 7-8		\$9,457	\$9,693	\$9,935
Special Services, 9-12		\$9,457	\$9,693	\$9,935
Supervisor, Preschool		\$9,457	\$9,693	\$9,935
World Language, 4-8		\$9,457	\$9,693	\$9,935
World Language, 9-12		\$9,457	\$9,693	\$9,935
<b>Miscellaneous</b>				
Music Festival Chaperones (per diem)		\$112	\$115	\$117
Math Olympiads - Elementary (5)		\$590	\$605	\$620
TEAM Mentor - Year 1		\$590	\$605	\$620
TEAM Mentor - Year 2		\$945	\$969	\$993
Master Mentor		\$1,417	\$1,452	\$1,488
Assistive Technology Resource Teacher (ATRT)		\$1,845	\$1,891	\$1,938
Chemical Hygiene Officer - HJMS		\$1,845	\$1,891	\$1,938
HJMS Morning Bus Supervision (2)		\$2,467	\$2,529	\$2,592
Chemical Hygiene Officer - SHS		\$3,518	\$3,606	\$3,696
Clubs/Intramurals (Hourly)*		\$26	\$27.00	\$28

*\*Hourly rate is intended for teachers who supervise intramurals or new/emerging clubs that may meet irregularly and are not recognized with a stipend.*

POSITION		2023-24	2024-25	2025-26
<b>Group I</b>				
HJMS Yearbook		\$3,155	\$3,234	\$3,315
SHS Winter Musical-Vocal Director		\$3,155	\$3,234	\$3,315
SHS Pinnacle Advisor* (2)		\$3,155	\$3,234	\$3,315
SHS Spring Play Director		\$3,155	\$3,234	\$3,315
SHS Pep Band		\$3,155	\$3,234	\$3,315
HJMS Musical - Director		\$3,155	\$3,234	\$3,315
SHS Winter Musical - Director		\$4,867	\$4,988	\$5,113
FIRST Robotics		\$6,310	\$6,468	\$6,629
<b>Group II</b>				
SHS Winter Musical-Choreographer		\$2,307	\$2,365	\$2,424
SHS Winter Musical-Lighting Designer		\$2,307	\$2,365	\$2,424
SHS Winter Musical-Costume Designer		\$2,307	\$2,365	\$2,424
SHS Winter Musical-Pit Conductor		\$2,307	\$2,365	\$2,424
SHS Future Business Leaders/DECA		\$2,307	\$2,365	\$2,424
SHS Senior Class* (2)		\$2,307	\$2,365	\$2,424
SHS Student Council		\$2,307	\$2,365	\$2,424
SHS Math Team		\$2,307	\$2,365	\$2,424
SHS Mock Trial		\$2,307	\$2,365	\$2,424
SHS Fall One-Acts		\$2,307	\$2,365	\$2,424
SHS Jazz Band		\$2,307	\$2,365	\$2,424
SHS Debate Team		\$2,307	\$2,365	\$2,424
SHS Unified Theater		\$2,307	\$2,365	\$2,424
SHS Fencing Team (2)		\$2,307	\$2,365	\$2,424
HJMS Chamber Orchestra		\$2,307	\$2,365	\$2,424
HJMS Leadership Academy*(2)		\$2,307	\$2,365	\$2,424
HJMS Mathcounts		\$2,307	\$2,365	\$2,424



<b>POSITION</b>		<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>
<b>Group II Continued:</b>				
HJMS Jazz Band		\$2,307	\$2,365	\$2,424
HJMS Student Council		\$2,307	\$2,365	\$2,424
HJMS Select Chorus		\$2,307	\$2,365	\$2,424
HJMS Unified Theater		\$2,307	\$2,365	\$2,424
HJMS Wind Ensemble		\$2,307	\$2,365	\$2,424
Elementary Select Chorus		\$2,307	\$2,365	\$2,424
Elementary Select Orchestra		\$2,307	\$2,365	\$2,424
Elementary Jazz Band		\$2,307	\$2,365	\$2,424
<b>Group III</b>				
SHS Nat'l Honor Society* (2)		\$1,892	\$1,939	\$1,988
SHS Newspaper		\$1,892	\$1,939	\$1,988
SHS Readers' Theater		\$1,892	\$1,939	\$1,988
SHS Junior Class* (2)		\$1,892	\$1,939	\$1,988
SHS Women's Empowerment Club		\$1,892	\$1,939	\$1,988
SHS Sophomore Class* (2)		\$1,892	\$1,939	\$1,988
SHS Percussion Instructor		\$1,892	\$1,939	\$1,988
SHS Tri-M Advisor		\$1,892	\$1,939	\$1,988
SHS Trojan Wall (2)		\$1,892	\$1,939	\$1,988
SHS Stock Market Club		\$1,892	\$1,939	\$1,988
SHS United Nations		\$1,892	\$1,939	\$1,988
SHS Winter Musical -Asst Director		\$1,892	\$1,939	\$1,988
SHS Best Buddies		\$1,892	\$1,939	\$1,988
HJMS Service Club		\$1,892	\$1,939	\$1,988
HJMS Musical - Asst Director		\$1,892	\$1,939	\$1,988
HJMS FACS Club		\$1,892	\$1,939	\$1,988
Elementary Drama Club		\$1,892	\$1,939	\$1,988
Elementary Musical Theater		\$1,892	\$1,939	\$1,988

<b>POSITION</b>		<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>
<b>Group IV</b>				
SHS Freshman Class* (2)		\$1,059	\$1,085	\$1,112
SHS National Art Honor Society		\$1,059	\$1,085	\$1,112
SHS Gender Sexuality Alliance		\$1,059	\$1,085	\$1,112
SHS - Mural Club		\$1,059	\$1,085	\$1,112
SHS Students of Color Alliance		\$1,059	\$1,085	\$1,112
SHS E-Sports Club		\$1,059	\$1,085	\$1,112
SHS - Key Club		\$1,059	\$1,085	\$1,112
SHS - Chess Club		\$1,059	\$1,085	\$1,112
SHS Students of Color Alliance		\$1,059	\$1,085	\$1,112
HJMS - Dungeons & Dragons		\$1,059	\$1,085	\$1,112
HJMS Pep Band		\$1,059	\$1,085	\$1,112
HJMS Science Club		\$1,059	\$1,085	\$1,112
HJMS Art Gallery		\$1,059	\$1,085	\$1,112
HJMS Talent Show		\$1,059	\$1,085	\$1,112

## **K. Interscholastic Athletics**

When necessary, more than one individual may hold the same position as long as money, duties, and responsibilities are agreed to by the parties and the cost does not exceed the budgeted amount. Prior to the implementation of such agreements, the Assistant Superintendent for Administration must give approval and the Association must be informed.

<b>POSITION</b>		<b>2023-24</b>	<b>2024-25</b>	<b>2025-26</b>
Baseball - Head Coach		\$6,728	\$6,896	\$7,069
Baseball - Asst .Coach		\$4,685	\$4,802	\$4,922
Baseball - JV Coach		\$4,685	\$4,802	\$4,922
Baseball - Freshman Coach		\$4,685	\$4,802	\$4,922
Basketball - Head Coach		\$7,731	\$7,924	\$8,122
Basketball - Asst Coach		\$5,333	\$5,466	\$5,603
Basketball - JV Coach		\$5,333	\$5,466	\$5,603
Basketball - Freshman Coach		\$5,333	\$5,466	\$5,603
Cheerleading - Head Coach **		\$6,247	\$6,403	\$6,563
Cheerleading - Assistant Coach **		\$4,685	\$4,802	\$4,922
Crew - Head Coach **		\$7,699	\$7,891	\$8,089
Crew - JV Coach **		\$5,739	\$5,882	\$6,030
Crew - Novice Coach**		\$5,379	\$5,514	\$5,652
Cross Country - Head Coach		\$6,247	\$6,403	\$6,563
Cross Country - Assistant Coach		\$4,685	\$4,802	\$4,922
Cross Country (Ski) - Head Coach		\$6,372	\$6,532	\$6,695
Field Hockey - Head Coach		\$6,372	\$6,532	\$6,695
Field Hockey - Assistant Coach		\$4,685	\$4,802	\$4,922
Field Hockey - JV Coach		\$4,685	\$4,802	\$4,922
Football - Head Coach		\$8,502	\$8,715	\$8,933
Football - Assistant Coach		\$5,813	\$5,958	\$6,107
Football - JV Coach		\$5,813	\$5,958	\$6,107
Football - Freshman Coach		\$5,813	\$5,958	\$6,107
Golf - Head Coach		\$6,247	\$6,403	\$6,563
Golf - JV Coach		\$4,685	\$4,802	\$4,922
Ice Hockey - Head Coach		\$7,339	\$7,522	\$7,711
Ice Hockey - Assistant Coach		\$5,252	\$5,383	\$5,518
Ice Hockey - JV Coach		\$5,252	\$5,383	\$5,518

POSITION		2023-24	2024-25	2025-26
Lacrosse - Head Coach		\$6,467	\$6,628	\$6,794
Lacrosse - Asst Coach		\$4,685	\$4,802	\$4,922
Lacrosse - JV Coach		\$4,685	\$4,802	\$4,922
Lacrosse - Freshman Coach		\$4,685	\$4,802	\$4,922
Rugby - Head Coach		\$6,466	\$6,628	\$6,793
Rugby - Assistant Coach		\$4,685	\$4,802	\$4,922
Soccer - Head Coach		\$6,794	\$6,964	\$7,138
Soccer - Asst. Coach		\$4,685	\$4,802	\$4,922
Soccer - JV Coach		\$4,685	\$4,802	\$4,922
Soccer - Freshman Coach		\$4,685	\$4,802	\$4,922
Softball - Head Coach		\$6,728	\$6,896	\$7,069
Softball - JV Coach		\$4,685	\$4,802	\$4,922
Swimming - Head Coach		\$7,047	\$7,223	\$7,404
Swimming - Assistant Coach		\$5,252	\$5,383	\$5,518
Strength & Conditioning **		\$6,372	\$6,532	\$6,695
Tennis - Head Coach		\$6,247	\$6,403	\$6,563
Tennis - Asst. Coach		\$4,685	\$4,802	\$4,922
Track (Outdoor) - Head Coach		\$6,393	\$6,553	\$6,717
Track (Outdoor) - Asst. Coach		\$4,685	\$4,802	\$4,922
Track (Indoor) - Head Coach		\$6,372	\$6,531	\$6,695
Track (Indoor) - Asst. Coach		\$4,685	\$4,802	\$4,922
Unified Sports - Head Coach (2)		\$6,080	\$6,232	\$6,388
Volleyball - Head Coach		\$6,393	\$6,553	\$6,717
Volleyball-JV Coach		\$4,685	\$4,802	\$4,922
Volleyball - Thirds Coach		\$4,685	\$4,802	\$4,922
Wrestling - Head Coach		\$7,158	\$7,337	\$7,520
Wrestling - Asst. Coach		\$5,252	\$5,383	\$5,518
Event Manager **		\$5,187	\$5,317	\$5,450

\*\* Positions for multiple seasons are compensated each season at the amount listed

## **EXHIBIT VI**

### **APPOINTMENT AND CONTRACTING OF STAFF**

A. Contract of Employment

A contract shall be issued to all employees represented by the Association. The Superintendent is authorized to sign all contracts for the Board of Education. The Simsbury Board of Education and the Association recognize the attached as the official form to be used.

B. Annual Salary Notification

A written wage statement shall be issued annually to all individuals represented by the Association.

## EXHIBIT VI – A

### CONTRACT OF EMPLOYMENT

The Board of Education at the Town of Simsbury, Connecticut, hereby agrees to employ \_\_\_\_\_ and \_\_\_\_\_ (to whom the term “teacher” hereinafter refers) hereby agrees to serve, under the direction of the Superintendent of Schools, as a(n) \_\_\_\_\_ in the public schools of said town beginning \_\_\_\_\_. Said Board of Education agrees to pay said teacher an annual salary in accordance with the prevailing salary schedule of the Board of Education for said town, and as set forth in an annual salary notification.

This contract of employment shall continue in force from year to year subject to the following conditions:

- (a) It may be terminated by mutual consent at any time.
- (b) The teacher may resign for good reason by submitting at least thirty days written notice at any time except during the month of August, during which month, unless the contract has been terminated by mutual consent or Board action, the teacher will accept employment with no other Board of Education in Connecticut.
- (c) The Board may terminate this contract at any time as provided by the General Statutes of Connecticut.

This contract shall become operative when properly signed in duplicate and one copy returned by the teacher to the Office of the Superintendent of Schools.

This contract is and shall be subject to the statutes of the State of Connecticut and the rules and regulations of the Board of Education.

Signed

Board of Education

By \_\_\_\_\_  
Teacher

By \_\_\_\_\_  
Superintendent of Schools

Date \_\_\_\_\_

Date \_\_\_\_\_

## EXHIBIT VI – B

### SIMSBURY PUBLIC SCHOOLS ANNUAL SALARY NOTIFICATION

**TO:**  
**FROM:** Matthew T. Curtis, Superintendent  
**DATE:**  
**SUBJECT:** Annual Salary Notification

This is to notify you that in accordance with the Board of Education salary schedule established for the school year \_\_\_\_\_ beginning \_\_\_\_\_ and ending June 30, \_\_\_\_\_, your base salary will be as listed below, less required deductions for the State Teachers' Retirement Fund, Withholding Tax, and any other deduction which you may authorize:

**Salary Amount:** \$

In addition to the base salary indicated above, the following stipends will also be included:

- A. Plus Special Services Differential
- B. Plus Supermax - 1 to 4 years beyond maximum
- C. Plus Supermax - 5th year and above beyond maximum
- D. Plus Longevity Retirement Payment (3 years)
- E. Plus Department Supervisor Stipend
- F. Plus Coordinator Stipend
- G. Plus National Board Certification Stipend

**Base Salary** \$                      **Step:**                      **Schedule:**                      **FTE %**

**Total Salary:** \$  
(includes base plus appropriate items A-G)

#### Experience:

**Simsbury**

**Other**

**Total**

Please retain one copy of this notification for your records. The other copy is to be signed and returned to the Superintendent of Schools (Personnel Office).

\_\_\_\_\_  
Signature/Date

#### For Office Use Only

Change in Degree from \_\_\_\_\_ To \_\_\_\_\_

Date Approved \_\_\_\_\_  
Approval Signature \_\_\_\_\_

Amount: \_\_\_\_\_ School Assignment: \_\_\_\_\_

School: \_\_\_\_\_ Assignment: \_\_\_\_\_

## EXHIBIT VII

### SIMSBURY PUBLIC SCHOOLS SABBATICAL LEAVE AGREEMENT

The Simsbury Board of Education recognizes that additional training or specific project endeavors that a teacher pursues and which result in direct benefit to the school system and the teacher deserve its encouragement. To this end, the Board of Education permits sabbatical leaves where the following criteria are satisfied:

1. Certified teacher must have at least six (6) years of service in Simsbury to be considered.
2. The teacher can be temporarily replaced without a serious dislocation to the system.
3. The teacher makes a written application to the Superintendent of Schools by the last school day of September of the year preceding the year in which the leave is to occur.
4. The Superintendent recommends to the Board of Education approval of the Sabbatical Leave proposal and the Board votes its approval.

The Simsbury Board of Education approved a Sabbatical Leave on \_\_\_\_\_ for \_\_\_\_\_ to occur during period \_\_\_\_\_ to \_\_\_\_\_ based upon his/her proposal to:

Description or Title of Training Project

\_\_\_\_\_  
\_\_\_\_\_

The Board of Education endorses this proposal and will provide one hundred percent of his/her salary for the \_\_\_\_\_ school year. If \_\_\_\_\_ receives any grant payments, which added to the salary provided, exceed 110% of normal earnings, the Board will reduce the salary it pays to insure that the maximum earnings do not exceed 110%.

It is anticipated that due to the granting of this sabbatical leave that \_\_\_\_\_ will return to the Simsbury Public Schools for three years at the conclusion of the sabbatical leave. One third of the salary paid to \_\_\_\_\_ during the sabbatical period will be forgiven during each of these years. Should \_\_\_\_\_ not return to the Simsbury Public Schools following the Sabbatical Leave or complete three years of service, any unforgiven salary must be returned to the Simsbury Public Schools within thirty calendar days. In the event of death or disability which causes \_\_\_\_\_ to be incapable of performing his or her duties, the Board of Education shall release him/her and his/her estate from these obligations.

Acknowledged

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

Acknowledged

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

N.B. This document is drafted in conformance with the Agreement between the Simsbury Education Association and the Simsbury Board of Education, Article V B. Leaves 2. Sabbatical Leave



**EXHIBIT VIII**  
**SIMSBURY PUBLIC SCHOOLS**  
**PER DIEM UNDERSTANDING**

Per diem payment applies to bargaining unit personnel in the following categories:

1. Teaching state-mandated Adult Education courses
2. Teaching courses enrolling K-12 students as part of the Continuing Education program
3. Summer employment such as Guidance Department, Work Experience coordination and curriculum projects
4. In-service teaching beyond one's school day

In order to qualify within categories 1, 2 and 4, a teacher must possess a current Connecticut Teacher Certification for the content area, or currently be teaching a specific course. The only exception to the above definition is SAT Review Courses.

## EXHIBIT IX

### SIMSBURY PUBLIC SCHOOLS HEALTH BENEFIT PROGRAM OVERVIEW

#### I. Plan Design

##### A. PPO/OAP ("Open Access Plus") & OAPIN (In-Network) & HMO

Co-Pay	2023-24	Year 2	Year 3
<i><u>Provider</u></i>			
Office Visit	\$30	\$30	\$30
Specialist	40	40	40
Emergency Room	125	125	125
Urgent Care	75	75	75
Inpatient Hospital	250	250	250
Outpatient	250	250	250
High End Imaging	75/375	75/375	75/375
<i><u>Prescription</u></i>			
• Retail	\$10/25/40	\$10/25/40	\$10/25/40
• Mail Order	20/50/80	20/50/80	20/50/80
• Maximum Out-of-Pocket (MOOP)	Unlimited	Unlimited	Unlimited
• Duration (Retail/Mail Order)	30/90 days	30/90 days	30/90 days
• Edits	* See Note	* See Note	* See Note

\*Note: Edits include: (1) CIGNA's "Essentials Package" of Prescription Plan Management provisions, including Prior Authorization, Step Therapy, Quantity Limits, and Mandatory Generic Substitution, and (2) mandatory specialty drugs dispensed through Accredo specialty pharmacy.

##### B. PPO/OAP (Non Network)

	\$500/1,000/ 1,500	\$500/1,000/ 1,500	\$500/1,000/ 1,500
Deductible	1,000/2,000/ 3,000	1000/2000/ 3,000	1,000/2,000/ 3,000
Coinsurance Cap	1,500/3,000/ 4,500	1,500/3,000/ 4,500	1,500/3,000/ 4,500
Max. Out-of-Pocket (MOOP)			

C. **HSA HDHP**

Deductible	\$2,000/4,000	\$2,000/4,000	\$2,000/4,000
Coinsurance	100/80%	100/80%	100/80%
MOOP In-Network	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
MOOP Out-of-Network	Blended*	Blended*	Blended*
Script Copays <sup>(1)</sup>	\$5/30/45	\$5/30/45	\$5/30/45

\* Blended means Max. Out-of-Pocket (MOOP) accumulates in- and out-of-network claims together.

Mail Script Copays	\$10/60/90	\$10/60/90	\$10/60/90
Preventive Services <sup>(2)</sup>	100%	100%	100%

Assumes Plan Sponsor (Simsbury Board of Education) will make an HSA deposit equal to 50% of appropriate deductible value.

<sup>(1)</sup> For Scripts after Deductible has been met.

<sup>(2)</sup> Scheduled Preventive Services paid by Plan at 100%, not charged to Deductible.

D. **Dental**

Deductible			
- Annual	\$50/150	\$50/150	\$50/150
- Orthodontic	50	50	50
Coinsurance			
- Class I	100%	100%	100%
- Class II	85	85	85
- Class III	50	50	50
- Class IV	50	50	50
Maximums			
- Annual	\$2,000	\$2,000	\$2,000
- Orthodontic	1,000	1,000	1,000

E. **Premium Contribution Percentages (employee only and dependents)**

A **Employee Contributions**

Plan Option	2023-24	2024-25	2025-26
PPO/OAP & HMO	Buy-up	Buy-up	Buy-up
PPO/OAPIN	Buy-up	Buy-up	Buy-up
HDHP & HSA	21%	21%	21%
Dental	21%	21%	21%

## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Simsbury Board of Education

### Network: PDP

	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of R&C Fee <sup>**</sup>
<b>Coverage Type</b>		
<b>Type A: Preventive</b> (cleanings, exams, X-rays)	100%	100%
<b>Type B: Basic Restorative</b> (fillings, extractions)	85%	85%
<b>Type C: Major Restorative</b> (bridges, dentures, TMJ)	50%	50%
<b>Type D: Orthodontia</b>	50%	50%
<b>Deductible<sup>†</sup></b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum Benefit</b>		
Per Person	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum</b>		
Per Person <sup>***</sup>	\$1,000	\$1,000

<sup>1</sup> "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup> Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>\*\*</sup>R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

<sup>†</sup>Applies only to Type B & C Services.

<sup>\*\*\*</sup> Orthodontia excluded for adults. Available for dependent children up to age 26.

### List of Primary Covered Services & Limitations\*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	How Many/How Often
<b>Type A — Preventive</b>	
Prophylaxis (cleanings)	Two per calendar year
Oral Examinations	Two exams per calendar year
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to his/her 19th birthday
X-rays	<ul style="list-style-type: none"> <li>Full mouth X-rays; one per 36 months</li> <li>Bitewings X-rays; two sets per calendar year</li> </ul>
Space Maintainers	
Sealants	Two application of sealant material every 16 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 16th birthday

## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Simsbury Board of Education

### Type B — Basic Restorative

Fillings	Covered at 100%
Simple Extractions	
Crown, Denture and Bridge Repair/ Recementations	
Oral Surgery	
Endodontics	Covered at 100%
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> <li>• Periodontal scaling and root planing</li> <li>• Periodontal surgery</li> <li>• Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year</li> </ul>

### Type C — Major Restorative

Implants	Replacement once every 60 months
Bridges and Dentures	<ul style="list-style-type: none"> <li>• Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>• Dentures and bridgework replacement; one every 5 years</li> <li>• Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns, Inlays and Onlays	Replacement once every 5 years

### Type D — Orthodontia

- Your children, up to age 26, are covered while Dental insurance is in effect.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia
- Payments are on a repetitive basis
- 20% of the amount charged by the dentist will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary
- Orthodontic benefits end at cancellation of coverage

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

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### Exclusions

**This plan does not cover the following services, treatments and supplies:**

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;

## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Simsbury Board of Education

- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images

### Limitations

**Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, payment is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's payment for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

This dental benefits plan is made available through a self-funded arrangement. MetLife administers this dental benefits plan, but does not provide insurance to fund benefits.

### Questions & Answers

#### Q. Who is a participating dentist?

- A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.<sup>†</sup>

#### Q. How do I find a participating dentist?

- A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-800-942-0854 to have a list faxed or mailed to you.

#### Q. What services are covered under this plan?

- A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern. Please review the enclosed plan benefits to learn more.

#### Q. May I choose a non-participating dentist?

- A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

#### Q. Can my dentist apply for participation in the network?

- A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-866-PDP-NTWK for an application.<sup>††</sup> The website and phone number are for use by dental professionals only.

#### Q. How are claims processed?

- A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-800-942-0854

#### Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

- A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$50. Simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Simsbury Board of Education

### Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

- A. Yes. Through international dental travel assistance services<sup>†</sup> you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.<sup>\*\*</sup> Please remember to hold on to all receipts to submit a dental claim.

### Q. How does MetLife coordinate benefits with other insurance plans?

- A. Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

### Q. Do I need an ID card?

- A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

<sup>†</sup>Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

<sup>††</sup>Due to contractual requirements, MetLife is prevented from soliciting certain providers.

\*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US\$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

<sup>\*\*</sup>Refer to your dental benefits plan summary for your out-of-network dental coverage.

NOTE: This is an abbreviated version of the most recent Summary of Benefits available for July 1, 2020 - June 30, 2023. All annual updates and complete details on each health plan are provided to the teachers on the district website. From the "Human Resources page, click on "Employee Benefits" and then "Medical Insurance."



## EXHIBIT XI

### Life Insurance & Long-Term Disability Insurance

#### Life & Long-Term Disability Insurance

SPS offers group term life and group long term disability insurance through The Standard insurance company. The effective date of coverage is 1 month after an employees' date of hire. Employees have 30 days from their date of hire to enroll in life benefits. After 30 days, employees are subject to Evidence of Insurability. Employees have 6 months from date of hire to sign up for Long Term Disability Coverage.

Deductions for life and disability insurances are made during the school year over 20 payrolls – September through June. Accelerated payments may be necessary for employees that are enrolled after the deduction period has begun.

#### Life Insurance

A basic group term life insurance policy as well as a supplemental life insurance benefit is available to eligible employees. The basic benefit is paid in full by SPS. Supplemental Insurance Coverage is 3X's the annual salary of the insured, computed to the nearest thousand dollars, up to a maximum of \$300,000.

**Basic Benefit** is \$50,000 – (*Automatic Enrollment*)

Board Pays Full Cost

**Additional Coverage** is 3X's Salary rounded to nearest thousand

Cost is \$0.41 per \$1,000/2

(Available on a 50% / 50% Board / Employee shared cost basis.)

#### Example of Cost for Additional Life Insurance:

Annual Salary = \$45,000 X 3 = \$135,000.00 Life Insurance Coverage

\$135,000 - \$50,000 (Basic Benefit) = \$85,000

\$85,000 X \$0.205 (shared cost split with BOE) = \$17,425 / 1,000 = \$17.43 per month

\$17.43 X 12 months = \$209.16 annual cost

Teachers who are eligible for retirement under statute, and who have 25 years of service in Simsbury, and who participate in the longevity retirement program, will receive a \$7,500 life insurance policy upon retirement until age 70.

#### Long-Term Disability

The Long-Term Disability Insurance plan provides disability income to eligible employees available on a 50%/50% Board-Employee shared cost basis at \$0.194 per \$100/2 (Approx \$97/year). The Maximum Salary is \$100,000.

The disability benefit is \$6,000 per month or a maximum of 60% of the teacher's salary, whichever is less, with a 90-day waiting period before benefit commencement.

Employees must submit a **benefit enrollment form** to become enrolled within 6 months of date of hire..  
Benefit enrollment forms are available from the Payroll/Benefit Department.

# WE'RE ON YOUR TEAM.

## Welcome to Cigna Health Matters® Care Management

If you or a loved one are faced with a medical condition, it's understandable to feel overwhelmed. The good news is you're not alone. Your care manager is your personal nurse advocate<sup>1</sup> and is ready to support you at every step of your journey toward better health. They can help you understand your health plan benefits, so that you can access services – quickly, easily and seamlessly.

### What is Care Management?

Care Management is a collaborative process of helping to find the right services to meet your family's comprehensive health needs. Cigna's nurse advocates help manage your care by bringing together the right resources and people to meet your needs. We have social workers, pharmacists and behavioral professionals who are ready to help. These services are available at no additional cost to you and are completely confidential.

### When would I be contacted, and why?

There are different instances when you might be contacted by a nurse advocate. For example, if you are admitted to the hospital, our personal nurse advocates may reach out to ensure you have what you need for recovery.

- › Do you understand your out-of-pocket costs and prescription drug coverage?
- › Do you know what signs and symptoms to report to your provider?
- › Do you have a planned follow-up appointment with your provider?
- › Do you need help with supplies or treatments once you are discharged from the hospital?



**95%** customer satisfaction with the Care Management experience.<sup>2</sup>

### Making connections that help support your health and well-being.



**Together, all the way.®**



## What can you expect?

If you are facing a health concern, one of our nurse advocates may reach out to offer guidance, coordination and support. You can also reach out to us at any time. Your nurse advocate can't provide medical advice, but will work with your health care providers.

### Guidance

- Helping you understand your coverage and out-of-pocket costs.
- Guiding you to resources that go beyond medical treatment, such as support for chronic conditions.
- Helping you take advantage of **myCigna.com**, where you can access a variety of health and wellness tools and resources.

### Coordination

- Partnering with your health care providers to help you manage your overall care plan.
- Coordinating referrals, home care, durable medical equipment (DME), caregiver respite services and more.
- Identifying resources, such as transportation to appointments or financial assistance programs.

### Support

- Helping you understand your condition, treatment options and medications.
- Providing the support you need for your physical, emotional and financial well-being.
- Answering your questions and addressing your concerns.



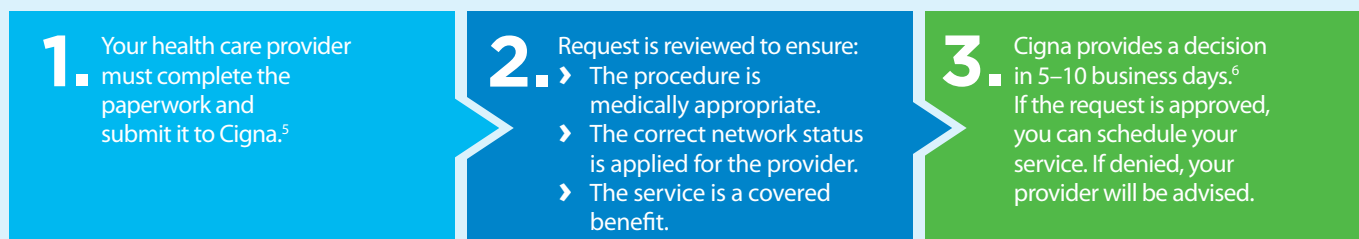
### What is the value for me?

- **Peace of mind**, knowing a team of professionals is ready to assist you day or night with any concerns.
- **Cost savings** – You may save an average of \$350 in out-of-pocket medical costs.<sup>3</sup>

## We'll answer your questions about prior authorization.

Prior authorization means getting approval before getting care. Your health care provider is responsible for the prior authorization process, unless you decide to use an out-of-network provider, then you assume responsibility. All inpatient hospital admissions require prior authorization. Outpatient services, such as high tech imaging (e.g., computed tomography [CT], magnetic resonance imaging [MRI] or positron emission tomography [PET] scans), musculoskeletal/pain management (e.g., spinal and epidural injections), medical oncology, private duty nursing and others<sup>4</sup> will require approval.

### The approval process works like this.



## Answer the call from Cigna and speak with a nurse advocate.

1. Nurse advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in this role.

2. 2017 National Care Management Satisfaction Survey Results. Individual results may vary.

3. Cigna Analytics Health Matters vs. Personal Health Solutions (PHS) Care Management Program Evaluation, 2018; results derived from nationwide HCMC book of business using match case control study comparing engaged and not-engaged population. Individual customer results will vary.

4. List is not all inclusive.

5. In certain cases, your provider will give this information to an ancillary company we work with that helps manage these requests.

6. This time period may be shortened according to applicable state law.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan materials.

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# YOUR MEDICATION COVERAGE

**Extra steps that help make sure you're receiving coverage for the right medication**

Your plan is designed to provide you with quality health care coverage, and that includes a cost-effective pharmacy benefit. Certain medications on your drug list have extra requirements before your plan will cover them. This helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

## Medications that need approval for coverage

Certain medications need approval from Cigna before your plan will cover them. These medications have a **(PA)** next to them on your drug list.

### What types of medications typically need approval?

Medications that:

- › May be unsafe when combined with other medications
- › Have lower-cost, equally effective alternatives available
- › Should only be used for certain health conditions
- › Are often misused or abused

Your plan will only cover these medications if your doctor's office requests and receives approval from Cigna.

## Medications that have quantity limits

For some medications, your plan only covers up to a certain amount over a certain length of time. For example, your plan may only cover 30 mg a day for 30 days of a certain medication. These medications have a **(QL)** next to them on your drug list.

### What types of medications typically have quantity limits?

Medications that are often:

- › Taken in amounts larger than, or for longer than, may be appropriate
- › Misused or abused

Your plan will only cover a larger amount if your doctor's office requests and receives approval from Cigna.

**Together, all the way.®**



## Medications that are part of Step Therapy

Certain high-cost medications are part of the Step Therapy program.\* These medications have a **(ST)** next to them on your drug list. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to:

- ADD/ADHD
- Allergies
- Bladder problems
- Breathing problems
- Depression
- High blood pressure
- High cholesterol
- Osteoporosis
- Skin conditions
- Sleep disorders

Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).\*\*



### View your pharmacy benefits online - 24/7

Log in to **myCigna.com** or the myCigna® app to:

- See if you're taking a medication that needs approval for coverage, has a quantity limit or is part of Step Therapy
- View your plan's drug list
- Learn more about how your plan covers your medications

If you have questions, please call the number on the back of your Cigna ID card. You can also chat with us online on the **myCigna** website, Monday–Friday, 9:00 am–8:00 pm EST.



\* Due to state mandates, Step Therapy requirements may vary or may not apply to your specific health plan. To find out if these state mandates apply to your plan, review your plan materials or contact Cigna Customer Service at the number listed on your ID card.

\*\* If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your current medication.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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# GO GENERIC

and get a dose of savings.

When it comes to prescription medications, you and your doctor usually have a choice between a brand name medication and its generic equivalent. **Generics offer the same strength and active ingredients as the brand name medication but often cost much less – in some cases, up to 85% less.**<sup>1</sup> That's why in most cases, your pharmacy will automatically fill a brand name prescription with the available generic medication.

## Choose the generic and save.

Under your plan, you'll pay more if you choose to fill a brand name medication that has a generic equivalent available. **This will happen even if your doctor wants you to fill the brand name medication.** You'll pay your plan's brand coinsurance plus the difference in cost between the brand name and the generic medication.<sup>2</sup>

## Here's an example of how it works.

Susan takes medication to lower her cholesterol. She's deciding between a \$150 brand name medication and its \$20 generic equivalent. Susan has a coinsurance of:

- ▶ 10% for a 30-day supply of generic medications.
- ▶ 30% for a 30-day supply of brand name medications.

<b>Generic</b>	If she chooses the generic, all she pays is her generic coinsurance (10% of \$20):	<b>\$2</b>
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<b>Brand name</b>	If she chooses the brand, she pays:
	<b>\$45</b> brand name coinsurance
<b>+</b>	<b>\$130</b> brand name cost (\$150) – generic cost (\$20)
<b>=</b>	<b>\$175 TOTAL brand name cost</b>

However, since you never have to pay more than the medication's cost, Susan will only pay \$150 (the discounted cost of the brand).<sup>3</sup>

## If you're taking a brand name medication, call your doctor's office to talk about your options.

Ask them if your medication has a generic equivalent and if it will work for you. If your doctor agrees, ask for a new prescription. Even though your pharmacist may automatically switch the brand name medication with the generic, you may want to get a new prescription just to be sure you're getting the medication you and your doctor want.

1. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.

2. Check your plan materials. If your plan includes a deductible and/or out-of-pocket maximum, only the brand medication cost or brand coinsurance may apply to the deductible and/or out-of-pocket maximum. The difference between the brand name cost and generic cost may not apply.

3. This is an example used for illustrative purposes only. Your actual costs may vary.

Together, all the way.®



# GO GENERIC

and get a dose of savings.



When it comes to prescription medications, you and your doctor usually have a choice between a brand name medication and its generic equivalent. **Generics offer the same strength and active ingredients as the brand name medication but often cost much less – in some cases, up to 85% less.**<sup>1</sup> That's why in most cases, your pharmacy will automatically fill a brand name prescription with the available generic medication.

## Choose the generic and save.

Under your plan, you'll pay more if you choose to fill a brand name medication that has a generic equivalent available. **This will happen even if your doctor wants you to fill the brand name medication.** You'll pay your plan's brand copay plus the difference in cost between the brand name and the generic medication.<sup>2</sup>

## Here's an example of how it works.

Karen takes an allergy medication. She's deciding between an \$80 brand name medication and its \$35 generic equivalent. Her doctor wants her to take the brand. Karen has a copay of:

- \$10 for a 30-day supply of generic medications
- \$30 for a 30-day supply of brand name medications

<b>Generic</b>	If Karen chooses the generic, all she pays is her generic copay:		<b>\$10</b>
<b>Brand name</b>	If Karen chooses the brand, she pays:		<b>\$75</b>
	<b>\$30</b>	brand name copay	
	<b>+ \$45</b>	brand name cost (\$80) - generic cost (\$35)	
	<b>= \$75</b>	<b>TOTAL brand name cost<sup>3</sup></b>	

## If you're taking a brand name medication, call your doctor's office to talk about your options.

Ask them if your medication has a generic equivalent and if it will work for you. If your doctor agrees, ask for a new prescription. Even though your pharmacist may automatically switch the brand name medication with the generic, you may want to get a new prescription just to be sure you're getting the medication you and your doctor want.

1. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
2. Check your plan materials. If your plan includes a deductible and/or out-of-pocket maximum, only the brand medication cost or brand copay may apply to the deductible and/or out-of-pocket maximum. The difference between the brand name cost and generic cost may not apply.
3. This is an example used for illustrative purposes only. Your actual costs may vary.

Together, all the way.®



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

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	For <a href="#">in-network providers</a> : \$2,000/individual - employee only or \$4,000/family maximum For <a href="#">out-of-network providers</a> : \$2,000/individual - employee only or \$4,000/family maximum Combined medical/behavioral and pharmacy <a href="#">deductible</a> <a href="#">Deductible</a> per individual applies when the employee is the only individual covered under the <a href="#">plan</a> .	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the policy, the overall family <a href="#">deductible</a> must be met before the <a href="#">plan</a> begins to pay.
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. In-network <a href="#">preventive care</a> & immunizations, in-network preventive drugs.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	For <a href="#">in-network providers</a> : \$3,000/individual - employee only or \$6,000/family maximum For <a href="#">out-of-network providers</a> : \$5,000/individual - employee only or \$10,000/family maximum Combined medical/behavioral and pharmacy <a href="#">out-of-pocket limit</a>	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , the overall family <a href="#">out-of-pocket limit</a> must be met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Penalties for failure to obtain <a href="#">pre-authorization</a> for services, <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .



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



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

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b>  More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.cigna.com">www.cigna.com</a>	Generic drugs (Tier 1)	\$5 <a href="#">copay</a> /prescription (retail 30 days), \$10 <a href="#">copay</a> /prescription (retail 90 days); \$10 <a href="#">copay</a> /prescription (home delivery 90 days)	20% <a href="#">coinsurance</a> /prescription (retail); Not covered (home delivery)	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail) and a 90-day supply (home delivery) for <a href="#">Specialty drugs</a> . Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. In-network Federally required preventive drugs will be provided at no charge.
	Preferred brand drugs (Tier 2)	\$30 <a href="#">copay</a> /prescription (retail 30 days), \$60 <a href="#">copay</a> /prescription (retail 90 days); \$60 <a href="#">copay</a> /prescription (home delivery 90 days)	20% <a href="#">coinsurance</a> /prescription (retail); Not covered (home delivery)	
	Non-preferred brand drugs (Tier 3)	\$45 <a href="#">copay</a> /prescription (retail 30 days), \$90 <a href="#">copay</a> /prescription (retail 90 days); \$90 <a href="#">copay</a> /prescription (home delivery 90 days)	20% <a href="#">coinsurance</a> /prescription (retail); Not covered (home delivery)	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge	20% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	No charge	20% <a href="#">coinsurance</a>	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	No charge/visit	No charge/visit	None
	<a href="#">Emergency medical transportation</a>	No charge	No charge	None
	<a href="#">Urgent care</a>	No charge/visit	No charge/visit	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.
	Physician/surgeon fees	No charge	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No charge/office visit No charge/all other services	20% <a href="#">coinsurance</a> /office visit 20% <a href="#">coinsurance</a> /all other services	None
	Inpatient services	No charge	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.
<b>If you are pregnant</b>	Office visits	No charge	20% <a href="#">coinsurance</a>	Primary Care or <a href="#">Specialist</a> benefit levels apply for initial visit to confirm pregnancy. <a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	20% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	No charge	20% <a href="#">coinsurance</a>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No charge	20% <a href="#">coinsurance</a>	16 hour maximum per day
	<a href="#">Rehabilitation services</a>	No charge/visit	20% <a href="#">coinsurance</a> /visit	Coverage is limited to annual max of 90 days for <a href="#">Rehabilitation</a> , Cardiac rehab and Chiropractic care services.  Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	<a href="#">Habilitation services</a>	No charge/visit	20% <a href="#">coinsurance</a> /visit	Services are covered when <a href="#">Medically Necessary</a> to treat a mental health condition (e.g. autism) or a congenital abnormality.  Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	<a href="#">Skilled nursing care</a>	No charge	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification. Coverage is limited to 120 days annual max.
	<a href="#">Durable medical equipment</a>	No charge	20% <a href="#">coinsurance</a>	None
	<a href="#">Hospice services</a>	No charge/inpatient services No charge/outpatient services	20% <a href="#">coinsurance</a> /inpatient services 20% <a href="#">coinsurance</a> /outpatient services	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	20% <a href="#">coinsurance</a>	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

## Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>• Dental care (Children)</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private-duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>• Bariatric surgery (if you qualify for coverage)</li> <li>• Chiropractic care (combined with <a href="#">Rehabilitation Services</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment</li> <li>• Routine eye care (Adult) (one exam)</li> </ul>

NOTE: This is an abbreviated version of the most recent Summary of Benefits available for July 1, 2020 - June 30, 2023. It summarizes the benefits in the 2023-2026 Teacher's contract, except for explanation of the prescription drug "edits" and health management program in effect as of July 1, 2023 per Article III(B)(2) & III(B)(3) of the teacher's contract. These include: (1) CIGNA's "Essentials Package" of Prescription Plan Management provisions, including Prior Authorization, Step Therapy, Quantity Limits, and Mandatory Generic Substitution, and 2) mandatory specialty drugs dispensed through Accredo specialty pharmacy, implemented in 2020, and 3) CIGNA's Health Matters Preferred Model (managed care), which includes in-patient and out-patient pre-certification. All annual updates and complete details on each health plan are provided to the teachers on the district website. From the "Human Resources page, click on "Employee Benefits" and then "Medical Insurance."

### Your Rights to Continue Coverage:

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

### Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-800-Cigna24. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Connecticut Office of the Health Care Advocate at (866) 466-4446.

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

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

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

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

### Language Access Services:

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

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

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

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

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

## About these Coverage Examples:



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

### Peg is Having a Baby

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

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

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,000
<a href="#">Copayments</a>	\$10
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Peg would pay is</b>	<b>\$2,030</b>

### Managing Joe's type 2 Diabetes

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

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

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,000
<a href="#">Copayments</a>	\$200
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$2,220</b>

### Mia's Simple Fracture

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

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

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,000
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,000</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



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## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).



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

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	No.	You will have to meet the <a href="#">deductible</a> before the <a href="#">plan</a> pays for any services.
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	For <a href="#">in-network providers</a> : \$6,350/individual or \$12,700/family Combined medical/behavioral and pharmacy <a href="#">out-of-pocket limit</a>	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Deductibles</a> , <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.cigna.com">www.cigna.com</a> or call 1-800-Cigna24 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	\$30 <a href="#">copay</a> /visit	Not covered	None
	<a href="#">Specialist</a> visit	\$40 <a href="#">copay</a> /visit	Not covered	None
	<a href="#">Preventive care/ screening/ immunization</a>	No charge/visit No charge/ <a href="#">screening</a> No charge/immunizations	Not covered	None None None You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	\$75 <a href="#">copay</a> (up to a maximum of \$375) per type of scan/day	Not covered	None
<b>If you need drugs to treat your illness or condition</b>  More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.cigna.com">www.cigna.com</a>	Generic drugs (Tier 1)	\$10 <a href="#">copay</a> /prescription (retail 30 days), \$20 <a href="#">copay</a> /prescription (retail 90 days); \$20 <a href="#">copay</a> /prescription (home delivery 90 days)	Not covered	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail) and a 90-day supply (home delivery) for <a href="#">Specialty drugs</a> . Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. In-network Federally required preventive drugs will be provided at no charge.
	Preferred brand drugs (Tier 2)	\$25 <a href="#">copay</a> /prescription (retail 30 days), \$50 <a href="#">copay</a> /prescription (retail 90 days); \$50 <a href="#">copay</a> /prescription (home delivery 90 days)	Not covered	
	Non-preferred brand drugs (Tier 3)	\$40 <a href="#">copay</a> /prescription (retail 30 days), \$80 <a href="#">copay</a> /prescription (retail 90 days); \$80 <a href="#">copay</a> /prescription (home delivery 90 days)	Not covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$250 <a href="#">copay</a> /visit	Not covered	Per visit <a href="#">copay</a> is waived for non-surgical procedures.
	Physician/surgeon fees	No charge	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$125 <a href="#">copay</a> /visit	\$125 <a href="#">copay</a> /visit	Per visit <a href="#">copay</a> is waived if admitted
	<a href="#">Emergency medical transportation</a>	No charge	No charge	None
	<a href="#">Urgent care</a>	\$75 <a href="#">copay</a> /visit	\$75 <a href="#">copay</a> /visit	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 <a href="#">copay</a> /admission	Not covered	None
	Physician/surgeon fees	No charge	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 <a href="#">copay</a> /office visit No charge/all other services	Not covered	None
	Inpatient services	\$250 <a href="#">copay</a> /admission	Not covered	None
If you are pregnant	Office visits	No charge	Not covered	Primary Care or <a href="#">Specialist</a> benefit levels apply for initial visit to confirm pregnancy. <a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	\$250 <a href="#">copay</a> /admission	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No charge	Not covered	16 hour maximum per day
	<a href="#">Rehabilitation services</a>	\$30 <a href="#">copay</a> /PCP visit \$40 <a href="#">copay</a> / <a href="#">Specialist</a> visit	Not covered	Coverage is limited to annual max of 90 days for <a href="#">Rehabilitation</a> , Cardiac rehab and Chiropractic care services.  Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	<a href="#">Habilitation services</a>	\$30 <a href="#">copay</a> /PCP visit \$40 <a href="#">copay</a> / <a href="#">Specialist</a> visit	Not covered	Services are covered when <a href="#">Medically Necessary</a> to treat a mental health condition (e.g. autism) or a congenital abnormality.  Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	<a href="#">Skilled nursing care</a>	No charge	Not covered	Coverage is limited to 120 days annual max.
	<a href="#">Durable medical equipment</a>	No charge	Not covered	None
	<a href="#">Hospice services</a>	No charge/inpatient services No charge/outpatient services	Not covered	None
	Children's eye exam	No charge	Not covered	None
<b>If your child needs dental or eye care</b>	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None



## Excluded Services & Other Covered Services:

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

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

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

- Bariatric surgery (if you qualify for coverage)
- Chiropractic care (combined with [Rehabilitation Services](#))
- Hearing aids
- Infertility treatment
- Routine eye care (Adult) (1 exam)

NOTE: This is an abbreviated version of the most recent Summary of Benefits available for July 1, 2020 - June 30, 2023. It summarizes the benefits in the 2023-2026 Teacher's contract, except for explanation of the prescription drug "edits" and health management program in effect as of July 1, 2023 per Article III(B)(2) & III(B)(3) of the teacher's contract. These include: (1) CIGNA's "Essentials Package" of Prescription Plan Management provisions, including Prior Authorization, Step Therapy, Quantity Limits, and Mandatory Generic Substitution, and 2) mandatory specialty drugs dispensed through Accredo specialty pharmacy, implemented in 2020, and 3) CIGNA's Health Matters Preferred Model (managed care), which includes in-patient and out-patient pre-certification. All annual updates and complete details on each health plan are provided to the teachers on the district website. From the "Human Resources page, click on "Employee Benefits" and then "Medical Insurance."

### Your Rights to Continue Coverage:

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

### Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-800-Cigna24. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Connecticut Office of the Health Care Advocate at (866) 466-4446.

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

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

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

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

### Language Access Services:

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

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

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

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

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

## About these Coverage Examples:



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

### Peg is Having a Baby

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$20

<b>The total Peg would pay is</b>	<b>\$320</b>
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### Managing Joe's type 2 Diabetes

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$800
<a href="#">Coinsurance</a>	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$20

<b>The total Joe would pay is</b>	<b>\$820</b>
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### Mia's Simple Fracture

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$0

<b>The total Mia would pay is</b>	<b>\$300</b>
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The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



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## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).

**Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services**  
**Simsbury, Town and Board of Education: Open Access Plus**

**Coverage Period:** 07/01/2022 - 06/30/2023  
**Coverage for:** Individual/Individual + Family | **Plan Type:** OAP



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

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	For <a href="#">in-network providers</a> : \$0/individual or \$0/family For <a href="#">out-of-network providers</a> : \$500/individual, \$1,000/individual+1 or \$1,500/family	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. Out-of-network <a href="#">prescription drugs</a> , out-of-network emergency room visits, out-of-network <a href="#">urgent care</a> facility visits.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	For <a href="#">in-network providers</a> : \$6,350/individual, \$12,700/individual+1 or \$12,700/family For <a href="#">out-of-network providers</a> : \$1,500/individual, \$3,000/individual+1 or \$4,500/family Combined medical/behavioral and pharmacy <a href="#">out-of-pocket limit</a>	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Penalties for failure to obtain <a href="#">pre-authorization</a> for services, <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .

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



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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	\$30 <a href="#">copay</a> /visit	20% <a href="#">coinsurance</a>	None
	<a href="#">Specialist</a> visit	\$40 <a href="#">copay</a> /visit	20% <a href="#">coinsurance</a>	None
	<a href="#">Preventive care/ screening/ immunization</a>	No charge/visit No charge/ <a href="#">screening</a>	20% <a href="#">coinsurance</a> /visit 20% <a href="#">coinsurance</a> / <a href="#">screening</a>	None None
		No charge/immunizations	20% <a href="#">coinsurance</a> /immunizations	None  You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge	20% <a href="#">coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	\$75 <a href="#">copay</a> (up to a maximum of \$375) per type of scan/day	20% <a href="#">coinsurance</a>	None



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b>  More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.cigna.com">www.cigna.com</a>	Generic drugs (Tier 1)	\$10 <a href="#">copay</a> /prescription (retail 30 days), \$20 <a href="#">copay</a> /prescription (retail 90 days); \$20 <a href="#">copay</a> /prescription (home delivery 90 days)	\$10 <a href="#">copay</a> /prescription (retail); Not covered (home delivery) <a href="#">Deductible</a> does not apply	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail) and a 90-day supply (home delivery) for <a href="#">Specialty drugs</a> . Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. In-network Federally required preventive drugs will be provided at no charge.
	Preferred brand drugs (Tier 2)	\$25 <a href="#">copay</a> /prescription (retail 30 days), \$50 <a href="#">copay</a> /prescription (retail 90 days); \$50 <a href="#">copay</a> /prescription (home delivery 90 days)	\$25 <a href="#">copay</a> /prescription (retail); Not covered (home delivery) <a href="#">Deductible</a> does not apply	
	Non-preferred brand drugs (Tier 3)	\$40 <a href="#">copay</a> /prescription (retail 30 days), \$80 <a href="#">copay</a> /prescription (retail 90 days); \$80 <a href="#">copay</a> /prescription (home delivery 90 days)	\$40 <a href="#">copay</a> /prescription (retail); Not covered (home delivery) <a href="#">Deductible</a> does not apply	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$250 <a href="#">copay</a> /visit	20% <a href="#">coinsurance</a>	Per visit <a href="#">copay</a> is waived for non-surgical procedures.
	Physician/surgeon fees	No charge	20% <a href="#">coinsurance</a>	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$125 <a href="#">copay</a> /visit	\$125 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Per visit <a href="#">copay</a> is waived if admitted
	<a href="#">Emergency medical transportation</a>	No charge	No charge <a href="#">Deductible</a> does not apply	None
	<a href="#">Urgent care</a>	\$75 <a href="#">copay</a> /visit	\$75 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$250 <a href="#">copay</a> /admission	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.
	Physician/surgeon fees	No charge	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$40 <a href="#">copay</a> /office visit No charge/all other services	20% <a href="#">coinsurance</a> /office visit 20% <a href="#">coinsurance</a> /all other services	None
	Inpatient services	\$250 <a href="#">copay</a> /admission	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.
<b>If you are pregnant</b>	Office visits	No charge	20% <a href="#">coinsurance</a>	Primary Care or <a href="#">Specialist</a> benefit levels apply for initial visit to confirm pregnancy. <a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	20% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	\$250 <a href="#">copay</a> /admission	20% <a href="#">coinsurance</a>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No charge	20% <a href="#">coinsurance</a>	16 hour maximum per day
	<a href="#">Rehabilitation services</a>	\$30 <a href="#">copay</a> /PCP visit \$40 <a href="#">copay</a> / <a href="#">Specialist</a> visit	20% <a href="#">coinsurance</a> /PCP visit 20% <a href="#">coinsurance</a> / <a href="#">Specialist</a> visit	Coverage is limited to annual max of 90 days for <a href="#">Rehabilitation</a> , Cardiac rehab and Chiropractic care services.  Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	<a href="#">Habilitation services</a>	\$30 <a href="#">copay</a> /PCP visit \$40 <a href="#">copay</a> / <a href="#">Specialist</a> visit	20% <a href="#">coinsurance</a> /PCP visit 20% <a href="#">coinsurance</a> / <a href="#">Specialist</a> visit	Services are covered when <a href="#">Medically Necessary</a> to treat a mental health condition (e.g. autism) or a congenital abnormality.  Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	<a href="#">Skilled nursing care</a>	No charge	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification. Coverage is limited to 120 days annual max.
	<a href="#">Durable medical equipment</a>	No charge	20% <a href="#">coinsurance</a>	None
	<a href="#">Hospice services</a>	No charge/inpatient services No charge/outpatient services	20% <a href="#">coinsurance</a> /inpatient services 20% <a href="#">coinsurance</a> /outpatient services	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	No charge <a href="#">Deductible</a> does not apply	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

## Excluded Services & Other Covered Services:

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

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

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

- Bariatric surgery (if you qualify for coverage)
- Chiropractic care (combined with [Rehabilitation Services](#))
- Hearing aids
- Infertility treatment
- Routine eye care (Adult) (one exam)

NOTE: This is an abbreviated version of the most recent Summary of Benefits available for July 1, 2020 - June 30, 2023. It summarizes the benefits in the 2023-2026 Teacher's contract, except for explanation of the prescription drug "edits" and health management program in effect as of July 1, 2023 per Article III(B)(2) & III(B)(3) of the teacher's contract. These include: (1) CIGNA's "Essentials Package" of Prescription Plan Management provisions, including Prior Authorization, Step Therapy, Quantity Limits, and Mandatory Generic Substitution, and 2) mandatory specialty drugs dispensed through Accredo specialty pharmacy, implemented in 2020, and 3) CIGNA's Health Matters Preferred Model (managed care), which includes in-patient and out-patient pre-certification. All annual updates and complete details on each health plan are provided to the teachers on the district website. From the "Human Resources page, click on "Employee Benefits" and then "Medical Insurance."



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

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

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

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-800-Cigna24. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Connecticut Office of the Health Care Advocate at (866) 466-4446.

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

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

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

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

### **Language Access Services:**

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

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

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

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

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

## About these Coverage Examples:



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

### Peg is Having a Baby

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$20

<b>The total Peg would pay is</b>	<b>\$320</b>
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### Managing Joe's type 2 Diabetes

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$800
<a href="#">Coinsurance</a>	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$20

<b>The total Joe would pay is</b>	<b>\$820</b>
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### Mia's Simple Fracture

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$0

<b>The total Mia would pay is</b>	<b>\$300</b>
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The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



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## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).





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

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	For <a href="#">in-network providers</a> : \$2,000/individual or \$4,000/family For <a href="#">out-of-network providers</a> : \$2,000/individual or \$4,000/family Combined medical/behavioral and pharmacy <a href="#">deductible</a> <a href="#">Deductible</a> per individual applies when the employee is the only individual covered under the <a href="#">plan</a> . Amount your employer contributes to your account: Up to \$1,000/individual or \$2,000/family	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the policy, the overall family <a href="#">deductible</a> must be met before the <a href="#">plan</a> begins to pay.
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. In-network <a href="#">preventive care</a> & immunizations, in-network preventive drugs.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	For <a href="#">in-network providers</a> : \$3,000/individual or \$6,000/family For <a href="#">out-of-network providers</a> : \$5,000/individual or \$10,000/family Combined medical/behavioral and pharmacy <a href="#">out-of-pocket limit</a>	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , the overall family <a href="#">out-of-pocket limit</a> must be met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Penalties for failure to obtain <a href="#">pre-authorization</a> for services, <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .

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



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

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b>  More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.cigna.com">www.cigna.com</a>	Generic drugs (Tier 1)	\$5 <a href="#">copay</a> /prescription (retail 30 days), \$10 <a href="#">copay</a> /prescription (retail 90 days); \$10 <a href="#">copay</a> /prescription (home delivery 90 days)	20% <a href="#">coinsurance</a> /prescription (retail); Not covered (home delivery)	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail) and a 90-day supply (home delivery) for <a href="#">Specialty drugs</a> . Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. In-network Federally required preventive drugs will be provided at no charge.
	Preferred brand drugs (Tier 2)	\$30 <a href="#">copay</a> /prescription (retail 30 days), \$60 <a href="#">copay</a> /prescription (retail 90 days); \$60 <a href="#">copay</a> /prescription (home delivery 90 days)	20% <a href="#">coinsurance</a> /prescription (retail); Not covered (home delivery)	
	Non-preferred brand drugs (Tier 3)	\$45 <a href="#">copay</a> /prescription (retail 30 days), \$90 <a href="#">copay</a> /prescription (retail 90 days); \$90 <a href="#">copay</a> /prescription (home delivery 90 days)	20% <a href="#">coinsurance</a> /prescription (retail); Not covered (home delivery)	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge	20% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	No charge	20% <a href="#">coinsurance</a>	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	No charge/visit	No charge/visit	None
	<a href="#">Emergency medical transportation</a>	No charge	No charge	None
	<a href="#">Urgent care</a>	No charge/visit	No charge/visit	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.
	Physician/surgeon fees	No charge	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No charge/office visit No charge/all other services	20% <a href="#">coinsurance</a> /office visit 20% <a href="#">coinsurance</a> /all other services	None
	Inpatient services	No charge	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.
<b>If you are pregnant</b>	Office visits	No charge	20% <a href="#">coinsurance</a>	Primary Care or <a href="#">Specialist</a> benefit levels apply for initial visit to confirm pregnancy. <a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	20% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	No charge	20% <a href="#">coinsurance</a>	



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No charge	20% <a href="#">coinsurance</a>	16 hour maximum per day
	<a href="#">Rehabilitation services</a>	No charge/visit	20% <a href="#">coinsurance</a> /visit	Coverage is limited to annual max of 90 days for <a href="#">Rehabilitation</a> , Cardiac rehab and Chiropractic care services.  Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	<a href="#">Habilitation services</a>	No charge/visit	20% <a href="#">coinsurance</a> /visit	Services are covered when <a href="#">Medically Necessary</a> to treat a mental health condition (e.g. autism).  Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	<a href="#">Skilled nursing care</a>	No charge	20% <a href="#">coinsurance</a>	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification. Coverage is limited to 120 days annual max.
	<a href="#">Durable medical equipment</a>	No charge	20% <a href="#">coinsurance</a>	None
	<a href="#">Hospice services</a>	No charge/inpatient services No charge/outpatient services	20% <a href="#">coinsurance</a> /inpatient services 20% <a href="#">coinsurance</a> /outpatient services	Lesser of 50% of covered expenses or \$300 penalty for no out-of-network precertification.
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	20% <a href="#">coinsurance</a>	Coverage is limited to one exam.
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

## Excluded Services & Other Covered Services:

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

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

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

- Bariatric surgery (if you qualify for coverage)
- Chiropractic care (combined with [Rehabilitation Services](#))
- Hearing aids
- Infertility treatment
- Routine eye care (Adult) (1 exam)

NOTE: This is an abbreviated version of the most recent Summary of Benefits available for July 1, 2020 - June 30, 2023. It summarizes the benefits in the 2023-2026 Teacher's contract, except for explanation of the prescription drug "edits" and health management program in effect as of July 1, 2023 per Article III(B)(2) & III(B)(3) of the teacher's contract. These include: (1) CIGNA's "Essentials Package" of Prescription Plan Management provisions, including Prior Authorization, Step Therapy, Quantity Limits, and Mandatory Generic Substitution, and 2) mandatory specialty drugs dispensed through Accredo specialty pharmacy, implemented in 2020, and 3) CIGNA's Health Matters Preferred Model (managed care), which includes in-patient and out-patient pre-certification. All annual updates and complete details on each health plan are provided to the teachers on the district website. From the "Human Resources page, click on "Employee Benefits" and then "Medical Insurance."

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

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

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

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-800-Cigna24. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Connecticut Office of the Health Care Advocate at (866) 466-4446.

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

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

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

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

### **Language Access Services:**

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

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

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

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

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

## About these Coverage Examples:



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

### Peg is Having a Baby

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

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

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,000
<a href="#">Copayments</a>	\$10
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Peg would pay is</b>	<b>\$2,030</b>

### Managing Joe's type 2 Diabetes

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

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

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,000
<a href="#">Copayments</a>	\$200
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$2,220</b>

### Mia's Simple Fracture

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

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

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,000
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,000</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



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



## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).