

AGREEMENT BETWEEN THE
FARMINGTON BOARD OF EDUCATION
AND THE
FARMINGTON SCHOOL NURSES
EFFECTIVE JULY 1, 2023
TO JUNE 30, 2026
FARMINGTON SCHOOL NURSES' CONTRACT

TABLE OF CONTENTS

ARTICLE I ~	Preamble	1
ARTICLE II ~	<u>Working Conditions</u>	
	Working Hours	2
	Lunch Period	2
	Work Break	2
	Transportation Allowance	2
ARTICLE III ~	<u>Absences</u>	
	Sickness and Emergency	3
	Planned Absences	3
	Work Related Injury	4
ARTICLE IV ~	Holidays	4
ARTICLE V ~	Insurance	5
ARTICLE VI ~	<u>Pension</u>	
	Pension	6
	Post-Retirement Plan	6
	Retirement Benefit	6
ARTICLE VII ~	Salaries	7
ARTICLE VIII ~	Tuition Reimbursement	8
ARTICLE IX ~	Duration	8
APPENDIX A	<u>Salary Scale</u>	9
	Salary Grid	10
APPENDIX B	Retirement Insurance	11 - 12
APPENDIX C	Insurance Benefit Summaries	13 - 23

SCHOOL NURSES' CONTRACT

ARTICLE I PREAMBLE

Whereas, the Board of Education (herein called the Board) and the Farmington School Nurses (herein called the Nurses) recognize the importance of sustaining harmonious relationships between the Board and the Nurses and encouraging the school nurses to provide full professional nursing services and related health instruction as required to the Board and the Town of Farmington and to the improvement of quality of said service and assuring necessary, usual and beneficial communications between the Board and the school nurses.

ARTICLE II WORKING CONDITIONS

A. WORKING HOURS

1. Each work year covered by this agreement shall consist of one hundred and eighty (180) school days and four (4) preparatory days prior to the official opening day of school. Nurses required to work days beyond 184 will be reimbursed on an hourly basis as defined in Article VII, Salaries, Section 4, except for meetings and workshops covered under Article VII, Salaries, Section 6 and 7.
2. The number of working hours per day for Nurse II shall be seven (7) hours for the elementary schools, upper elementary school, the middle school and the high school. The Board may utilize an LPN on an hourly basis to support the work of the school nurse.
3. Starting and ending hours shall be determined by the Superintendent of Schools or their designee.
4. If emergency weather conditions exist and school is dismissed early, the Superintendent of Schools may dismiss all nurses at their discretion. Nurses will be paid in full.

B. LUNCH PERIOD

Each nurse working at least six and one half (6 1/2) consecutive hours per day shall receive a paid half-hour (1/2) lunch period.

C. WORK BREAK

Each nurse may have a fifteen (15) minute break per day.

D. TRANSPORTATION ALLOWANCE

1. Each nurse who, at the request of the Board, uses their personally owned automobile for conducting school business shall be reimbursed for all mileage driven at the current rate of not less than \$.36 per mile or on the current amount allowable by IRS for business mileage calculations.
2. A professional travel fund will be funded at \$1,500 commencing on July 1, 2017. The professional activity must be pre-approved by the Director of Special Services and School Principal. Applications shall be forwarded on the professional leave form used by the Farmington teachers group. A summer professional travel fund will be funded at \$300 and activity must be pre-approved by the Director of Special Services.

ARTICLE III ABSENCES

A. SICKNESS AND EMERGENCY

1. Each nurse shall be allowed fifteen (15) days a year for personal illness accumulative to one hundred and eighty (180) days.
2. Absences caused by occupational accidents and considered eligible under Worker's Compensation or contagious sickness directly attributable to contact with school children in performance of their duties, shall not be charged to the personal illness allowance.
3. In the event of critical illness or severe injury in the immediate family, creating an emergency which requires the attendance or aid of the employee, as much as five (5) working days with pay may be granted by the Superintendent or their designee within the calendar year, and such leave shall be charged to the employee's regular sick leave. Critical illness or severe injury shall be defined as a serious health condition according to the Family Medical Leave Act of 1993.

B. PLANNED ABSENCES

The Superintendent or their designee shall grant four (4) days of paid leave annually for reasons stated in Section B, Sub-section 1 through Sub-section 3. Employees must request such leave via an electronic manner consistent with district requirements, obtain approval from their immediate supervisor and state the reason for the leave at least five days in advance, except in cases of emergency. In cases of emergency the leave may be granted subject to completion of the appropriate request form upon return from said leave.

1. Serious illness or death in immediate family which includes:
Spouse, child, step-child, mother, father, step-parent, brother, sister, father-in-law, son-in-law, daughter-in-law, mother-in-law, grandchild, grandparent, aunt or uncle.
2. A nurse called to jury duty shall promptly notify the Superintendent or their designee to obtain a release from jury duty in cases where the nurse's absence would hinder the operation of the public schools. A nurse called to jury duty shall furnish the Board with a notice to serve and evidence of attendance. If the nurse must serve when school is in session, time shall be granted without deduction from the nurse's sick leave or personal days. The nurses shall be paid the difference between the Nurse's regular base rate of pay and the fee received for service as a juror.
3. Other specified reasons, necessitating absence from school, if approved by the Superintendent of Schools or their designee.

C. WORK RELATED INJURY

1. If an employee is absent from work because of an injury sustained in the course of their work for which they are entitled to compensation under the Worker's Compensation Act, the Board shall pay to the employee during the period of disability not to exceed six (6) months, an amount equal to the difference between the amount of the Worker's Compensation received by the employee, and the amount of the employee's regular after-tax-take-home salary. To the extent the Board may have paid the employee an amount greater than said difference; the appropriate amount of Worker's Compensation payments received shall be paid over and assigned to the Board by the employee.
2. Lump sum Worker's Compensation payments for indemnification to the employee for permanent injury received by them shall not be paid over or assigned to the Board.
3. Worker's Compensation injuries sustained in the course of their employment with the Board causing lost time should not be charged against the employee's sick time or personal time.

ARTICLE IV HOLIDAYS

Nurses shall observe the following holidays:

1. New Year's Day
2. Good Friday
3. Memorial Day
4. Thanksgiving Day
5. Christmas Day

On the last scheduled working day prior to Thanksgiving, nurses will be scheduled to work until all children have been dismissed from school and their immediate supervisor determines that their services are no longer required to carry out a safe and efficient school closing procedure, without loss of pay.

ARTICLE V INSURANCE

1. The Board will provide nurses and their dependents medical benefits (Appendix C1) and dental benefits (Appendix C2) through a preferred provider organization high deductible medical plan with a health saving account feature (HD-HSA). The HD-HSA plan, as outlined in Appendix C1, is a managed care plan which allows the employee to self-refer at the time of required service and is not a required Gatekeeper Plan. The plan provides for two levels of benefits, in and out of network. A nurse may choose not to participate in this HD-HSA plan and therefore not be subject to the employee share contribution.
2. Vision Care Rider – Plan A (Appendix C3)
3. Employees shall contribute 21% of the premium cost in 2023-24, 21.5% in 2024-25, and 22.0% in 2025-26.
4. The Board provides a Section 125 Premium Conversion Plan by which employees can elect to make the insurance co-payments on a pre-tax basis. Employees participating in the plans provided in #1 - 2 above shall contribute for the HD-HSA coverage as stated in #1 of the applicable coverage through authorized payroll deductions.
5. The Board will provide \$30,000 in term life insurance at no cost to the employee.
6. The Board will provide nurses with a Long Term Disability Plan with a cap of \$2,000 per month.
7. The Board reserves the right to change insurance carriers for the coverage provided under this Article provided that the benefits are equivalent and the service levels are substantially equivalent.
8. Should any Federal statute or regulation pertaining to IRC §4980I be mandated to take effect during the contract term triggering the imposition of an excise tax with respect to any of the contractually agreed upon insurance plans offered herein, the parties agree to reopen contract negotiations. No other provision of the contract shall be reopened during such mid-term negotiations.

ARTICLE VI PENSION*

Section 1. Pension

Employees hired prior to July 1, 2020 working one thousand (1,000) hours or more may continue to participate in the Town of Farmington Employees Pension Plan as it is amended from time to time.

For employees hired on or after July 1, 2020, the Town will provide a Defined Contribution Plan for retirement purposes. Employees will be required to contribute a minimum of six percent (6%) of the employee's annual base salary and may contribute up to the maximum allowed by law. The Town will match the employee's contributions at 100% to a maximum amount equal to six percent (6%) of the employee's annual base salary. Employees must be employed at least five years before they "vest" in the Defined Contribution Plan, i.e. are entitled to the Town's contributions in the event employment is terminated.

Section 2. Post Retirement Plan

The Board will provide retirees a post-retirement medical and health insurance plan as provided by the Town of Farmington and as amended from time to time. See Appendix B.

Section 3. Retirement Benefit

The Board shall pay each employee hired prior to July 1, 2020 who voluntarily leaves employment in good standing after ten (10) years of service to the Board \$450 for each year of service.

The Board shall pay each employee hired prior to July 1, 2020 who retires under the Town Pension Plan who leaves in good standing after ten (10) years of service at retirement age, \$550 for each year of service to the Board.

For school employees who retire under the Town of Farmington Pension Plan*, the Town will calculate the value of 35% of unpaid sick leave and determine the value of the Town sick leave benefit that the Town employees have and provide a calculation only as a credit for Board of Education employees towards their pension.

**The Town of Farmington administers and negotiates the terms of the pension. The Board of Education does not administer and/or negotiate the Town of Farmington's pension.*

ARTICLE VII SALARIES

The salary scales in effect commencing July 1, 2023 through June 30, 2024, July 1, 2024 through June 30, 2025 and July 1, 2025 through June 30, 2026 are included in Appendix A. The percentage increase applied is 2.75% in 2023-24, 3.00% in 2024-25 and 3.10% in 2025-26. During the 2023-24 school year, there will be no step movement for nurses.

1. Nurses shall be assigned to a step on the salary schedule consistent with their past work experience as determined by the Superintendent of Schools or their designee.
2. All earned increments will be granted on the salary scale effective July 1, 2023.
3. Nurses showing evidence of a Bachelor's Degree shall be paid \$1,500 above the salary schedule shown in Appendix A.
4. In the event that a nurse is required by the administration to stay beyond regular hours because of an emergency or extra-ordinary circumstances, the nurse will be compensated at their yearly individual hourly rate. For Nurse II Step 6 the hourly rate will be \$51.06 in 2023-24, \$52.59 in 2024-25 and \$54.22 in 2025-26.
5. A stipend equal to their yearly individual hourly rate will be paid to each nurse for each PPT or 504 meeting they are required to attend, beyond school hours, as assigned by the administration. For Nurse II Step 6 the hourly rate will be \$51.06 in 2023-24, \$52.59 in 2024-25, and \$54.22 in 2025-26.
6. Commencing on July 1, 2020 Nurse II will receive an additional stipend of \$700 to participate in any meetings and workshops required by the school administration not to exceed 20 (twenty) hours per year.
7. Nurses required to work summer hours will be paid on an hourly basis based on the appropriate salary determined by hours per day and days per year. Required hours must be requested in writing by the school principal in advance and approved by the superintendent or their designee.
8. Employees may take a maternity leave for up to six weeks of actual physical disability following childbirth without pay and without losing permanent status or seniority. To the extent the employee has sick time accrued, this time off shall be charged against sick leave accrued.

ARTICLE VIII
TUITION REIMBURSEMENT

1. The Board will establish a tuition reimbursement fund consisting of \$1,800 from which the Board will reimburse nurses up to \$900 per completed course not to exceed the total cost of the course tuition.
2. To be eligible for payment, the nurse must receive prior approval for the course from the Superintendent or his designee, and provide an official transcript to the Superintendent of his designee indicating graduate credit.
3. Nurses will receive reimbursement for one course per person on a first come, first served basis. If monies remain after reimbursements for every applicant's first course, nurses will receive reimbursement for a second course on a first come, first served basis, the same process being repeated for any additional course until the fund is depleted.

ARTICLE IX
DURATION

This Agreement, covering school nursing personnel, shall be effective July 1, 2023 and shall remain in force and effective until June 30, 2026.

FARMINGTON SCHOOL NURSES

FARMINGTON BOARD OF EDUCATION

FARMINGTON SCHOOL NURSES

SALARY SCALE

APPENDIX A

1. Nurses shall be assigned to a step on the salary schedule consistent with their past work experience as determined by the Superintendent of Schools or their designee.
2. The step advancements if placed on Step 1 Hiring would be:

Commencing every year the employee will advance one step on the salary schedule up to Step 6 of the scale.
3. The hourly rate for the LPN will be \$29.50 in 2023-24, 2024-25 and 2025-26.

**APPENDIX A
SALARY & WAGE GRID**

2023-2024 SALARY GRID

<u>STEPS</u>	<u>NURSE 2</u>	<u>Hourly Rates</u>
1	\$53,798.10	\$41.77
2	\$55,741.80	\$43.28
3	\$57,659.17	\$44.77
4	\$59,574.34	\$46.25
5	\$64,477.28	\$50.06
6	\$65,760.00	\$51.06

2024-2025 SALARY GRID

<u>STEPS</u>	<u>NURSE 2</u>	<u>Hourly Rates</u>
1	\$55,412.04	\$43.02
2	\$57,414.06	\$44.58
3	\$59,388.94	\$46.11
4	\$61,361.57	\$47.64
5	\$66,411.60	\$51.56
6	\$67,732.80	\$52.59

2025-2026 SALARY GRID

<u>STEPS</u>	<u>NURSE 2</u>	<u>Hourly Rate</u>
1	\$57,129.82	\$44.36
2	\$59,193.89	\$45.96
3	\$61,230.00	\$47.54
4	\$63,263.78	\$49.12
5	\$68,470.36	\$53.16
6	\$69,832.52	\$54.22

APPENDIX B

RETIREMENT INSURANCE

- A. Employees who retire from the Town of Farmington's Pension Plan at Normal Retirement will be eligible for the Retiree Health Insurance Program, provided they have completed at least 15 years of continuous service with the Board of Education.
- B. Employees who retire from the Town of Farmington's Pension Plan at Early Retirement or later shall be eligible for the program provided they have completed at least twenty (20) years of continuous service with the Board of Education.
- C. Employees who retire from the Town of Farmington's Pension Plan with a Disability Retirement will be eligible for the active employees group insurance coverage (excluding dental) until they qualify for Medicare up to a maximum of 30 months. Once they qualify for Medicare, they will be eligible for the post-age 65 Retiree Health Insurance Program (Medicare Supplemental).
- D. Terminated vested employees who leave employment after qualifying for Early Retirement and who subsequently retire under the Town of Farmington's Pension Plan will be eligible for the program provided they have completed at least 20 years of continuous service with the Board of Education.
- E. All other terminated vested employees who leave employment and subsequently retire under the Town of Farmington's Pension Plan will not be eligible for the Retiree Health Insurance Program regardless of their length of continuous service with the Board of Education.
- F. Cost of the program shall be shared equally by the employee and the Board of Education. (provided at a cost of 50% to the employee and 50% to the employer).
- G. Employees who qualify for this insurance program (as defined in Sections A-D) will be eligible for the following coverage:
 - (i.) Pre Age 65 Coverage: Employees eligible for the Retiree Health Insurance Program before age 65 will have the same health coverage at retirement as the active employee excluding dental coverage.
 - (ii) Post Age 65 Coverage: Employees eligible for this insurance program will have the following lifetime health coverage (or their equivalents) at age 65:

- (1.) Blue Cross 65 High Option Plan
- (2.) Blue Shield 65 Plan 81
- (3.) CIGNA Prescription Drug Rider
- (4.) CIGNA Dental Rider

(iii) Basic life insurance coverage based on employee status at time of retirement will be provided at a cost of 50% to the employee and 50% to the employer. This coverage will reduce by half at age 70.

I. Anyone retiring as defined by their normal retirement age from the Social Security Administration from the Farmington Board of Education may continue their health coverage (excluding life insurance) at their own expense if they do not qualify for any of the above.

APPENDIX C1 **HEALTH INSURANCE BENEFITS**

Upon payment of the premium cost sharing amount as set forth below, eligible members of the bargaining unit shall be able to participate in a high-deductible - health savings account plan with the following features:

Plan deductible	\$2,000 Individual/\$4,000 Family (All Groups)
After the deductible, the plan pays	90% of covered medical and drug expenses, In Network, until out-of-pocket limit (OOPL) is reached, then 100% of covered medical and drug expenses. Generic drugs will be provided except dispense as written (DAW) 70% of covered medical and drug expenses, Out of Network
Out-of-Pocket limit (OOPL) for co-insurance after deductible is met.	2023-2024 \$500/\$1,000 2024-2025 \$500/\$1,000 2025-2026 \$500/\$1,000
Annual HSA Employer Contribution (for active employees)	The Board will contribute 50% to the deductible
Timing of Employer HSA Contribution	2023-2026 50% September 1, 50% February 1
Plan for those ineligible for HSA Contributions	Mirror HRA program, accumulated HRA credit not to exceed plan deductibles.
Mid-year hires	Employer HSA Contribution to be pro-rated
Status change from Single to Family	Additional Employer HSA Contribution to be pro-rated
HSA Administration fee and bank fees	Employer will fully fund HSA administrative fees; all other HSA related bank fees will be borne by employee
Healthcare FSA Enrollment	FSA plan will be amended effective 9/1/14 to become a limited purpose FSA plan (LP-FSA) only dental/vision expenses shall be reimbursable by the LP-FSA)
Vision Care Benefit	Vision benefits as provided for in Appendix (C3) will be available to all employees covered by the HDHP. However, vision expenses do not accumulate to the deductible or to the OOPL

APPENDIX C2

Cigna Dental Benefit Summary
Farmington Public Schools
Plan Renewal Date: 09/01/2019



Administered by: Cigna Health and Life Insurance Company

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

Cigna Dental PPO				
Network Options	In-Network: Total Cigna DPPO Network		Non-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	Unlimited		Unlimited	
Calendar Year Deductible Individual Family	\$0 \$0		\$0 \$0	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments	100% No Deductible	0% No Deductible	100% No Deductible	0% No Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Class VI: Periodontics Periodontics: minor and major Calendar Year Maximum: \$500	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			

Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Oral Health Integration Program (OHIP)	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Missing Tooth Limitation	Teeth missing prior to coverage effective date are not covered.
Oral Evaluations	2 per calendar year
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy
Fluoride Application	2 per calendar year for children under age 25
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14
Space Maintainers	Limited to non-orthodontic treatment
Inlays, Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation
Prosthesis Over Implant	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Benefit Exclusions: Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not included in the list of covered dental expenses;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;	
Periodontics: bite registrations; splinting;	
Prosthodontic: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines; bridges and dentures;	

Implants: implants or implant related services; Orthodontics: orthodontic treatment;
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;
Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;
Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs
Charges in excess of the Maximum Reimbursable Charge.

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

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

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

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APPENDIX C3

Summary of Benefits Cigna Health and Life Insurance Company

Cigna Vision Farmington Public Schools C1 - Standard PPO Comprehensive Plan



Welcome to Cigna Vision Schedule of Vision Coverage			
Coverage	In-Network Benefit	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$5	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	12 months
Materials Copay	\$25	N/A	24 months
Eyeglass Lenses Allowances (one pair per frequency period)			
Single Vision	Covered 100% after Copay	Up to \$32	24 months
Lined Bifocal	Covered 100% after Copay	Up to \$55	24 months
Lined Trifocal	Covered 100% after Copay	Up to \$65	24 months
Lenticular	Covered 100% after Copay	Up to \$80	24 months
Contact Lenses Allowances (one pair or single purchase per frequency period)			
Elective	Up to \$110	Up to \$98	24 months
Therapeutic	Covered 100%	Up to \$210	24 months
Frame Retail Allowance (one per frequency period)	Up to \$120	Up to \$65	24 months

** Your Frequency Period begins on the 1st of your plan renewal month (Contract year basis)

Definitions:

Copay: the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses)

Coinsurance: the percentage of charges Cigna will pay. Customer is financially responsible for the balance.

Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.

Materials: eyeglass lenses, frames and/or contact lenses

- To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.
- If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

In-Network Coverage Includes:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses.
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
 - Polycarbonate lenses for children under 19 years of age
 - Oversize lenses
 - Rose #1 and #2 solid tints
 - Minimum 20% savings* on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults); all tints/photochromic (glass or plastic), and lens styles
 - Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;

9/1/2019
Connecticut



- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
 - One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials
- * Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.

Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

Healthy Rewards® - Vision Network Savings Program:

- When you see a Cigna Vision Network Eye Care Professional*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com, "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select "Find A Doctor, Dentist or Facility", click Cigna Vision Directory, under Additional Directories.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.



2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 385018, Birmingham, AL 35238-5018.

To get a Cigna Vision claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Any benefit information displayed is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

"Cigna" is a registered service mark, and the "Tree of Life" logo, "Cigna Vision" and "CG Vision" are service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company, and not by Cigna Corporation. In Arizona and Louisiana, the Cigna Vision product is referred to as CG Vision. Healthy Rewards® - Vision Network Savings Program powered by Cigna Vision is a discount program, not an insured benefit.



DISCRIMINATION IS AGAINST THE LAW

Vision coverage

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

Cigna:

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

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

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company and Connecticut General Life Insurance Company. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. Call 1.877.478.7557 (TTY: 800.428.4833). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.478.7557 (TTY: 800.428.4833).

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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. Call 1.877.478.7557 (TTY: 800.428.4833).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.877.478.7557 (TTY: 800.428.4833).

Chinese – 注意：我們可為您免費提供語言協助服務。請致電 1.877.478.7557（聽障專線：800.428.4833）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.877.478.7557 (TTY: 800.428.4833).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.877.478.7557 (TTY: 800.428.4833)번으로 전화해주십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.877.478.7557 (TTY: 800.428.4833).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.478.7557 (линия TTY телетайп: 800.428.4833).

Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.877.478.7557 (رقم هاتف الصم والبكم: 800.428.4833).

French Creole – ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.877.478.7557 (TTY: 800.428.4833).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.877.478.7557 (ATS: 800.428.4833).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.877.478.7557 (TTY: 800.428.4833).

Polish – UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1 877 478 7557 (TTY: 800.428.4833).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.877.478.7557 (TTY: 800.428.4833) まで、お電話にてご連絡ください。

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.877.478.7557 (TTY: 800.428.4833).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.478.7557 (TTY: 800.428.4833).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. با شماره 1.877.478.7557 تماس بگیرید (شماره تلفن ویژه ناشنوايان: 800.428.4833).