CONTRACT

BETWEEN

THE CITY OF MERIDEN AND

PUBLIC SAFETY DISPATCH, LOCAL # 1303-405

JULY 1, 2019- JUNE 30, 2022

PUBLIC SAFETY DISPATCH, LOCAL#1303-405
TABLE OF CONTENTS

PREAMBLE

The following contract, by and between respectively, the City of Meriden, hereinafter referred to as the "City" and "MPSD", Local #1303-405 of Council 4, American Federation of State, County and Municipal Employees (AFSCME), AFL-CIO, hereinafter referred to as the "Union" is designed to promote and maintain a harmonious relationship between the City of Meriden and the Union in order that more efficient and progressive service may be rendered by both parties.

ARTICLE I
RECOGNITION

The City hereby recognizes the Union as the exclusive representative and bargaining agent for the bargaining unit, consisting of all permanent classified positions (working 20 or more hours per week) within the Municipal government as set forth in their voluntary certification of representative agreement dated May 25, 2000.

ARTICLE II
MANAGEMENT RIGHTS

Section 1. The City has and will continue to retain, whether exercised or not, all of the rights, powers and authority heretofore had by it and, except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, it shall have the sole and unquestioned right, responsibility and prerogative of management of the affairs of the City and direction of the working forces, including, but not limited to the following:

a) To determine the care, maintenance and operation of equipment and property used for and on behalf of the purposes of the City.

b) To establish or continue policies, practices and procedures for the conduct of City business and, from time to time, to change or abolish such policies, practices or procedures. Said changes will be communicated to all Bargaining unit employees.

c) To discontinue work processes or operations or to discontinue their performance by employees.

d) To select and to determine the number and types of employees required to perform the City's operations.

e) To employ, transfer, promote or demote employees, or to lay-off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons when it shall be in the best interest of the City or the Department. In the event of a reduction in force, lay-off shall be in inverse order of hiring, and any recall to work shall be by seniority (pursuant to the Collective Bargaining Agreement).

f) To prescribe and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the City, provided such rules and regulations are made known in a reasonable manner to the employee affected by them.

g) To insure that incidental duties connected with departmental

operations, whether enumerated in job descriptions or not shall be performed by employees.

h) To establish contracts or sub-contracts for municipal operations provided that this right shall not be used for the purposes or intention of undermining the Union or of discriminating against its members. All work customarily performed by the employees of the bargaining unit shall be continued to be so performed unless in the sole judgment of the City, it can be done more economically or expeditiously otherwise.

Section 2. The above rights, responsibilities and prerogatives are inherent in the City Manager or his designee by virtue of Statutory and Charter provisions and are not subject to delegation in whole or in part. Such rights may not be subject to review of determination in any grievance or arbitration proceedings, but the manner of exercise of such rights may be subject to the grievance procedure described in this Agreement.

ARTICLE III
DUES DEDUCTION AND NON-INTERFERENCE

Section 1. The Union shall furnish the City a signed statement by the employee who shall authorize the City to deduct dues, fees or assessments from his/her wages. Such deduction shall continue for the duration of the agreement or any extension thereof. The weekly remittances to the Union will be accompanied by a list of names of employees from whose wages the deductions have been made noting that said remittances is for Local 1303-405. Such remittance to the Union shall be made payable to AFSCME Local #1303 and sent to AFSCME, Council 4,444 East Main Street, New Britain, CT 06051.

Section 2. All employees in the bargaining unit, who are members of the Union and who authorize union dues deductions, shall tender regular periodic dues to the Union.

Upon receipt of an individually signed authorization, the Employer agrees to deduct monthly from the wages of employees who on the date of the Agreement are or thereafter become members of the Union or elect to pay a voluntary service fee in lieu thereof, whatever sum is established by the Union as the regular monthly dues uniformly required as a condition of retaining membership therein.

The sum which represents such monthly dues deductions shall be certified to the Employer as constituting such dues deductions by the duly authorized financial officer of the Union. If the sum once certified is

changed, the amount deducted from the earnings of an employee who has authorized such deductions shall not be increased until thirty (30) days written notice of such change has been received by the Employer from a duly authorized officer of the Union.

Section 3. Any employee working within the bargaining unit shall have the option of joining the Union or paying an equivalent service fee to the Union. The City and the Union agree not to interfere with the right of these employees to become members of the Union.

The names and address of each newly-hired or transferred employee eligible for this bargaining unit shall be forwarded by the Personnel Department to the President of the Union within thirty (30) calendar days of the date of hire or transfer.

Section 4. The Union agrees to indemnify and save the City harmless against any and all claims, demands, suits or proceedings arising out of or by reason of any action taken or not taken by the City in reliance upon the check-off and Union security provisions of this Agreement or on the correctness of any dues deduction or agency fee authorization furnished by the Union to the City.

ARTICLE IV
CLASSIFICATION, COMPENSATION AND PERSONNEL POLICIES

Section 1. The City of Meriden Classification, Compensation and Personnel Policies are all deemed to be part of this agreement except as otherwise provided herein.

Section 2. The Employer agrees to notify an employee two (2) weeks prior to an involuntary transfer. The Employer shall negotiate with the Union, prior to transfers, any impact caused by such transfer.

Section 3. The Employer will not attempt to coerce employees from exercising their contractual rights.

Section 4. The position of a Dispatch Floater (which is a position with no permanent schedule) may be created at the City's discretion. It shall be offered to current dispatchers in accordance with the Collective Bargaining Agreement. This position will be paid a ten percent (10%) premium above the employee's normal rate and will be scheduled on a two-week schedule; however, a change may be made to said schedule with a fourteen (14) day notice.

Section 5. Employees must sign up for direct deposit with the City as a condition of continued employment.

ARTICLE V
SENIORITY

Section 1. The City shall prepare and file with the Secretary of Local #1303-405, a list of employees showing their seniority in actual time of service with the City. This list shall be revised every twelve- (12) months. Any authorized leave of absence and work-connected injury leaves shall be included as in-service time for purposes of seniority. Lay-off also shall be included as in-service time for purposes of seniority.

Section 2. Seniority is defined as the relative status of an employee in the dispatch area for the purpose of promotion and/or vacation. Seniority shall include length of service from date of last employment. When an employee is transferred from another City position to dispatch, there shall be no loss of seniority. When an employee transfers to another City (non BOE) union, there shall be no loss of seniority with the exception of a uniformed fire or police position where seniority shall start at zero (0) again.

Section 3. No family member, hired after 7/1/13 (mother, father, brother, sister, husband or wife or any family member residing with another employee) may be on a shift (except on overtime) where they will be supervised by another family member. The dispatcher, not the supervisor, will be placed on the next eligible shift.

The shift supervisor for each shift will be listed prior to the bids going in for dispatchers.

The member related to the supervisor, as defined above, may bid for any other shift. Should this affect other employees, the least senior employee may be moved.

This does not apply to occasional overtime shifts.

Section 4. The City has three 3 categories of Public Safety Dispatcher; trainee, fully trained dispatcher, and Supervisor.

Crew Leader

In the absence of a Shift Supervisor, on each shift a Crew Leader may be assigned. The Crew Leader must have at least three (3) years as a fully qualified dispatcher to be assigned. If no one has at least three (3) years as a fully qualified dispatcher, the most senior dispatcher will be assigned. This position will carry a $2.50 per hour stipend.

Any dispatcher disciplined for performance issues beyond a written warning will be removed from access to the crew leader position for a period of one (1) year from the date of the discipline.

It is the employee's responsibility at the close of each shift to follow assigned procedures and documenting of his/her hours as a crew leader.

Shift Supervisor

Dispatch supervisors working overtime or regularly scheduled shifts are in charge of the Meriden Dispatch Center.

Shift Supervisors will be certified as Communications Training Officers.

The Shift Supervisor position is a tested promotional position and follows the City's policy for promotions. In order to apply as a Shift Supervisor, a Dispatcher must have five (5) full years as a fully certified dispatcher in the Meriden Dispatch Center at the time of application.

The Shift Supervisor position, will be paid as follows:

Step F and G.

Step F will be paid at 5% above the Step G Dispatcher wages and a Step G will be paid at 10% above the Step G Dispatcher.

The Shift Supervisor will spend one (1) year at Step F and then be promoted to Step G Shift Supervisor.

Overtime For Dispatch Supervisor

Dispatch supervisors may remain in the rotation for regular dispatch overtime.

Dispatch Supervisors working regular overtime are required to work at the scheduled position and act as a regular dispatcher during the shift.

In the event it is a shift without a supervisor and an emergency occurs where the supervisor reasonably believes they should step in to protect lives and property they may do so. As soon as reasonably possible they should document the situation and any decision made.

The scheduled working supervisor is in charge even if another supervisor is dispatching.

The primary job of the supervisor is supervision of employees and their supervisory work shifts. If the voluntary overtime interferes with the ability to do this the privilege will be suspended.

A supervisor would be mandated prior to a non-supervisory dispatcher to preserve the non-supervisory dispatchers day off or time off. (i.e. vacation day, earned day and so forth). As long as this doesn't violate the supervisor's day off or go over 16 hours of continuous work.

It is at the sole discretion of the City to fill open supervisory slots. It is understood that for scheduled vacations, days off, and short term illnesses a vacant supervisory slot will not normally be filled.

On shifts without a supervisor a crew leader will be designated pursuant to the collective bargaining agreement.

Section 5. When it is necessary to lay off employees within the bargaining unit, the City shall determine the positions to be eliminated. Layoffs will then take place in dispatch, as follows:

a) Probationary employees shall be laid off before regular employees and shall not be entitled to recall.

b) If a regular employee or employees holding said position is to be laid off, the employee with the least seniority will be laid off.

c) Any employee to be laid off shall be given two week's notice.

d) Bargaining unit employees who are on layoff shall beplaced on the recall list for eighteen (18) months and recalled to work first for any bargaining unit positions which may become available.

e) Recall from layoff shall be in the reverse order of layoff.

f) It is agreed and understood that the elected Union President shall headthe seniority list and shall not be laid off until all employees in their and/or lower classifications have been laid off.

g) If a shift supervisor is to be laid off the least senior (departmental seniority) will be laid off. A supervisor may bump a less senior dispatcher.

ARTICLE VI
GRIEVANCE PROCEDURE

Section 1. For the purpose of this agreement, the term grievance means any dispute between the City and the Union or between the City and the employees concerning the effect, interpretation, application, claim of breach or violation of the specific terms of this agreement. The term Director shall refer to the Director of Emergency Communications. Any such grievance shall be settled in accordance with the following grievance procedure at the request of either party:

Step 1. The Union shall, within thirty (30) working days of the event

which gave rise to the grievance or knowledge of the event which, with reasonable diligence could have been ascertained, shall submit such grievance in writing to the Director, setting forth the nature of the grievance, including specific reference to the section or sections of the Contract and/or Personnel Policies which the Union believes have been violated and the relief sought. Within five (5) working days, if necessary, after said Director receives such grievance, he/she shall arrange to and shall meet with the representatives of the Union, for the purpose of adjusting or resolving such grievance.

Step 2. If such grievance is not resolved to the satisfaction of the Union by the Director within fifteen (15) working days after the submission to the Director the Union may present such grievance in writing within seven (7) working days thereafter to the Personnel Director. Within seven (7) working days after said Personnel Director receives such grievance, he/she shall arrange to and shall meet with the representatives of the Union, for the purpose of adjusting or resolving such grievance or issue a written acceptance or denial.

Step 3. If such grievance is not resolved to the satisfaction of the Union by the Personnel Director, the Union, within ten (10) working days after receipt of the written decision, may submit the grievance to the Connecticut State Board of Mediation and Arbitration for the purpose of mediation.

Step 4. If such grievance is not resolved through mediation, the Union may submit the grievance to arbitration at the State Board of Mediation and Arbitration (SBMA) to qualify for arbitration; the grievant must cite the specific contract section(s) that was violated ten (10) working days after such mediation session.

Said Board shall hear and act on such dispute in accordance with its rules and render a decision which shall be final and binding on all parties. In the event such dispute involves disciplinary action, the Board of Mediation and Arbitration will have the power to uphold the action of the City or to rescind or modify such action, and such powers shall include, but shall not be limited to, the right to reinstate a suspended or discharged employee with full back pay.

Section 2. In the event the City alleges a violation of the terms of this Agreement by

the Union or any of its agents, the City may process a grievance in the following manner:

a) The Personnel Director or his/her designee shall, within thirty (30) working days of the event which gave rise to the grievance or knowledge of the event which, with reasonable diligence could have been ascertained, shall submit such grievance in writing to the President of the Union setting forth the nature of the grievance, including specific reference to the section or sections of the Contract.

b) Within seven (7) working days after said President receives such grievance, he/she and the Executive Board of the Union shall meet with the Personnel Director or his/her designee. The Union shall render a decision and the reasons therefore in writing within fourteen (14) days after the meeting.

c) If the grievance is not resolved to the satisfaction of the City, the City may submit the dispute to arbitration with State Board of Mediation and Arbitration (SBMA) within ten (10) working days upon receipt of the written decision.

Section 3. Nothing contained herein shall prevent any employee from presenting his/her own grievance and representing himself/herself at Steps 1 and 2 only of the grievance procedure.

Such employee shall have recourse to Arbitration, for said grievance, only if the employee signs a waiver releasing the Union from any and all responsibility for said grievance including but not limited to the required filing fee and full cost of said arbitration. The Union President may request a copy of any settlement. Any settlement shall not permanently alter the collective bargaining agreement unless so ordered by an arbitrator or the State Board of Labor Relations.

Section 4. Time limits provided for herein may be extended by written agreement of the City and the Union.

ARTICLE VII
HOURS OF EMPLOYMENT

Section 1. The schedule is a rotation of 4 days on two days off over a six (6) week period. The workday shall start at 0000 hours (midnight) and end at 2400 hours (midnight).

Section 2. The workweek shall consist of a seven-day period beginning on Sunday and ending on Saturday.

Section 3. All hours actually worked beyond the regularly scheduled work shifts in any workweek shall be paid at the rate of time and one-half, with the exception of mandatory overtime addressed in Article VIII, of this Contract. All overtime hours worked over 12 hours in a work week shall be at double time (this does not include mandatory overtime or swaps).

a) The employee shall have the option of taking all overtime as compensatory time. Compensatory time shall be accrued at time and a half. The employee can only accrue up to 24 hours of compensatory time at one time. The time must be used in full 8 hour increments. All hours after the 24 hours will be paid at the appropriate pay rate of the employee.

b) Employee shall not use compensatory time on holidays.

Section 4. Employees are allowed up forty-eight (48) hours of swap time per month and in no case shall swapping of shifts impose an additional cost upon the City at the time the swap actually occurs. Swap time shall not be approved until the two (2) week advance hiring has been complete for Christmas, Thanksgiving and New Years Day. Swap time is clarified to mean regular hours, and overtime.

In exigent circumstances, at the city's discretion the amount of swap time may be temporarily increased for an employee.

Swaps must be paid back among employees and if there is an issue with swaps being paid back, the City will stop all swaps. The pay back of swaps is not included in the forty-eight (48) hours.

If the swap occurs on a holiday, the employee who swaps in, actually works the shift shall receive the holiday worked pay.

Section 5. Permanent full time Dispatchers will be allowed to select which shift they are assigned to based on seniority. The Director of Emergency Communications has the sole prerogative to determine how many employees will be assigned to each work shift.

Every three-(3) months dispatchers will re-bid for shifts. Additional regular hours worked due to the shift re bid shall be paid at their base rate of pay.

Dispatchers will re-bid for their shifts quarterly (January, April, July and October). Bids will be taken thirty (30) days prior to the start of the quarter.

Probationary employees have no right to bid for their work shift/hours of work and shall not be included in the bidding process. Probationary employees shall be assigned to any established work shift upon completion of the CTO program, as determined by the Director of Emergency Communications. Once assigned to a work shift, they shall remain on that work shift for at least thirty (30) days before they may be reassigned to a different work shift or work group.

If the shift bid results in a change of work shift/hours and/or work group for any employee, the reassignment will not take place until that employee has completed their 4/2 work cycle including days off.

If the Director of Emergency Communication determines the need to fill a vacancy on a particular work shift and/or work group during the bid cycle for reasons such as retirement, resignation, promotion, long-term absences (30 or more days), or dismissal of an employee, the position shall be filled for the duration of that bid cycle as follows:

1. Reassignment of an employee, based on seniority, who had bid for the vacant work shift/hours during the last bid process.
2. Reassignment of a probationary employee.
3. Reassignment of an employee based on reverse seniority.

In the event the City has to transfer an employee to another shift after the shift re-bid process in completed, the City shall give the employee a two (2) week notice of said transfer.

Section 6. The hours of work outlined in Section 1 shall include one half hour (1/2) paid lunch and if feasible due to workload, two (2) ten minute breaks, one of which will be taken in the first half of the shift and one in the second half of the shift.

Section 7. Any employee who must work regular shifts on daylight savings day which causes one (1) hour extra, will get paid an additional hour at overtime rate. Overtime will be paid for hours actually worked. Employees who work regular shifts when there is one less hour will be paid a full eight (8) hours and overtime will be paid only for hours actually worked.

Section 8. Part time dispatchers:

The City may hire and retain up to four (4) part time dispatchers (cannot have been away from employment as a dispatcher for more than (12 months at hire) at any one time. Current part time dispatchers are grandfathered.

If three (3) full time dispatchers are working, the 4th slot may be filled by a part time dispatcher.

Part time dispatchers may also be used when a full time employee would otherwise be mandated if available, but may not be used to avoid hiring for special assignment. Part time under 20 hour dispatchers are non-union.

ARTICLE VIII
OVERTIME

Section 1. The on-duty Shift Supervisor or in the absence of the Shift Supervisor, the Crew Leader shall fill and schedule for dispatch personnel.

Section 2. Overtime assignments will be hired on Monday (unless Monday is a holiday when it will be done on Tuesday) of each week for scheduled absences of two (2) weeks in advance. Overtime for advance openings may be submitted, in writing, in order of preference of opening. In the event a written submitted request is not received, a phone call will be placed to the dispatcher whose name is next on the list.

There are five (5) possible responses to the overtime list when a name comes up:

1. Acceptance of an overtime (either verbal or written) - the name is placed on the bottom of the list.

2. A refusal of overtime- the name is placed on the bottom of the list. Dates not indicated on a written request shall be treated as a refusal.

3. No contact- (Neither a written request was left, nor the party was not contacted via telephone), the name remains the same on the list.

4. Not Eligible - The party is not eligible due to vacation, illness, scheduled to work or in excess of sixteen (16) hours the name remains the same on the list.

5. Short term hires (24 hours or less) refusals, the name remain the same on the list.

6. Second round hire refusals, the name will remain the same on the list.

The Shift Supervisor, or Crew Leader goes down the regular overtime list, he/she will see if the person on the list has left a request. If a written request is made, the person will be hired at the open slot highest on the request. After the first round of hires (when all names on the list have had a chance for slots), the procedure is repeated. When all requests have been filled via written request or phone calls and there are still openings the Crew Leader or Supervisor then offers the overtime in four (4) hour increments prior to mandating overtime.

It is the responsibility of all dispatchers to check the list on their next return to duty date each week to see if they have been mandated for the openings.

Section 3. Any dispatcher off on earned time, floating holiday, training or vacation time will be deemed not eligible from sixteen (16) hours before and sixteen (16) hours after the stated shifts.

Any Dispatcher whose days off (i.e. vacation, comp time, paid time or UDS time) combined with swaps to fill one full week off will be ineligible for overtime or mandates unless he/she specifically requests, in writing, to be called during this period.

Section 4. Overtime assignments caused by sickness, injury or other short- notice (seven (7) days or less) shall be filled at the time of notice, by phone call or by verbal acceptance if working. These shall be filled by using the voluntary list once. When the employee who is first on-the mandatory list is offered the voluntary overtime and they refuse, they will be told that they are mandated in if no one accepts the voluntary overtime.

Prior to overtime hiring assignments becoming mandated for a shift, the opening will once again be offered in four (4) hour increments. If no dispatcher accepts the four (4) hour shift then it will become a mandate.

Section 5.

a) Dispatchers who refuse more than one (1) of their own accepted voluntary overtime in the same month shall be removed only from the voluntary overtime list for a period of two (2) weeks and shall be placed on the top of the mandatory overtime list.

b) Dispatchers who refuse two (2) of their own accepted voluntary overtime in the same month shall be charged accrued time for the third (3^{rd}) and subsequent refusal of overtime.

c) Dispatchers who accept more than one (1) voluntary overtime for the two (2) weeks advance hiring will be mandated last.

Overtime/Mandatory

Mandated openings will be hired as follows:

Short term openings will be filled by using the list.

Advanced hire openings will be filled as follows:

a) Dispatchers who have taken no voluntary overtime for the scheduled week will be mandated first.

b) Dispatchers who have taken the least amount of voluntary overtime for the week will be mandated next.

c) Dispatchers who are mandated in under (a) above shall be paid at time and one half for that overtime, not double time.

d) Dispatchers who refuse a mandated overtime due to illness or injury may be required to submit a physician's note within two (2) weeks of the overtime.

e) Employees on anytime off (e.g. floating, holiday, vacation) will be mandated last, after employees that are scheduled to work. If an employee, is off and has to be mandated the employee who is off and higher on list will be mandated first. Employees mandated on anytime off when not normally eligible to be mandated, will receive compensation at the mandated rate of pay and when the time is contiguous to their shift comp time for each hour worked up to 4 hours will be credited. If it is more than 4 hours, a full 8 hours of comp will be credited. If the employee is mandated to work on their scheduled 2 days off where it is not contiguous with their regular shift they will receive 8 hours comp time.

f) An employee scheduled to work shall be mandated prior to an employee who is on a scheduled day off or on any leave time unless, it puts another employee at the excess of working sixteen (16) hours or an emergency in the dispatch center.

g) Use of Comp time must be requested twenty four (24) hours in advance.

h) Dispatchers working overtime or swaps on their day off are considered ineligible for a mandate for that same day.

i) In the event that a dispatcher is working twelve (12) hours and must be held for four (4) hours, his/her mandatory requirement is considered satisfied and his/her card goes to the bottom.

j) Compensation for mandatory overtime that is mandated by management (not for those splitting a mandatory overtime with the mandated dispatcher) shall be at the rate of double time. These hours do not count towards the hours of double time in Article VII, Section 3.

k) When the Shift Supervisor or Crew leader, cannot hire from the voluntary overtime list (the list has been exhausted or all dispatchers and supervisors on the overtime list have refused the overtime) overtime assignments will once again be offered in four (4) hour increments. If no dispatcher accepts the four (4) hour shift, the Director, the Shift Supervisor or the Crew Leader shall offer the opt out supervisor the OT prior to going to the mandate list(see article V, Section four) then go to the top of the mandatory overtime list and mandate overtime.

l) In the event mandatory overtime exceeds voluntary overtime for any six-(6) month period, or #8 below becomes a problem the parties agree to open the overtime section of the contract only. This section will remain in effect for no less than six (6) months following the signing of the contract, either party may, after five (5) months request re-negotiations of this section only.

m) Only permanent full-time dispatchers and supervisors shall be eligible for voluntary overtime. No other City employees, employed in any other department or division of the City shall work in the Dispatch Center on an overtime or non-overtime basis unless they hold the required certifications (NCIC, Telecommunication, SBC-911 or equivalent) to be a fully trained dispatcher and no full time qualified dispatcher has accepted voluntary overtime (this may be waived if a State or City wide emergency is declared by the City Manager.

Section 6. When a scheduling officer calls for long term scheduling (absences created twenty-four (24) hours or more before the shift) the called party shall have a maximum often (10) minutes to reply to the scheduling officer. The telephone or cell phones, if a dispatcher desires, will be utilized for all long term overtime calls.

Dispatchers out sick or injured shall not be offered an overtime assignment except advanced overtime which they will physically be able to work. They will become eligible for an assignment eight (8) hours following the absence or when they work a regularly scheduled shift, whichever comes first.

Section 7. Dispatchers will not work in excess of sixteen (16) continuous hours in a twenty-four (24) hour period, (commencing at the start of their shift) except during a citywide emergency as decided by the City Manager or in the event of a staffing emergency as declared by the Director of Emergency Communications.

Section 8. Anytime the dispatcher has another dispatcher cover part of the shift the Shift Supervisor, Crew Leader or the Director of Emergency Communications will be notified of the change prior to the beginning of the shift.

Section 9. Any employee called back to work shall receive a minimum 4 hours OT. Employees held over from their shift or called in less than 4 hours prior to the start of their regular shift shall receive hour for hour OT.

Section 10. Special Assignments overtime may be hired when the Director of Emergency Communications believes that additional staffing is required for efficient operation of the Department.

In the event the Director has advance notice of special assignments and the 2 weeks overtime is filled, the special assignment will be hired from the special assignments list.

Section 11. Shift supervisors cannot opt out of overtime, including special assignment overtime, and are subject to all of the preceding rules in this Article VIII regarding overtime.

ARTICLE IX
TRAINING

The 12 month probationary period includes the completion of the fourteen (14) week program with a CTO.

The training program will be designed and conform to standards set forth by the Association of Public Safety Communications Officials International Inc. (APCO International).

CONTINUING TRAINING

Current dispatchers are required to maintain their State certifications.

Failure to maintain certifications will result in discipline and/or dismissal.

The City will provide and post opportunities for dispatchers to attend training courses. All training pertinent to dispatchers shall be posted in the department, by the Director of Emergency Communications, upon receiving notice of sessions.

The City is not required to run training courses but may do so if appropriate.

It shall be the responsibility of each dispatcher to sign up and attend training.

Dispatchers assigned to a training class will be scheduled for the day shift for the day week of the training class, depending on the length of the training class. At least ten (10) calendar days notice will be given.

Dispatchers assigned to a training class will be ineligible for mandated overtime for sixteen (16) hours before and sixteen (16) hours after the training class.

Dispatchers assigned to a training class will not be included as part of the day shift manpower and will not be pulled from the training class to fill overtime except in emergencies.

In an effort to maintain certification standards a Continuing Dispatch Education program will be established and a training file will be maintained for each dispatcher.

It shall be the responsibility of each dispatcher to supply current certificates for the training files. Copies will be placed in the file and originals returned.

Dispatchers who are assigned to training duties shall be paid $3.50 per hour above his/her normal rate of pay while training a Dispatch Trainee.

Communications Training Officer's
(CTO's)

Telecommunicators with 5 years of experience may apply for the position of CTO. Applicants will be evaluated based on past performance and recommendations from trainees and other City Personnel and if necessary, testing. The final decision will be made by the Department Head. The City will maintain 3 CTO's whenever possible not

including the Lead Trainer. All dispatch Supervisors are expected to be CTOs. CTOs shall not be mandated for a shift immediately following out of state training or training held outside of the City of Meriden.

Lead Trainer

The lead trainer will be a certified CTO Instructor and obtain other Instructor Certifications as deemed necessary by the City. Such instruction will be paid for by the City; however schedules may be adjusted to attend such training.

The position of Lead Trainer will be a tested position and will be responsible for the introductory training of new trainees. The Lead Trainer will bid for their shift as is customary for all members of the unit and will work the assigned shift rotation. However, their schedule will be subject to change to train new employees. In accordance with the current Collective Bargaining Agreement the Lead Trainer will be compensated at the rate of 10% premium above the normal rate and where applicable, shift differential on this rate. The Lead Trainer will be notified at least 2 weeks in advance of any shift change. The Lead Trainer will not receive the additional "Dispatch Trainer" pay.

This position shall be eliminated effective January 1, 2020.

ARTICLE X
HOLIDAYS

Section 1. Each employee shall be paid for each of the following legal holidays:

New Year's Day	Labor Day
MLK Day	Columbus Day
President's Day	Veteran's Day
Good Friday	Thanksgiving Day
Memorial Day	Christmas Day
Independence Day	

Each day of holiday pay for each employee who does not work on the holiday shall be computed by multiplying his/her scheduled hourly rate by eight (8) hours.

In addition to the above list each employee shall receive two (2) floating holidays per calendar year which may be taken at said employees' convenience with the consent of the employee's supervisor. Floating holidays may not be carried over from year to year.

Section 2. In the event of an unforeseen national or state holiday and it is declared as such and is in fact celebrated by the municipality, each employee shall receive an additional day of holiday pay.

Section 3. In addition to the above holiday pay each employee in the bargaining unit who actually works a regular non overtime work shift which starts on any of the legal holidays as mentioned in Section 1, shall be paid for that shift and in addition shall receive four (4) hours pay (the employees scheduled hourly rate multiplied by four (4) hours for each such working shift.) Except for those employees working Thanksgiving Christmas and New Years shall receive sixteen (16) hours of additional pay (only three (3) holiday shifts are possible for each of these days).

Holidays will not necessarily be the same day celebrated by other Municipal or State employees, but will instead be the actual holiday.

ARTICLE XI
VACATIONS

Section 1. The following vacation schedule shall be in effect for employees of the Bargaining Unit.

a) Vacation time is accrued monthly at the following rates. New accrual rate begins the month following your anniversary date.

b) Each employee who has completed one year of service shall be entitled to a vacation with pay of two-(2) weeks annually ten (10) working day(s).

c) Employees who have completed five (5) years of service shall be entitled to a vacation with pay of (3) weeks annually (fifteen (15) working days).

d) Employees who have completed ten (10) years of service shall be entitled to a vacation with pay of four (4) weeks annually (twenty (20) working days).

e) Priority will be given to vacation requests which exceed four (4) work days. Priority will then be given to seniority (i.e., in order to exercise seniority, a senior employee must request more than four days if the same days have been requested by a junior employee requesting more than four days). In all other cases, seniority shall prevail. A master calendar indicating approved vacations shall be posted no later than November 1 of each year. (For Thanksgiving Day, December 24, 25, 31 and January 1, unless four (4) or more people are scheduled, no one may take a vacation day which creates an overtime).

f) An employee who becomes seriously ill or injured while scheduled to go on vacation or is on vacation shall have the opportunity to change his vacation schedule provided that sufficient evidence by way of a physician's certificate attesting to his bona-fide illness is furnished to the department head.

g) In the event of the death of an employee, payment shall be made to the beneficiary as designated on the Designation of Beneficiary Form Accrued Sick/Vacation Time Form of the deceased employee or the estate of the employee shall receive any vacation due the employee in a check made payable to the estate of the employee.

h) All vacation requests of five (5) or more days shall be submitted to the employees' immediate supervisor between January 1 - April 1 of each year of this agreement. Effective 7/1/11 employees with more than one year of service but less than then ten (10) will be allowed to use two vacation days per contract year with twenty four (24) hour notice. Employees with ten (10) or more of service will be allowed to use up to three (3) vacation days per contract year with twenty four (24) hours notice. For all other vacation, forty eight (48) hour notice is required.

i) Vacation credit shall not accumulate from year to year except that credit of forty (40) hours or less each year may be carried over unless the employee had to execute (e) above, had a documented workers compensation injury which interfered with vacation, or the Director documents that vacation was reasonable denied by the department.

j) A request for vacation carry over form must be completed and submitted by December 15th of each year.

k) In no case may an employee be paid out at resignation and termination for more than forty (40) hours of accrued vacation time

Employees who retire under Pension Board rules may be paid out for up to four (4) weeks of the accrued vacation time.

l) Should vacation time be required before it is accrued, an employee may borrow up to the annual entitlement in any given year by completing the Authorization for Repayment of Advance Vacation Pay form. Borrowed vacation time will be deducted as soon as the days are accrued. Should an employee leave or be terminated prior

to the repayment of borrowed vacation time, it will be charged to the employee in their terminal leave pay. This provision shall not apply to employees hired on or after October 22, 2019.

Section 2.

An employee hired before 01/01/2017 who works three consecutive months in a fiscal year without any lost time, including sick leave or suspensions, shall receive one (1) vacation day. Measurement of the required ninety (90) day period shall be based on months rather than days. For example: if an employee used a sick leave day on 07/01/01, the ninety day measuring period would begin on 07/02/01 and on 10/02/01 the day would be earned.

Employees hired after 01/01/2017 who works six (6) consecutive months in a fiscal year without any lost time, including sick leave or suspensions, shall receive one (1) vacation day. Measurement of the required one hundred and eighty (180) day period shall be based on months rather than days. For example: if an employee used a sick leave day on 07/01/16, the one hundred and eighty day (180) measuring period would begin on 07/02/16 and on 01/02/17 a day would be earned.

Said vacation day may be taken at the mutual consent of the employee and the department head after mutual agreement as to the convenience of both, the employee and the City.

For purpose of vacation time, (other than days in Section d) personal or earned day, (excluding sick time) not more than one (1) overtime slot may be created per shift by said request. Requests for such leave will be granted by seniority on first notice to the Director.

All requests for individual vacation day(s), and earned days shall be submitted for approval to the Dispatch Supervisor in accordance with the contract. It is preferable to submit requests at least seven (7) days in advance.

ARTICLE XII
SICK LEAVE WITH PAY

Section 1. Sick leave as used in this Article is defined as absence from work without loss of pay as a result of a bona-fide illness or injury. An employee utilizing sick leave shall report their absence from work a minimum of two (2) hours prior to the start of the scheduled shift unless physically impossible to their shift supervisor, Crew Leader or the Director of Emergency Communications as appropriate.

Section 2. Each employee shall earn sick leave with full pay of fifteen (15) working days in any one year. Employees shall earn and accrue one and one- quarter (11/4)

days of paid sick leave per month, to a maximum of fifteen days per year. Unused sick leave may be accumulated from year to year to a maximum one hundred-twenty (120) working days.

a) Employees shall utilize their allowance of sick leave when unable to perform their work duties by reason of illness or injury, pregnancy, necessity for medical or dental care, exposure to contagious disease under circumstances in which the health of other employees or the public would be endangered by attendance on duty, or illness in the immediate family or household of the employee for such period as the attendance of the employee may be necessary. Immediate family is defined for the purposes of these rules to be parents, step-parents, grandparents, spouse, brothers, sisters, child, step-child or grandchild.

b) Employees who are absent for three (3) or more shifts in a one week period, or show a pattern of absences, will be expected to submit a statement from a physician stating the reason for the absence within 7 days after the absence to support the claim for sick leave if asked by his/her supervisor.

For example: such as every Monday or Friday, weekend day, just after or before a vacation, or other regular scheduled days off or attached to your days off.

c) In the event of an indication of abuse of sick leave privileges, the Director of Emergency Communications or the Personnel Director, whichever is applicable, may require a statement from the attending physician.

d) Sick leave shall not accrue during any period of leave of absence without pay.

e) Sick leave shall continue to accumulate during leaves of absence with pay and during the time the employee is on authorized sick leave or vacation time.

f) When calling in sick, the Director of Emergency Communications, Supervisor or Crew Leader, in his/her absence shall be notified at least two (2) hours before the start of the shift, except in the case of a true emergency.

g) Dispatchers cannot work overtime on a shift touching a sick or UDS shift even if previously hired; i.e., (sick/UDS used for an 8:00-4:00 shift dispatcher cannot work overtime on the 4:00 - midnight shift). There will be at least eight (8) hours after the use of sick/UDS leave before overtime can be worked, unless the dispatcher has returned to

work part of the shift; i.e., (sick/UDS used for 8:00 a.m. to noon, dispatcher returns to work noon to 4:00 p.m., the dispatcher is eligible to work overtime 4:00 p.m. to midnight).

h) The City and the Union realize that there may be times when an employee needs a day off from scheduled work for reasons other than sickness, vacation, and other allowed leave with pay. Therefore, the following sick leave time incentive is offered.

i) An undesignated sick leave day, as used in this Article, is defined as absence from work without loss of pay for any reason upon formal notification to the Crew Leader or Dispatch Supervisor by the employee.

j) Each employee may elect to use up to five (5) of his annual accrued sick leave days as "undesignated sick leave days." Employees hired on or after October 22, 2019 may only use up to three (3) days of his/her annual sick leave as "undesignated sick leave days.

k) An employee who elects to take an "undesignated sick leave day" shall follow the guidelines listed below:

1) The employee shall notify the supervisor prior to the start of the scheduled work shift that he/she is electing to use an undesignated sick leave day.

2) An employee cannot take more than one (1) "undesignated sick leave day" in a work week.

3) An employee cannot take an "undesignated sick leave day" on any contractual Holiday.

4) An employee must have at least five (5) sick leave days prior to taking an "undesignated sick leave day."

5) "Undesignated sick leave days' will count as a day worked towards the ninety (90) day sick time incentive.

6) "Undesignated sick leave days" not used, will accumulate, as always, towards the total contractual allotment of fifteen (15) annual sick leave days.

Dispatchers shall be expected to report to duty on their next scheduled shift unless they have called in to extend the original absence.

Section 3. An employee, upon formal retirement according to the rules and regulations established by the applicable Retirement Board, lay off, termination without cause, resignation, or death, shall be entitled to compensation in a lump sum for that portion of unused sick leave which has been accumulated not to exceed ninety (90) days.

For employees hired after July 1, 2008 who leave with 10 or more years of dispatch service the following applies: An employee, upon formal retirement, layoff, termination without cause, or death shall be entitled to full compensation in a lump sum for that portion of unused sick leave which has been accumulated, not to exceed ninety (90) days. In the instance of death, the employee's estate shall receive such lump sum unused sick leave payment. For the purpose of this section, after twenty-five (25) years of continuous regular service with the City, employees shall be entitled up to a maximum of ninety (90) days with full compensation. After fifteen (15) years of continuous regular service with the City, an employee is entitled to seventy-five percent (75%) of his accumulated sick leave not to exceed ninety (90) days. After ten (10) years of continuous regular service with the City, an employee is entitled to fifty percent (50%) of his accumulated sick leave not to exceed ninety (90) days. Employees terminated for cause will get no sick time pay out.

Section 4. When recalled to work, laid off employees shall be credited with the same number of sick leave days they had accumulated to their credit at the time of their lay-off, if no cash payment was given pursuant to Section 3 above.

Section 5. For the purposes of determining wages, employees may take sick leave in increments of four hours.

Section 6. Sick leave accruals will be reported on the employees paycheck stub.

Section 7. For employees hired prior to July 1, 1997, the following shall apply to this Section only:
When an employee reaches his/her ninety (90) day maximum accumulation of sick leave, in any fiscal year, a separate accounting shall be maintained in order to provide payment for his/her base daily rate of pay for up to fifteen (15) unused sick leave days beyond the ninety (90) which the employee may have accumulated. The maximum number of days beyond ninety (90) days which may be computed at the employee's base daily rate of pay shall be fifteen (15) days in any fiscal year. Payment for above unused sick leave shall be made in one lump sum in July of the fiscal year following that year in which it is accumulated.

Section 8. FMLA leave, an employee who is an "eligible employee" as defined under the Federal Family and Medical Leave Act (FMLA), 29 U.S.C. 1601, et seq., shall be granted up to twelve (12) weeks of FMLA leave during a twelve month

period in accordance with Act. The twelve-(12) month period shall be defined as January 1 through December 31. Any accumulated paid sick leave must be exhausted first or used in situations where the leave being taken by the employee is covered by the Act, and said paid leave shall be included in (and shall not be in addition to) the aforementioned twelve (12) weeks of allowable leave. A medical certificate acceptable to the City may be required for FMLA leave situations involving the health of the employee or family member.

Employees on leave without pay shall not continue to accumulate sick leave; however, the continuity of employment shall be preserved for purposes of seniority. Employees on FMLA leave shall have their health insurance coverage maintained during such leave on the same terms as if the employee had continued to work.

ARTICLE XIII
INJURY LEAVE

An employee absent from duty because of a compensable occupational Workers' Compensation injury and/or disease shall have injury leave coded for his/her absence.

Injury leave shall mean paid leave, given to an employee due to a compensable occupational injury and/or disease arising out of and in the course of his/her employment with the City. Employees of the City are covered by the Workers' Compensation Act, that being Chapter 568 of the State of Connecticut General Statutes. The City, in the case of a compensable occupational injury and/or disease, shall continue the employees full normal base pay during his/her absence up to six (6) months in duration for each compensable occupational injury and/or disease. Employee compensable occupational injuries and/or disease exceeding the aforesaid duration shall receive his/her workers' compensation rate, that being determined by the Workers' Compensation Act, Section 31-307.

Ability to work overtime is considered by the parties to be an essential component of being a Public Safety Dispatcher. Employees who are unable to work overtime or extend hours over eight (8) for more than six (6) months for a non-service connected injury or six (6) months for a compensable occupational injury and/or disease will be considered unable to continue to qualify as a Dispatcher.

Employees sustaining a compensable occupational injury and/or disease requiring medical attention and/or treatment shall report to the competent physician, surgeon, clinic or hospital, within the City's Third Party Administrator's approved Medical Care Plan Network. The network is available at all Department and Division Head offices.

Employees who's injuries are being contested (form 43-67) by the City or the Third Party Administrator shall be coded Q-time for his/her absence. Q-time shall mean the employee receives his or her full normal base pay and a "Q" shall appear on his/her payroll sheet for his/her absence. Q-time is coded for a contested injury or disease or an injury or disease where the City has inadequate time or information to determine compensability. Q-time shall continue during

his/her absence up to a maximum of six (6) months. After six (6) months the employee shall be coded sick time or other paid or unpaid leave.

Employee injuries and/or diseases that are contested (form 43-67) by the City or Third Party Administrator shall have thirty (30) calendar days in which to file a request for an informal hearing with the Workers' Compensation Commissioner having jurisdiction.

Employees who file said request shall be coded Q-time until the compensability of the injury or disease is adjudicated. However, Q-time shall not exceed more than six (6) months at any time. Sick time or other paid or unpaid leave shall be coded if the employee fails to file the aforementioned request within the thirty (30) days. Q-time shall be changed to sick time or other paid or unpaid leave if the employee fails to prevail at the aforesaid Workers' Compensation hearings. If the employee prevails at the said hearings, the Q-time shall be changed to injury leave, but at no time shall this injury leave exceed six (6) months.

An employee having a compensable occupational injury, and/or disease, who has been released to return to work by his/her physician in a limited, modified or restricted duty, shall be provided, at the City's discretion, limited, modified and/or restricted duty assignments as devised by his/her department/division head. All such assignments shall be within the employee's physical restrictions set forth by the employee's treating physician prior to returning to work. All such assignments will be temporary in nature, subject to change, and shall not constitute a permanent condition. An employee who has reached maximum medical improvement, and is permanently and physically unable to return to his/her regular duties and essential function as a result of a compensable occupational injury and/or disease, may apply for a position within the City for which he/she is physically and professionally qualified, may pursue his/her right to a disability pension.

An employee who sustains a compensable occupational injury and/or disease shall be indemnified by the State of (CI) Connecticut Workers' Compensation Act and as such, shall comply with all sections of the State of (CI) Connecticut Worker's Compensation Act, that being Chapter 568 of the State of Connecticut Statutes.

ARTICLE XIV
MILITARY LEAVE

Military Leave shall be as provided for in the Personnel Policies Manual. Any monies earned on military leave for work time shall be turned over to the City within five (5) days of receipt.

ARTICLE XV
JURY DUTY

Section 1. Once an employee is notified of potential juror service he/she shall:

a) Notify the Director of Emergency Communications.

b) For situations where an employee is scheduled for a night shift prior to his/her first day of potential juror service, the Director of Communications or in his absence the Shift Supervisor will hold over

from the second shift until he/she has determined whether the employee must report to juror service. Once that determination is made, the employee either reports to duty or relieves the hold over or if he/she is scheduled for juror service and the appropriate scheduling replacement will be made. An employee may receive jury duty pay for any day that they cannot work a regular shift due to actually reporting for jury duty.

c) Always keep the Director of Communication or the Shift Supervisor apprised of his/her juror status.

d) Employees who serve as jurors and are so compensated by the State Juror Administrator shall return to the City, the prevailing daily rate as established by the Connecticut General Statues on juror compensation for each work shift provided off for juror service.

e) Employees assigned to juror service are not eligible to work the shift of juror service nor any touching shift. This includes regular duty, overtime.

Section 2. Any employee required to appear in court (except as a defendant in a motor vehicle or criminal case or a plaintiff in his/her own case) during his workday shall receive full pay for the time lost from work.

ARTICLE XVI
BEREAVEMENT LEAVE

Section 1. In the event of a death in an employee's immediate family, an employee shall be permitted five (5) days off at his regular rate of pay for the purpose of attending the funeral and for providing for matters incident to the death.

Section 2. For the purpose of this Article, the immediate family shall include the following relatives: parents, step parents, spouse, same sex domestic partner, sister, brother, child or step-child mother-in-law, and father-in- law.

Section 3. In the event of a death in an employee's family, that shall include the following relatives: grandmother, grandfather, grandchild, aunt, uncle an employee may be permitted up to three (3) calendar days off at his regular rate of pay for the purpose of attending the funeral of other family members and providing for matters incident to the death including necessary travel.

In the event of the death of a significant other who has resided with the employee for no less than one (1) year, bereavement leave may be requested from the Director or his designee.

Section 4. Employees may be granted one (1) day's leave with pay in the event of the death of other relatives at the discretion of the Director or his designee.

Section 5. Additional time may be granted for extenuating circumstances when requested by the employee and approved by the Director and Personnel Director. Said request and approvals shall be in writing.

ARTICLE XVII
GRIEVANCE AND NEGOTIATING COMMITTEES

Section 1. A. The City and the Union agree that for the purposes of negotiating, nor more than two members may be allowed to participate without loss of wages during working hours. No more than two members of the negotiating committee may be excused with pay from any shift.

B. The parties agree that hours for negotiations will be alternated so that no one shift will be impacted.

Section 2. The City and the Union agree that for the purpose of settling grievances at the first step, a grievance committee member or a member of the Executive Committee may participate. From the second step and above, a committee of two (2) may participate, which shall include the aggrieved employee. In the event the staff representative from AFSCME is present then only one (1) grievance committee member may be on City time. If the grievant is a member of the Union Executive Board (i.e., President, Vice President or Steward) except in cases of discipline involving loss of pay the grievant will also be the Union Representative.

ARTICLE XVIII
UNION MEETINGS

Section 1. Union officers shall be allowed to attend official Union conferences, training sessions, seminars, and lectures for the purpose of obtaining information which may enable them to better function as officials of the Union. The Union will give adequate prior notification (at least 48 hours) of such meetings to the Department Head and the Personnel Director.

Section 2. Officers designated by the Union to attend such functions shall be allowed time off without loss of pay. Total days off for up to three (3) Union Officers shall not exceed six (6) in any fiscal year and no more than one shall be off per shift.

Section 3. Employees within the Bargaining Unit may be represented by two (2) stewards and one (1) alternate. The Union shall furnish the Director of Personnel and the Director of Emergency Communications the stewards' name.

ARTICLE XIX
INSURANCE

Section 1. The City shall provide and pay for the following insurance or the equivalent coverage including services and benefits for all full-time employees of the bargaining unit and their enrolled family members* as follows:

a) Open Access Plus OAP4/OAP4N. (See Addendum on Health Insurance)

b) High Deductible Health plan OAPl/OAPlN

c) CIGNA Dental PPO - Radius Network

d) Life Insurance coverage shall be one times salary for all employees. No life insurance is to be provided for employee's dependents.

*(See Addendum on Health Insurance)

Said agreement also includes provisions for ongoing health insurance negotiations by the coalition. Negotiations for 7/1/2017 are in process

Section 2. If the City can provide the equivalent service and benefits of all insurance coverage as presently provided for in this Article through another insurance carrier, the City shall have the right to substitute insurance carriers. Prior to changing insurance carriers, the City shall notify the Union in writing of such intended change and agrees to discuss such change with the Union if so requested. Any dispute regarding equivalency of benefits and service shall be subject to Article VI, Grievance Procedure, and beginning at Step three (3).

Section 3. The Union agrees to participate and be represented on the Health Insurance Committee. The call of the Committee is to explore and continue to recommend ways to curb escalating costs and maintain the current level of benefits, if at all possible. If any such recommendations require contract language changes, the Union agrees to present the recommendation to the bargaining unit for acceptance.

ARTICLE XX
WAGES

Section 1. Wages for all employees shall be as set forth in the Addendum A attached hereto.

Section 2. Effective with the first pay period after 1/1/17 the dispatchers pay scale will be changes as follows:

a) Step A and B will be removed
b) Steps C through F will have $2000 added
c) Step G will have $2500 added

Section 3. Effective 1/1/17 employees will be hired at step C unless they are certified dispatchers (cannot have been away from employment as a dispatcher for more than 12 months at hire) in which case they will be hired at step D.

Employees at steps A and B will be moved to step C on 1/1/17.

Any employee at step C who came in as a certified dispatcher will be moved to step D on 1/1/17.

Regular Step movement will occur at the end of the 12 month probationary period.

Section 4. Employees shall move to the next step on the pay scale the next full pay period after successful completion of their probation. Employees will move again each year on their anniversary date until they have achieved the top step.

Section 5. Shift differential shall be as follows:

a) Second shift - 7.5%
b) Third shift - 7.5%

The shift differential is only paid to the employee who actually /physically works the shift.

Section 6. Employees hired after 7/1/13 will move to the next highest Step on their anniversary date. Probationary employees must serve twelve (12) months to move to the next Step. Their next step increase shall be one (1) year from the anniversary of the initial step increase. (i.e. hired 7/13/17, will step on 7/13/18 and again 7/1/19)

Section 7. Longevity:

For employees hired before 1/1/17 Longevity payments shall be based on the following formula for all full time employees in the bargaining unit and paid the first pay period in December.

a) Employees who have completed five (5) years of service - $150
b) Employees who have completed ten (10) years of service- $225
c) Employees who have completed fifteen (15) years of service - $350
d) Employees who have completed twenty (20) years of service -$450

Employee must have the actual years of service on December 1 to qualify for that year's payment. Payments shall not be prorated.

Section 7. Dispatchers certified by a national organization in Fire Dispatch, Emergency Medical Dispatch and Law Enforcement Dispatch (must be certified in all 3 disciplines) shall receive a stipend of $375.00 payable for such achievement in the December of that year and each December thereafter as long as such certifications are maintained.

If the MECC becomes accredited by a national organization each dispatcher certified as above shall receive an additional stipend of $375.00 payable for such achievement in the December of that year and each December thereafter as long as such certification is maintained.

The total stipend amount will not exceed $750.00

Any and all certifications provided by the City shall be considered part of the employment responsibility and will be expected to be fulfilled for the period of certification.

ARTICLE XXI
TRANSPORTATION ALLOWANCE AND SAFETY EQUIPMENT

Transportation allowance for all members of the bargaining unit using their own cars for City-approved business shall be at the prevailing rate allowed by the IRS.

The City shall supply all necessary safety equipment for employees covered by this Collective Bargaining Agreement. A Labor/Management Committee will meet on a quarterly basis, upon request of either party, to discuss safety issues and ways to improve working conditions within the Department.

ARTICLE XXII
COPIES OF CONTRACT

Six original copies of the Agreement shall be supplied to Council #4 and a sufficient number of copies of the Contract shall be furnished to the Union for its membership. A copy of the Contract shall be provided by the City to each newly hired employee at the time of hire.

ARTICLE XXIII
NONDISCRIMINATION

The Employer and the Union agree that for the duration of the Agreement neither shall discriminate against any employee in a manner which would violate any applicable laws because of race, color, creed, sex, nationality or political belief, qualified handicap and age, nor shall the Employer nor the Union discriminate against any bargaining unit employee because of their membership or non-membership in the Union.

ARTICLE XXIV
DISCIPLINARY PROCEDURE

Section 1. No employee who has successfully completed his/her probation period shall be disciplined, removed, dismissed, discharged, suspended, fired, or reduced in rank except for just cause. The City further agrees that disciplinary action shall be in a timely manner. Disciplinary action includes, but is not limited to, oral reprimand, written reprimand, suspension and discharge depending on the severity of the issue or event.

Section 2. An oral reprimand shall not be deemed to have been issued unless the employee has been advised in writing that he/she has received an oral reprimand and a notation of such reprimand be made part of the personnel file for one (1) year assuming no other discipline on the issue occurs.

No written reprimand shall be deemed to have been issued unless the written communication is labeled a written reprimand. If the employer has reason to reprimand and/or counsel an employee, it shall be done in a manner that will not embarrass the employee before other employees or the public. A written reprimand shall remain in the employees' personnel file for two (2) years from the date of issuance and shall be removed after two (2) years providing no other discipline on the issue occurs.

Section 3. The parties agree that disciplinary procedures constitute a corrective process designed to improve an employee's behavior through counseling and to make the employee aware of the fact that failure to change will result in increased penalties. In the event it is necessary to discipline an employee, such employee shall be informed that he/she has the right to have a Union Representative present and shall be allowed time to arrange for such representation.

Section 4. When the appointing authority has reason to suspend or discharge an employee, the employee shall first be entitled to a pre-disciplinary hearing, with a representative of his/her choice, to respond to the alleged charges. After such hearing, if the appointing authority feels the employee should be disciplined, it will be done in the following manner:

1. Notice shall be in writing with a copy to the Union.

2. State the charges.

3. State the acts or omissions upon which the charges are based.

4. State the discipline imposed and the effective date or dates.

5. State the employee's right to appeal the action through the grievance procedure.

Serious discipline may be submitted directly to the State Board of Mediation and Arbitration.

ARTICLE XXV
E.A.P. PROGRAM

The Employer and the Union recognize the value of counseling and assistance programs to those employees experiencing personal problems which interfere with the employee's efficient and productive performance of his/her job duties and responsibilities.

The Employer and the Union will therefore aid such employees who request assistance with such problems. The Employer and the Union will encourage the employee to seek professional assistance when necessary.

Request for assistance through "recommendation" or Supervisor referral" will be treated as confidential. "Self referral" confidentiality will be maintained between the individual seeking help and employee assistance personnel.

The records concerning an employee's treatment for alcoholism, drugs or chemical substance, or stress related problems shall remain confidential and shall remain separate from other personnel materials.

Member's progress will be monitored by the Director or his designee, in the case of recommendation or referral.

Rehabilitation itself is the responsibility of the member. For members enrolled in a formal treatment program, the Director will grant rehabilitation leave at full pay up to accumulated sick leave. Outpatient care will be charged to sick leave. Members using up accumulated sick leave will be allowed to use vacation and other accumulated leave time. A member may request an extension of sick leave for rehabilitation purposes; however, the failure of the City to grant said extension shall not be a grievable matter by the member or the Union.

To be eligible for continuation of employment on a rehabilitation pay basis, the member must have been employed at least one year; must maintain at least weekly contact with the Director; and must provide certification that he/she is continuously enrolled in a treatment program and actively participating in that program.

Upon successful completion of treatment, the member will be returned to active status without reduction of pay, grade or seniority.

Prior to hiring, each new Public Safety Dispatcher shall be required to undergo drug testing.

Employees are expected to abide by the City's Drug/Alcohol Free Workplace Policy.

Employees found to be under the influence of illegal drugs or alcohol through a reasonable suspicion test (alcohol .04 or greater) while on the job will be disciplined.

- First offense - Four (4) weeks suspension plus treatment by EAP and return to duty test.
- Second offense - Termination.

The City will schedule said class, provide instructors, etc. and schedule two (2) different time slots for each session.

Stress reduction training to be offered up to three (3) times during the calendar year.

Attendance is mandatory at two (2) out of the three (3) sessions. Dispatchers who do not attend scheduled training may be disciplined unless they are on a pre-scheduled vacation day (which was scheduled prior to the posting of the training class) or an approved sick or bereavement day. Attending dispatchers will be paid straight time for the time of the class only.

The Director of Emergency Communications has the authority in critical incidents to relieve dispatchers for EAP assistance without use of sick time. Should this occur, call in may be done out of order and by who resides closest to the department and likely to come in for overtime.

ARTICLE XXVI
NO STRIKE/NO LOCKOUT

The Union agrees that itwill not call, promote, condone or participate in any strike, sick out, sympathy strike, slowdown, concerted stoppage of work against the City, or any other intentional disruption of the operations of the City during the life of this Contract, and the City agrees that there shall be no lockout. In the event of any of the aforementioned activities by members of the bargaining unit, the Union agrees to direct said bargaining unit members to immediately return to work.

ARTICLE XXVII
TUITION REIMBURSEMENT

The Tuition Reimbursement plan is designed to encourage the development of the employee by sharing the cost of educational programs directly related to his/her work, and to assist in preparing for future advancement with the City of Meriden.

Section 1. The following provisions are established to govern the administration of the City's Tuition Reimbursement Plan:

a) Application for reimbursement will only be considered from full-time employees.

b) Applications will be approved only for course work related to the employee's present position or for a position to which he/she may be promoted.

c) Reimbursement shall be made only for course work completed at accredited public, business, trade schools, college, universities, and for courses completed through accredited correspondence schools.

d) Applications will not be considered if the employee is receiving funds for the same course from any other source.

e) Applications will not be considered if the course work is available to the employee through in-service training conducted by the City.

f) Full-time Public Safety Dispatchers: The maximum amount of Tuition Reimbursement shall be $1,000.00 per fiscal year.

The applicant must present an official school receipt indicating the cost of tuition course.

g) Reimbursement shall be made only for course work in which the applicant received a grade "C" or its numerical equivalent, or better. Employees must present an official school transcript showing final grade received within one (1) week of receipt of grade by the employee.

Section 2. The following procedure permits the employee to know in advance whether or not the course(s) will be approved for tuition reimbursement, assuming the course is completed with a satisfactory grade.

a) Employee obtains a "Tuition Reimbursement Application" form from the Personnel Department.

b) The employee forwards the forms to the Director of Emergency Communications for his/her recommendation. Courses eligible for tuition reimbursement must be directly related to employees work with the City of Meriden.

c) The Personnel Department reviews the application. One copy is returned to the employee. The other copy is retained by Personnel.

d) Within one week after the employee has completed the course and has received his final grade, the employee submits his copy of the approved request form to the Director of Personnel along with his/her grade and tuition receipt.

e) Upon receipt of the completed application form the Director of Personnel will prepare a service voucher to pay the employee for the amount of the tuition reimbursement.

ARTICLE XXVIII
WAIVER OF BARGAINING

The foregoing constitutes an entire agreement between the parties and no verbal statement shall supersede any of its provisions. It is understood and agreed that all matters subject to collective bargaining between the Parties have been covered herein and that it may not be reopened for change in its items or addition of new subject matters except by mutual agreement.

Any stipulated agreement entered into during the term of this agreement shall be appended hereto and shall be folded into the next contract to remain valid.

ARTICLE XXIX
EVALUATIONS

Employees will be evaluated no less than once per year. Evaluations are grievable only up to the level of the Personnel Director and must be signed as an acknowledgement of receipt.

ARTICLE XXX
NEW HIRES

Section 1. New employees shall serve a probationary period of twelve (12) months including completing a Training Program for a minimum of sixteen (16) weeks and shall have no seniority rights or recourse to arbitration provisions of this Agreement in the case of discharge or other discipline during this period but shall be subject to all clauses in this Agreement. New employees who have completed the training program and probationary period shall be known as permanent employees and the

training and probationary period shall be considered included as seniority time. In the event a dispatcher is qualified prior to being hired by Meriden, he/she will be hired up to Step C at the City's discretion. This employee may still have to meet both the Training and Probationary periods as stated above.

Section 2. After completion of the State mandated certifications the new hire will be assigned to a Communications Training Officer, for training and evaluation.

During the training and probation period the new hire may be released from employment for failing any portion of the training or for just cause without recourse to the grievance section of this Collective Bargaining Agreement.

The training and probation period may be extended for remedial training with agreement of the Union President.

Upon successful completion of the training and probation period the New Hire will bid for a shift according to the Article VII, Section 5 of the CBA and will be moved to Step D on the wage scale unless employee is not hired at Step C, in which case they would then move to the next step on the salary matrix.

Section 3. New employees must sign up for direct deposit within thirty (30) days of employment.

Section 4. Probationary employees may not use any accrued leave until they complete six (6) months of employment. If the employee is ill a doctor's note may be required. If a probationary employee has five (5) unpaid absences in the six (6) month period they may be subject to discipline up to and including termination.

ARTICLE XXXI
PENSION

For Employees hired before 7/1/11, the Pension provisions of the City of Meriden Ordinance on Pensions are hereby incorporated into and made part of this Agreement as amended from time to time through bargaining between the Coalition of Unions and the City.

For Employees hired on or after July 1, 2011, the exclusive retirement plan provided by the City for all full time employees shall be a direct contribution money purchase plan qualified under Section 401 (a) of the Internal Revenue Code, outlined in Appendix A.

ARTICLE XXXII

UNIFORM ALLOWANCE

The City agrees to supply uniform shirts to all Public Safety Dispatchers.

Upon completion of the training and probationary period an initial allotment of six (6) shirts will be issued to each dispatcher. The uniform will be worn during all work shifts. The City will replace uniforms when they become unserviceable. It will be the individual's responsibility to replace uniforms that are damaged outside the working environment. Dispatchers can purchase additional uniform items on their own, with the approval of the Director of Emergency Communications. Effective September 1 of each year, the City agrees to provide $75.00 annually for uniform allowance. In order to be eligible for the $75.00 an employee must be employed for a full two years as of the payment date (i.e., 9/1). Shirts issued to employees must be kept clean and presentable at all times.

Employees must wear business casual pants, skirts, knee length shorts; jeans may be worn if they are clean. Clothing that bears any portion of the employees' torso will not be allowed. Ripped clothing or soiled clothing will not be allowed while working in the Dispatch Center.

On all shifts, regular or overtime, either the uniform shirt or the uniform fleece jacket is to be worn at all times.

ARTICLE XXXIII
DURATION

Section 1. The date of July 1, 2019 shall be the effective date of this agreement.

Section 2. This agreement shall remain in effect until June 30, 2022 and shall continue in effect from year to year except that it may be amended at any time by mutual agreement or upon any anniversary of said agreement by giving to the other party not less than one hundred twenty (120) days written notice of intention to propose amendments.

SIGNATURES

FOR THE CITY

Robert V. Scalise
Director of Human Resources

Date: 2-11-2020

FOR THE UNION

Elizabeth Marotti, President
Public Safety Dispatchers #1303-405

Date: 2/11/2020

Appendix A – Wages

Dispatcher Wage Scale							
	Step A	Step B	Step C	Step D	Step E	Step F	Step G
7/1/2019							
Dispatcher			$22.94	$23.88	$24.81	$25.73	$27.32
			$917.59	$955.13	$992.26	$1,029.38	$1,092.62
			$47,714.78	$49,666.66	$51,597.31	$53,527.97	$56,816.45
Shift Supervisor						$28.37	$29.93
						$1,134.65	$1,197.07
						$59,001.70	$62,247.74
7/1/2020							
Dispatcher			$23.91	$24.87	$25.82	$26.75	$28.38
			$956.35	$994.80	$1,032.80	$1,070.00	$1,135.20
			$49,730.30	$51,729.60	$53,705.60	$55,640.00	$59,030.40
Shift Supervisor						$29.45	$31.04
						$1,177.90	$1,241.54
						$61,250.59	$64,560.29
7/1/2021							
Dispatcher			$24.90	$25.88	$26.85	$27.80	$29.46
			$995.93	$1,035.10	$1,073.86	$1,111.80	$1,178.30
			$51,788.26	$53,824.99	$55,840.51	$57,813.60	$61,271.81
Shift Supervisor						$30.54	$32.17
						$1,221.60	$1,286.80
						$63,523.20	$66,913.60

Appendix B
DC Plan

For new employees hired on or after July 1, 2011 (who qualify for retirement benefits, 30 hours, 9 months, or 20 hours 12 months.)
The exclusive retirement plan provided by the City for all full time employees shall be a direct contribution money purchase plan qualified under Section 401 (a) of the Internal Revenue Code. The Plan shall be administered by ICMA-RC and shall include the following:

Employee shall contribute 5% of his/her base compensation on a pretax basis each pay period. With the first pay period after 10 years of pensionable service the 5% shall increase to 6%.

The City shall contribute, on a pre-tax basis, five percent (5%) of qualified employee base compensation. With the first pay period after 10 years of pensionable service the 5% shall increase to 6%.

Employees who are not employed on the last day of the contribution period will not be eligible for a contribution.

The employee's contributions shall vest immediately.

The City contribution begins to vest after 5 years of employment with the city at 20% per year to full vesting at 10 years. The City contributions shall immediately become 100 % vested if the employee (who has at least 1 year of service in plan) becomes totally disabled or dies while actively employed.

The employee may roll over into these account monies in another eligible retirement plan from a previous employer as allowed by law.

If employment with the City ends for any reason, vested balances can be transferred to another employer's qualified retirement plan as allowed by law.

In the event of a total and permanent disability, (as defined by social security disability) causing the cessation of any gainful employment, a plan participant may withdraw his/her account balance at any time without a reduction by the City.

Contributions to the DC Plan are made per payroll.

City will commit to at least quarterly 401 (a) investment education for employees.

Employee with 25 years of service and age 65 will have access to purchase insurance in the City's over 65 group for self and spouse at their cost. The retiree will be provided $1,000 per year (paid toward monthly cost) of the employee's over 65 insurance if purchased through the City.

Appendix C
Cigna Open Access Plus Coalition Health Insurance

APPENDIX C –

SUMMARY OF BENEFITS

Cigna Health and Life Insurance Co.
For - Meriden City and Board of Education
Open Access Plus Plan - Effective 07/01/2012

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

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

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Coinsurance	Your plan pays 100%	Your plan pays 80%
Maximum Reimbursable Charge	Not Applicable	200%
Calendar Year Deductible	Individual: None Family: None	Individual: $250 Family: $500

- Only the amount you pay for in-network covered expenses counts toward your in-network deductible. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network deductibles.
- After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan.

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

Calendar Year Out-of-Pocket Maximum	Individual: $3,300 Family: $6,600	Individual: $1,250 Family: $2,500

- Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums.
- Plan deductible contributes towards your out-of-pocket maximum.
- All copays and benefit deductibles contribute towards your out-of-pocket maximum.
- Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum.
- After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)		
Physician Services		
Physician Office Visit • All services including Lab & X-ray • Plan pays 100%	$30 Primary Care Physician (PCP) copay or $30 Specialist copay	Your plan pays 80% ^
Surgery Performed in Physician's Office	Your plan pays 100%	Your plan pays 80% ^
Allergy Serum Dispensed by the physician in the office	Your plan pays 100%	Your plan pays 80% ^
Allergy Treatment/Injections	Your plan pays 100%	Your plan pays 80% ^
Cigna Telehealth Connection services	$30 copay	Not Covered
• Includes charges for the delivery of medical and health-related consultations via secure telecommunications technologies, telephones and internet only when delivered by contracted medical telehealth providers (see details on myCigna.com).		
Preventive Care		
Preventive Care	Your plan pays 100%	Your plan pays 80% ^
• Includes well-baby, well-child, well-woman, and adult preventive care. • Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit. • Includes coverage for preventive Breast Ultrasound		
Immunizations • Includes travel immunizations	Your plan pays 100%	Your plan pays 80% ^
Mammogram, PAP, and PSA Tests	Your plan pays 100%	Your plan pays 80% ^
• Coverage includes the associated Preventive Outpatient Professional Services. • Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.		
Inpatient		
Inpatient Hospital Facility	$250 per admission copay, then your plan pays 100%	$500 per admission deductible, then your plan pays 80% ^
Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate **Private Room:** In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate **Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)):** In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate		
Inpatient Hospital Physician's Visit/Consultation	Your plan pays 100%	Your plan pays 80% ^
Inpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	Your plan pays 100%	Your plan pays 80% ^
Outpatient		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)		
Outpatient Facility Services • Non-surgical treatment procedures are not subject to the facility per visit copay/benefit deductible	$250 per facility visit copay, then your plan pays 100%	$250 per facility visit deductible, then your plan pays 80% ^
Outpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	Your plan pays 100%	Your plan pays 80% ^
Short-Term Rehabilitation Calendar Year Maximums: • Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – Unlimited days • All Speech Therapy is covered regardless of condition or diagnosis • Physical Therapy covered for lack of coordination Note: Therapy days, provided as part of an approved Home Health Care plan, does not accumulate to the applicable outpatient short term rehab therapy maximum.	**Day 1 through 50:** $30 PCP or $30 Specialist copay **Day 51 and over:** Your plan pays 80%	Your plan pays 80% ^
Cardiac and Pulmonary Rehabilitation • Unlimited days maximum per Calendar Year	Your plan pays 100%	Your plan pays 80% ^
Other Health Care Facilities/Services		
Home Health Care (includes outpatient private duty nursing subject to medical necessity) • Unlimited days maximum per Calendar Year • 16 hour maximum per day	Your plan pays 100%	Your plan pays 80% ^
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility • 180 days maximum per Calendar Year	$250 co-pay/admission, then your plan pays 100%	Your plan pays 80% ^
Durable Medical Equipment • Unlimited maximum per Calendar Year • Includes coverage for Orthotics when medically necessary	Your plan pays 100%	Your plan pays 80% ^
Breast Feeding Equipment and Supplies • Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. • Includes related supplies	Your plan pays 100%	Your plan pays 80% ^
External Prosthetic Appliances (EPA) • Unlimited maximum per Calendar Year	Your plan pays 100%	Your plan pays 80% ^
Early Intervention Services • For children to age 3	Your plan pays 100%	Your plan pays 80% ^

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)		
Dietary Supplements & Nutritional Formulas • For children age 12 and under • Includes coverage for infant formula needed for treatment of inborn errors of metabolism, including the treatment of cystic fibrosis. • Includes coverage for nutritional formulas used to treat malabsorption disorders, such as Crohn's disease and gastroesophageal reflux. • Includes coverage for specialized formulas for infants and children through the age of 12 with food allergies or protein intolerance.	Your plan pays 100%	Your plan pays 80% ^
Hearing Aid • $1,000 maximum per 24 months • Includes one exam testing and fitting of hearing aid devices covered at PCP or Specialist Office visit level • Coverage through age 12	Your plan pays 100%	Your plan pays 80% ^
Oral Surgery - Removal of Bony Impacted Teeth	**Inpatient Facility:** $250 per admission copay, then Plan pays 100% coinsurance **Outpatient Facility:** $250 per facility visit copay, then Plan pays 100% coinsurance **Physician's Office:** $30 PCP or $30 Specialist copay, then Plan pays 100%	Your plan pays 80% ^
Wigs • $350 maximum per Calendar Year	Your plan pays 100%	Your plan pays 100%
Other Covered Items • Elastic Stockings	Your plan pays 100%	Your plan pays 80% ^
Routine Foot Disorders	Not Covered	Not Covered
Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.		

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

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

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

Advanced Radiology Imaging (ARI) includes MRI, MRA, CAT Scan, PET Scan, etc.
Note: All lab and x-ray services, including ARI, provided at Inpatient Hospital are covered under Inpatient Hospital benefit

Benefit	Emergency Room / Urgent Care Facility		Outpatient Professional Services		*Ambulance	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Care	$75 per visit (copay waived if admitted)		Plan pays 100%		Plan pays 100%	
Urgent Care	$30 per visit (copay waived if admitted)		Plan pays 100%		Plan pays 100%	

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

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

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

Benefit	Initial Visit to Confirm Pregnancy		Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)		Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Delivery - Facility (Inpatient Hospital, Birthing Center)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity	$30 PCP or $30 Specialist copay	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	$30 PCP or $30 Specialist copay	Plan pays 80% ^	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit

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

Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Abortion (Elective and non-elective procedures)	$30 PCP or $30 Specialist copay	Plan pays 80% ^	$250 per admission copay, then plan pays 100%	$500 per admission deductible, then plan pays 80% ^	$250 per facility visit copay, then plan pays 100%	$250 per facility visit deductible, then plan pays 80%	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Family Planning - Men's Services	$30 PCP or $30 Specialist copay	Plan pays 80% ^	$250 per admission copay, then plan pays 100%	$500 per admission deductible, then plan pays 80% ^	$250 per facility visit copay, then plan pays 100%	$250 per facility visit deductible, then plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Includes surgical services, such as vasectomy (excludes reversals)										
Family Planning - Women's Services	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	$500 per admission deductible, then plan pays 80% ^	Plan pays 100%	$250 per facility visit deductible, then plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.										
Infertility	$30 PCP or $30 Specialist copay	Plan pays 80% ^	$250 per admission copay, then plan pays 100%	$500 per admission deductible, then plan pays 80% ^	$250 per facility visit copay, then plan pays 100%	$250 per facility visit deductible, then plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.										
Unlimited lifetime maximum										
TMJ, Surgical and Non-Surgical	$30 PCP or $30 Specialist copay, then plan pays 100%	Plan pays 80% ^	$250 per admission copay, then plan pays 100%	$500 per admission deductible, then plan pays 80% ^	$250 per facility visit copay, then plan pays 100%	$250 per facility visit deductible, then plan pays 80%	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Services provided on a case-by-case basis. Includes appliances & excludes orthodontic treatment. Subject to medical necessity.										
Unlimited maximum per lifetime										

Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Bariatric Surgery	$30 PCP or $30 Specialist copay	Plan pays 80% ^	$250 per admission copay, then plan pays 100%	Plan pays 80% ^	$250 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^

Surgeon Charges Lifetime Maximum: Unlimited

Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered.
The following are excluded:

- medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity.
- weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision

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

Benefit	Inpatient Hospital Facility			Inpatient Professional Services		
	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network
Organ Transplants	$250 per admission copay, then plan pays 100%	$250 per admission copay, then plan pays 100%	$500 per admission deductible, then plan pays 80% ^	Plan pays 100%	Plan pays 100%	Plan pays 80% ^

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

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

Benefit	Inpatient		Outpatient - Physician's Office		Outpatient – All Other Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	$250 per admission copay, then plan pays 100%	$500 per admission deductible, then plan pays 80% ^	$30 copay	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Substance Use Disorder	$250 per admission copay, then plan pays 100%	$500 per admission deductible, then plan pays 80% ^	$30 copay	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^

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

Note: Detox is covered under medical

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

Mental Health and Substance Use Disorder Services

Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs

Cigna Total Behavioral Health - Inpatient and Outpatient Management

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

Pharmacy	In-Network	Out-of-Network
Express Scripts Pharmacy three tier copay plan	**Retail** - 30 day supply Generic: You pay $10 Preferred Brand: You pay $25 Non-Preferred Brand: You pay $40 **Home delivery** - 100 day supply Generic: You pay $20 Preferred Brand: You pay $50 Non-Preferred Brand: You pay $80	Not covered

Additional Information

Case Management

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

Maximum Reimbursable Charge

Out-of-Network services are subject to a Calendar Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (200%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.

Additional Information

Medicare Coordination

Cigna will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B as permitted by the Social Security Act of 1965** as follows:

(a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);

(b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

Cigna will pay as the Secondary Plan to Medicare Part A and B **regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

Multiple Surgical Reduction

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

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

In Network: Coordinated by your physician

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

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

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

Your Health First - 200 Individuals with one or more of the chronic conditions, identified on the right, may be eligible to receive the following type of support: • Condition Management • Medication adherence • Risk factor management • Lifestyle issues • Health & Wellness issues • Pre/post-admission • Treatment decision support • Gaps in care	Holistic health support for the following chronic health conditions: • Heart Disease • Coronary Artery Disease • Angina • Congestive Heart Failure • Acute Myocardial Infarction • Peripheral Arterial Disease • Asthma • Chronic Obstructive Pulmonary Disease (Emphysema and Chronic Bronchitis) • Diabetes Type 1 • Diabetes Type 2 • Metabolic Syndrome/Weight Complications • Osteoarthritis • Low Back Pain • Anxiety • Bipolar Disorder • Depression

Definitions

Coinsurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.
Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.
Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.
Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.
Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Exclusions

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider is or has waived, reduced, or forgiven any portion of its charges and/or any portion of copayment, deductible, and/or coinsurance amount(s) you are required to pay for a Covered Service (as shown on the Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Service, or reduce the benefits in proportion to the amount of the copayment, deductible, and/or coinsurance amounts waived, forgiven or reduced, regardless of whether the provider represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a Non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.
- Charges arising out of or related to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to be:
    - Not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or sickness for which its use is proposed;
    - Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
    - The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section of this plan; or
    - The subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the

Exclusions

"Clinical Trials" section(s) of this plan.

- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance.
- The following services are excluded from coverage regardless of clinical indications: Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- For medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute guideline is covered if the services are demonstrated, through peer-reviewed medical literature and scientifically based guidelines, to be safe and effective for treatment of the condition.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Any medications, drugs, services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmy, and premature ejaculation.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays, autism or intellectual disabilities.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, garter belts, corsets, and dentures.
- Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.

Exclusions

- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are medications to protect against occupational hazards and risks.
- Cosmetics and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism, except as shown in Covered Expenses.
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- Medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under the benefit section.
- Massage therapy.

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

EHB State: UT

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

Coverage Period: 07/01/2017 - 06/30/2018
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. 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 deductible?	For in-network providers: **$0**/individual or **$0**/family For out-of-network providers: **$250**/individual or **$500**/family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. In-network preventive care & immunizations, office visits, prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	Yes, **$250** for out-of-network outpatient hospital visit and **$500** per admission for out-of-network hospital stay There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	For in-network providers **$3,300**/individual or **$6,600**/family For out-of-network providers **$1,250**/individual or **$2,500**/family For in-network prescription drugs - **$1,000**/individual or **$2,000**/family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Penalties for failure to obtain pre-authorization for services, premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.

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

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

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.myCigna.com	Generic drugs (Tier 1)	$10 copay/prescription (retail), $20 copay/prescription (home delivery)	Not covered	Coverage is limited up to a 30-day supply (retail) and a 100-day supply (home delivery). Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits.
	Preferred brand drugs (Tier 2)	$25 copay/prescription (retail), $50 copay/prescription (home delivery)	Not covered	
	Non-preferred brand drugs (Tier 3)	$40 copay/prescription (retail), $80 copay/prescription (home delivery)	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$250 copay/visit	$250 deductible/visit, plus 20% coinsurance	Per visit copay/ deductible is waived for non-surgical procedures
	Physician/surgeon fees	No charge	20% coinsurance	None
If you need immediate medical attention	Emergency room care	$75 copay/visit	$75 copay/visit	Per visit copay is waived if admitted
	Emergency medical transportation	No charge	No charge	None
	Urgent care	$30 copay/visit	$30 copay/visit	Per visit copay is waived if admitted
If you have a hospital stay	Facility fee (e.g., hospital room)	$250 copay/admission	$500 deductible/admission, plus 20% coinsurance	Lesser of 50% of covered expenses or $500 penalty for no precertification.
	Physician/surgeon fees	No charge	20% coinsurance	Lesser of 50% of covered expenses or $500 penalty for no precertification.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$30 copay/office visit No charge/other outpatient services	20% coinsurance	None
	Inpatient services	$250 copay/admission	$500 deductible/admission, plus 20% coinsurance	Lesser of 50% of covered expenses or $500 penalty for no precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No charge	20% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Depending on the type of services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	$250 copay/admission	$500 deductible/admission, plus 20% coinsurance	
If you need help recovering or have other special health needs	Home health care	No charge	20% coinsurance	16 hour maximum per day
	Rehabilitation services	$30 copay/visit for visits 1-50 and 20% co-insurance for visits 51+ for Short Term Rehab; No charge for Cardiac and Pulmonary Rehab	20% coinsurance	None
	Habilitation services	Not covered	Not covered	None
	Skilled nursing care	$200 copay/admission	20% coinsurance	Lesser of 50% of covered expenses or $500 penalty for no precertification. Coverage is limited to 180 days annual max.
	Durable medical equipment	No charge	20% coinsurance	None
	Hospice services	No charge	20% coinsurance	Lesser of 50% of covered expenses or $500 penalty for failure to precertify inpatient hospice services.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	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	• Eye care (Children)	• Private-duty nursing
• Cosmetic surgery	• Habilitation services	• Routine eye care (Adult)
• Dental care (Adult)	• Long-term care	• Routine foot care
• Dental care (Children)	• Non-emergency care when traveling outside the U.S.	• 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	• Hearing Aids (limited to $1,000, per 24 Months, through age 12)	• Infertility treatment
• Chiropractic care (combined with Rehabilitation Services)		

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. 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 or call 1-800-318-2596.

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

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

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

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-244-6224.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo. Kwiijigo 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	$30
Hospital (facility) coinsurance	0%
Other coinsurance	0%

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

Total Example Cost	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$300
Coinsurance	$0
What isn't covered	
Limits or exclusions	$10
The total Peg would pay is	**$310**

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	$30
Hospital (facility) coinsurance	0%
Other coinsurance	0%

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

Total Example Cost	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$1,000
Coinsurance	$0
What isn't covered	
Limits or exclusions	$200
The total Joe would pay is	**$1,200**

Mia's Simple Fracture

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

The plan's overall deductible	$0
Specialist copayment	$30
Hospital (facility) coinsurance	0%
Other coinsurance	0%

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

Total Example Cost	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$0
Copayments	$200
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$200**

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

Plan Name: 5836189 Meriden City and Board of Education OAP Co **Ben Ver:** 9 **Plan ID:** 5836189

Appendix D
Cigna H S A

APPENDIX - D -

SUMMARY OF BENEFITS

Cigna Health and Life Insurance Co.
For - Meriden City and Board of Education
High Deductible Health Plan Open Access Plus Coinsurance Plan As of 7/1 for 100, 101, 102, 103, 119, 138, 142, 165, 168, 169, 170, 104, 152, 200, 201, 203, 250, 101Rn, 908, 108CB, 111CB, 107CB, 120CB, 145CB, 148CB
As of 9/1 for 105, 110, C106

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

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

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Coinsurance	Your plan pays 100%	Your plan pays 80%
Maximum Reimbursable Charge	Not Applicable	200%
Contract Year Deductible	Individual: $2,000 Family: $4,000	Individual: $2,000 Family: $4,000

- The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles.
- All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan.
- This plan includes a combined Medical/Pharmacy plan deductible.
- Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy deductible.

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

Plan Highlights	In-Network	Out-of-Network
Contract Year Out-of-Pocket Maximum	Individual: $4,000 Individual – In a Family: $4,000 Family: $8,000	Individual: $4,000 Individual – In a Family: $4,000 Family: $8,000
• The amount you pay for all covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums. • Plan deductible contributes towards your out-of-pocket maximum. • All copays and benefit deductibles contribute towards your out-of-pocket maximum. • Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum. • After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. • This plan includes a combined Medical/Pharmacy out-of-pocket maximum. • Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket.		
Benefit	**In-Network**	**Out-of-Network**
Note: Services where plan deductible applies are noted with a caret (^)		
Physician Services		
Physician Office Visit • All services including Lab & X-ray	Your plan pays 100% ^	Your plan pays 80% ^
Surgery Performed in Physician's Office	Your plan pays 100% ^	Your plan pays 80% ^
Allergy Treatment/Injections	Your plan pays 100% ^	Your plan pays 80% ^
Allergy Serum Dispensed by the physician in the office	Your plan pays 100% ^	Your plan pays 80% ^
Cigna Telehealth Connection services	Your plan pays 100% ^	Not Covered
• Includes charges for the delivery of medical and health-related consultations via secure telecommunications technologies, telephones and internet only when delivered by contracted medical telehealth providers (see details on myCigna.com).		
Preventive Care		
Preventive Care	Your plan pays 100%	Your plan pays 80% ^
• Includes well-baby, well-child, well-woman, and adult preventive care • Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit. • Includes coverage for preventive Breast Ultrasounds.		
Immunizations	Your plan pays 100%	Your plan pays 80% ^
Mammogram, PAP, and PSA Tests	Your plan pays 100%	Your plan pays 80% ^
• Coverage includes the associated Preventive Outpatient Professional Services. • Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.		
Inpatient		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)		
Inpatient Hospital Facility	Your plan pays 100% ^	Your plan pays 80% ^
Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate **Private Room:** In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate **Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)):** In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate		
Inpatient Hospital Physician's Visit/Consultation	Your plan pays 100% ^	Your plan pays 80% ^
Inpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	Your plan pays 100% ^	Your plan pays 80% ^
Outpatient		
Outpatient Facility Services	Your plan pays 100% ^	Your plan pays 80% ^
Outpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	Your plan pays 100% ^	Your plan pays 80% ^
Short-Term Rehabilitation	**Day 1 through 50:** Your plan pays 100% ^ **Day 51 and over:** Your plan pays 80% ^	Your plan pays 80% ^
Contract Year Maximums: • Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – Unlimited days • All Speech Therapy is covered regardless of condition or diagnosis • Physical Therapy covered for lack of coordination Note: Therapy days, provided as part of an approved Home Health Care plan, does not accumulate to the applicable outpatient short term rehab therapy maximum.		
Cardiac and Pulmonary Rehabilitation • Unlimited days maximum per Contract Year	Your plan pays 100% ^	Your plan pays 80% ^
Other Health Care Facilities/Services		
Home Health Care (Includes outpatient private duty nursing subject to medical necessity) • 200 days maximum per Contract Year • 16 hour maximum per day	Your plan pays 100% ^	Your plan pays 80% ^
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility • 220 days maximum per Contract Year	Your plan pays 100% ^	Your plan pays 80% ^

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)		
Durable Medical Equipment • Unlimited maximum per Contract Year • Includes coverage for Orthotics when medically necessary	Your plan pays 100% ^	Your plan pays 80% ^
Breast Feeding Equipment and Supplies • Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. • Includes related supplies	Your plan pays 100%	Your plan pays 80% ^
External Prosthetic Appliances (EPA) • Unlimited maximum per Contract Year	Your plan pays 100% ^	Your plan pays 80% ^
Early Intervention Services • For children to age 3	Your plan pays 100% ^	Your plan pays 80% ^
Dietary Supplements & Nutritional Formulas • For children age 12 and under • Includes coverage for infant formula needed for the treatment of inborn errors of metabolism, including the treatment of cystic fibrosis. • Includes coverage for nutritional formulas used to treat malabsorption disorders, such as Crohn's disease and gastroesophageal reflux. • Includes coverage for specialized formulas for infants and children through the age of 12 with food allergies or protein intolerance.	Your plan pays 100% ^	Your plan pays 80% ^
Hearing Aid • $1,000 maximum per 24 months • Includes one exam testing and fitting of hearing aid devices covered at PCP or Specialist Office visit level • Coverage through age 12	Your plan pays 100% ^	Your plan pays 80% ^
Oral Surgery - Removal of Bony Impacted Teeth	Your plan pays 100% ^	Your plan pays 80% ^
Wigs • $350 maximum per Contract Year	Your plan pays 100% ^	Your plan pays 80% ^
Other Covered services • Elastic Stockings	Your plan pays 100% ^	Your plan pays 80% ^
Routine Foot Disorders	Not Covered	Not Covered
Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.		

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

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

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

Advanced Radiology Imaging (ARI) includes MRI, MRA, CAT Scan, PET Scan, etc.
Note: All lab and x-ray services, including ARI, provided at Inpatient Hospital are covered under Inpatient Hospital benefit

Benefit	Emergency Room / Urgent Care Facility		Outpatient Professional Services		*Ambulance	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Care	Plan pays 100% ^		Plan pays 100% ^		Plan pays 100% ^	
Urgent Care	Plan pays 100% ^		Plan pays 100% ^		Plan pays 100% ^	

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

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

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

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

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

Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)										
Abortion (Elective and non-elective procedures)	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Family Planning - Men's Services	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Includes surgical services, such as vasectomy (excludes reversals)										
Family Planning - Women's Services	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.										
Infertility	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.										
Unlimited lifetime maximum										
TMJ, Surgical and Non-Surgical	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Services provided on a case-by-case basis. Includes appliances & excludes orthodontic treatment. Subject to medical necessity.										
Unlimited maximum per lifetime										
Bariatric Surgery	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Surgeon Charges Lifetime Maximum: Unlimited										
Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered. The following are excluded: • medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity. • weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision										

Benefit	Inpatient Hospital Facility			Inpatient Professional Services		
	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network
Organ Transplants	Plan pays 100%^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100%^	Plan pays 100% ^	Plan pays 80% ^
• Travel Lifetime Maximum - Lifesource Facility: In-Network: $10,000 maximum per Transplant per Lifetime						
Note: Services where plan deductible applies are noted with a caret (^)						

Benefit	Inpatient		Outpatient - Physician's Office		Outpatient – All Other Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Substance Use Disorder	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Note: Services where plan deductible applies are noted with a caret (^)						

Note: Detox is covered under medical

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

Mental Health and Substance Use Disorder Services

Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs

Cigna Total Behavioral Health - Inpatient and Outpatient Management

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

Pharmacy	In-Network	Out-of-Network
Express Scripts Pharmacy three-tier copay plan	**Retail** - 30 day supply Generic: You pay $0 Preferred Brand: You pay $25 Non-Preferred Brand: You pay $40 **Home delivery** - 90 day supply Generic: You pay $0 Preferred Brand: You pay $0 Non-Preferred Brand: You pay $0	Not covered

Additional Information

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

Maximum Reimbursable Charge
Out-of-Network services are subject to a Contract Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (200%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.

Medicare Coordination
Cigna will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B as permitted by the Social Security Act of 1965** as follows:
(a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
(b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

Cigna will pay as the Secondary Plan to Medicare Part A and B **regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

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

Additional Information

Pre-Certification - Continued Stay Review - PHS Inpatient - required for all inpatient admissions
In Network: Coordinated by your physician
Out-of-Network: Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance.

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

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

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

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

Holistic health support for the following chronic health conditions:

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

Definitions

Coinsurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.
Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.
Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.
Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.
Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Exclusions

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider is or has waived, reduced, or forgiven any portion of its charges and/or any portion of copayment, deductible, and/or coinsurance amount(s) you are required to pay for a Covered Service (as shown on the Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Service, or reduce the benefits in proportion to the amount of the copayment, deductible, and/or coinsurance amounts waived, forgiven or reduced, regardless of whether the provider represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a Non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.
- Charges arising out of or related to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to be:
  - Not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or sickness for which its use is proposed;
  - Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
  - The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section of this plan; or
  - The subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" section(s) of this plan.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance.
- The following services are excluded from coverage regardless of clinical indications: Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.

Exclusions

- For medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute guideline is covered if the services are demonstrated, through peer-reviewed medical literature and scientifically based guidelines, to be safe and effective for treatment of the condition.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Any medications, drugs, services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmy, and premature ejaculation.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays, autism or intellectual disabilities.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, garter belts, corsets, and dentures.
- Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.

Exclusions

- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism, except as shown in Covered Services
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- Medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under the benefit section.
- Massage therapy.

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

EHB State: UT

Appendix E
Medical Coalition Health Insurance Agreement

2019/2020 Coalition

Bi weekly cost share cost per pay check

PPO Without Wellness (25%)	
Single	$134.26
Member +1	$272.35
Family	$352.51

HSA Without Wellness (17%)	
Single	$73.99
Member +1	$150.58
Family	$194.70

PPO With Wellness (23%)	
Single	$123.52
Member +1	$250.57
Family	$324.31

HSA With Wellness (Tier 1) (14%)	
Single	$60.93
Member +1	$124.01
Family	$160.34

HSA With Wellness (Tier 2) (12%)	
Single	$52.22
Member + 1	$106.29
Family	$137.43

Bi-weekly cost share does not include funding your HSA deductible. Below is the cost per paycheck to fund the deductible.

Single ($1,000) would be $38.46 per paycheck.

Member +1 and family ($2,000) would be $76.92 per pay check.

Appendix F
2017 Agreement between the City of Meriden and Public Safety Dispatch

AGREEMENT

BETWEEN THE CITY OF MERIDEN

AND PUBLIC SAFETY DISPATCH

Effective with the first pay period after 1/1/17 the Dispatch pay scale will be changed as follows:

Step A and B will be removed.

Steps C through F will have $2000 added to them.

Step G will have $2500 added.

Effective 1/1/17 employees will be hired at step C unless they are certified dispatchers (cannot have been away from employment as a dispatcher for more than 12 months at hire) in which case they will be hired at step D.

Employees at steps A and B will be moved to step C on 1/1/17.

Any employee at step C who came in as a certified dispatcher will be moved to step D on 1/1/17.

Regular Step movement will occur at the end of the 12 month probationary period.

Effective 7/1/17 the wage scale will increase by 2%.

Effective 7/1/18 the wage scale will increase by 2%.

The City may hire and retain up to 4 part time dispatchers (cannot have been away from employment as a dispatcher for more than 12 months at hire) at any one time. Current part time dispatchers are grandfathered.

If 3 full time dispatchers are working, the 4th slot may be filled by a part time dispatcher.

Part time dispatchers may also be used when a full time employee would otherwise be mandated if available, but may not be used to avoid hiring for special assignment.

Part time under 20 hour dispatchers are non-union.

AGREEMENT

BETWEEN THE CITY OF MERIDEN

AND PUBLIC SAFETY DISPATCH

For the City of Meriden

Caroline A. Beitman, Personnel Director

For the Union, Local #1303-405

Censio Ramos, President

John Miller – Staff Rep

11/2/16
Date