

**AGREEMENT BETWEEN
TOWN OF ROCKY HILL
AND
LIBRARY EMPLOYEES
UE LOCAL 222
CILU/CIPU #39**

July 1, 2024 – June 30, 2028

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**TOWN OF ROCKY HILL
AND
UE LOCAL 222, CILU/CIPU, CILU LOCAL #39**

AGREEMENT

This Agreement is entered into effective July 1, 2020 by and between the Town of Rocky Hill (hereinafter called the “Employer” or the “Town”) and UE Local 222, CILU/CIPU and its sublocal CILU #39, affiliated with the United Electrical, Radio and Machine Workers of America (UE), (hereinafter called the “Union”).

ARTICLE 1 - RECOGNITION

The Town recognizes UE Local 222, CILU/CIPU and its sublocal CILU #39, affiliated with the United Electrical, Radio and Machine Workers of America (UE) as the sole and exclusive bargaining agent for the purpose of Collective bargaining on matters of wages, hours and other conditions of employment for all Library employees who work one hundred twenty (120) calendar days or more per year as specified in Case No, ME-17, 711 by the Connecticut State Board of Labor Relations, excluding the Director, custodians, pages, those in other bargaining units, and others excluded by the Act. As used in this Agreement, the term “employee” or “employees” denotes an employee who is a member of the above-described certified bargaining unit.

ARTICLE 2 - UNION SECURITY

Section 2.0 The Town agrees to deduct from the pay of all its employees who in writing authorize such deductions from their wages, such membership dues and other fees uniformly required of members, as may be fixed by the Union. Such deductions shall continue for the duration of the Agreement except that any employee may withdraw such authorization in writing by certified mail UE Local 222-CILU/CIPU, with a copy to the Town and the President of the Sub-local.

Section 2.1 Deductions shall be made in equal installments and shall be remitted to the Union together with a list of names of employees from whose wages such deductions have been made, within ten (10) days of the deduction.

Section 2.2 The Employer’s obligations to make such deductions shall terminate automatically upon termination or layoff of the employee who signed the authorization or upon his/her transfer to a job not covered by this Agreement, except that deductions shall be resumed if a terminated employee is recalled or reinstated.

Section 2.3 The Union agrees to indemnify and hold the Town harmless against any and all claims, demand, suits or other forms of liability that shall or may arise out of, or by reason of, action taken by the Town for the purpose of complying with the provisions of this Article.

Section 2.4 The Town shall notify the Union, in writing, of all new hires in this bargaining unit.

Section 2.5 Should the Union discover and wish to enforce the fact an employee is not in compliance with the above Union Security provisions, the Union must notify the Town of this fact, with specifics of the claimed non-compliance, including a demand that the Town terminate the employee, in writing, with a copy to the employee. Within seven (7) calendar days after receipt of such notice from the Union, the Town will notify said employee who continues to be not in compliance with the Union security provisions of this Article of the non-compliance and of steps necessary to take in order to come into compliance. The employee shall then have ten (10) calendar days to comply. At the end of the ten (10) calendar day period if compliance has not been achieved voluntarily, the Town will institute termination immediately.

ARTICLE 3 - GRIEVANCE PROCEDURE

Section 3.0 This procedure is established to seek an equitable resolution of problems that arise as a result of the employer-employee relationship within the Town.

Section 3.1 Time Limits – The purpose of this procedure is to resolve grievances at the lowest possible administrative level. The time limits specified therefore shall be considered a maximum. However, the parties may extend these time limits by mutual agreement in writing.

All grievances, in order to be valid, must be discussed at Step 1 and reduced to writing and presented formally at Step 2 within ten (10) working days of the date the employee knew or by due diligence should have known of the act or omission which gives to the grievance.

Section 3.2 Grievances shall be resolved in accordance with the following procedure:

1. **Step One:** The aggrieved employee, with Union representation if requested by the employee, shall first discuss the problem with the Library Director. If the matter is not satisfactorily adjusted within five (5) working days, the employee shall submit the grievance in writing within ten (10) working days of the date the employee knew or by due diligence should have known of the act or omission giving rise to the grievance. The written grievance shall specify the facts giving rise to the grievance, and the contract provisions alleged to have been violated. The immediate supervisor shall respond in writing within five (5) working days of receipt of the written grievance.
2. **Step Two:** If the grievant is not satisfied with the response at Step One, within five (5) working days of receipt of the response at Step One, the employee shall file a written appeal to the Town Manager. The Town Manager shall meet with the grievant and, if the employee desires, the Union representative, and shall give a written response to the grievant within twelve (12) working days of such meeting.
3. **Step Three:** If the grievance is not resolved to the satisfaction of the Union at Step Two, the Union may, within fifteen (15) working days of the answer at Step Two, submit such grievance or dispute to the Connecticut State Board of Mediation and Arbitration, which arbitration panel or arbitrator shall hear the dispute and render a decision which shall be final and binding on all parties. The Town may, at its discretion, refer discharge cases only to the American Arbitration Association (AAA) provided that the Town pays all fees and costs of the AAA. Only the Union may appeal grievances to arbitration.

Section 3.3 Mediation – The mediation services of the State Board of Mediation and Arbitration may be utilized at any time provided either party so desires.

Section 3.4 Recording of Minutes or Testimony – Either party shall have the right to employ a stenographer or use a mechanical recording device at any step in the procedure, provided the other party is notified in advance.

Section 3.5 Employees and the Union shall have the right and choice of a representative whenever desired by either individual employees or the Union at their own expense, provided, that only the Town and the Union shall appear, with or without their counsel, at any arbitration proceeding. The Town shall have the right and choice of a representative whenever desired at its own expense.

Section 3.6 The Union shall be entitled to file grievances on behalf of the bargaining unit pursuant to this Article, subject to compliance with all requirements for grievance filing and processing applicable to individual grievant(s).

Section 3.7 Nothing contained herein shall prevent any employee from presenting his/her own grievance at Step One and Step Two or to have Union representation at any step. The Union, however, must receive a copy of the grievance and any decisions and may be present and state its views at any step of the Grievance Procedure. Any adjustment of a grievance filed by an employee without representation shall not be inconsistent with the terms of this Agreement.

Section 3.8 Time limits as specified in this Article may, by mutual agreement, reduced to writing in each instance, be waived, altered or amended. Such action with respect to a given grievance will not establish any precedent or practice concerning any other grievance.

ARTICLE 4 - MANAGEMENT RIGHTS

Section 4.0 The Town 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 Town and direction of the working forces, including but not limited to the following:

- A. To determine the care, maintenance and operation of equipment and property used for an on behalf of the purposes of the Town.
- B. To issue and enforce reasonable work rules, regulations, personnel policy manuals and/or personnel procedures and policies, in accordance with the requirements of the Town, to enforce them, and from time to time, in its discretion, to change or abolish them, provided that such policies, rules and regulations are made known in a reasonable manner to the employees affected by them, and provided that any changes or abolition of policies or promulgation of new policies that are in violation of specified provisions of this agreement may be subject to the grievance and arbitration procedure of this Agreement.
- C. To discontinue processes or operations or to discontinue their performance by employees.

- D. To select and to determine the number and types of employees required to performing the Town's operations.
- E. To employ, transfer, promote or demote employees or lay off employees for lack of work when it shall be in the best interests of the Town or the Department.
- F. To prescribe and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the Town and to add to, delete from, amend or change such rules and regulations as the Town may in its judgement see fit from time to time, provided such rules and regulations and changes therein are made known in a reasonable manner to the employees affected by them.
- G. To insure that incidental duties connected with departmental operations whether enumerated in job description or not, shall be performed by employees.
- H. To establish contracts or subcontracts 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.
- I. To establish, implement, amend or change job descriptions and duties.

Section 4.1 The salaries and other conditions of employment set forth in this Agreement are based on job duties as they existed at the time of negotiation of this Agreement. In the event of any substantial change in such duties during the term of this Agreement, the Union shall have the right to negotiate the impact of such changes on salaries and other conditions of employment.

Section 4.2 Such rights and responsibilities are inherent in the Town Manager by virtue of Statutory and Charter provisions; consequently, actions with respect to such rights and responsibilities are not subject to review except those specifically abridged or modified by this Agreement.

ARTICLE 5 - PRESERVATION OF RIGHTS

Section 5.0 Nothing in this Agreement shall be construed as abridging any right or benefit concerning wages, hours or work conditions that said employees or the Town have enjoyed heretofore, except those specifically abridged or modified by this Agreement.

Section 5.1 The Town will not use outside contractors or subcontractors to perform work customarily and exclusively performed by members of the bargaining unit beyond existing historical levels.

ARTICLE 6 - COMPENSATION

Section 6.0 Employees will follow the revised wage schedule set forth in APPENDIX A, with step-based increases applied annually on July 1 of each year.

Annual increases shall be applied as follows:

Effective July 1, 2024	3.00 %
Effective July 1, 2025	3.00 %
Effective July 1, 2026	3.00 %
Effective July 1, 2027	3.00 %

Section 6.1 Employees hired after July 1, 2013 shall not be eligible for annual longevity payments.

ARTICLE 7 - HOURS OF WORK

Section 7.0 The term “full-time employment” refers to any employee who shall work an annualized average of at least thirty (30) hours per week.

- A. **Regular work week.** The regular work week shall be forty (40) hours per week. Actual weekly work schedules shall continue pursuant to past practice. Individual schedules may be flexed by mutual agreement between the Director and the employee. The Director’s decision on such requests shall be final and shall not be subject to arbitration under this Agreement.

- B. **Work Schedule Determinations.** While this section references normal hours of work generally, work schedules shall be as determined by the Director or appropriate supervisor. Daily schedules, generally, begin at 8:00 a.m., 8:30 a.m., or 9:00 a.m., in accordance with past practice; however, in order to fulfill business needs, no employee is promised or guaranteed assignment to any established set of work hours and no specific work schedule is promised or guaranteed to be maintained by this Agreement. The Town maintains the right to establish new work schedules, eliminate or restructure existing work schedules at its discretion, after considering input from the Union.

Section 7.1 All employees shall receive pay at the rate of one and one-half (1½) times their regular hourly rate for all hours actually worked in excess of forty (40) hours in any one week. All employees shall be required to work reasonable amounts of overtime depending upon the needs of the Library. Full-time employees will not be ordered to work on their day off except in an emergency or when no other qualified workers can be assigned.

At the discretion of the Department Director, and with the Department Director’s prior approval, compensatory time may be granted to employees who perform actual work in excess of forty (40) hours in any one week. All compensatory time accrued by employees should be used at the discretion of the Department Director, within the same fiscal year that the compensatory time is earned. Employees may carryover no more than forty (40) hours of compensatory time each fiscal year, and compensatory time beyond this limit will be forfeited.

ARTICLE 8 - SENIORITY

Section 8.0 Except as provided for in Sections 8.2 and 8.3, seniority shall commence upon the date that the employee begins work as an employee of the Library. Employees shall have seniority dates based upon their initial date of hire as Town of Rocky Hill as listed in Appendix C. The employee's earned seniority shall not be lost because of absence due to approved leave such as family leave, medical leave, bereavement leave, jury duty, personal leave, or other authorized leave, or while layoff status eligible for recall. Seniority and seniority rights will not be accrued during unpaid leave of absence or layoff up to 24 months, but such rights will not be lost by the employee because of such leave.

Section 8.1 An employee shall lose his/her seniority if he/she (a) quits, resigns, retires, or is discharged; (b) is absent from work for three (3) consecutive scheduled days without notifying the Director or without satisfactory excuse; (c) exceeds an approved leave of absence without satisfactory explanation; or (d) fails to return from a layoff within ten (10) working days after notice by certified mail to return or (e) is laid off and not recalled within twenty-four (24) months from the effective date of layoff.

Section 8.2 New employees in the Library shall be considered probationary during their first twelve (12) months of employment.

During such probationary period, the employee shall not attain seniority rights under this Agreement, and such probationary employee will be subject to discharge for any lawful reason by the Town without access to the grievance procedure. At the successful completion of the probationary period, seniority shall be retroactive to the commencement of employment.

Accrual of paid-time-off (i.e., vacation and sick leave) shall be as set forth in other provisions in this contract, and an employee shall be eligible to take accrued paid-time-off at the end of the initial six (6) months of employment. Personal days may be taken at any point during the probationary period, subject to the prior approval of the immediate supervisor.

Section 8.3 All other factors being equal, seniority will be used to determine transfers or promotions of any of the employees. Other factors are defined to include qualifications and competence to perform the work. When vacancies occur, qualified bargaining unit applicants will be considered before new hires.

Section 8.4 When positions and/or hours are available in the Library, the Director shall post the job title and job description for one (1) week and notify the Union Steward of such posting. Each library employee who is interested will have the opportunity to apply for said opening(s). Qualified bargaining unit members shall be given preference for such openings using the standards as set forth in Section 8.3 prior to hiring any external applicants.

Section 8.5 In the event there is a reduction in or a proposed reduction in the number of employees or work hours, layoff and bumping shall occur as follows:

A. Probationary employees

- B. Part-time employees not in the bargaining unit, provided remaining employees are qualified to perform the available work
- C. Part-time employees with the least seniority first, provided remaining employees are qualified to perform the available work.

Section 8.6 Employees who are laid off shall notify the Director in writing at the time of layoff that he/she requests placement on a recall list. For a period of twenty-four (24) months, those employees shall have the right to be recalled. Recall shall be in order of seniority from the most senior to the least senior provided the employee meets qualifications of the position.

Section 8.7 No person shall be newly employed until all persons qualified through training, experience or education on the recall list have been notified by certified mail and such persons either are offered reemployment, or declined such reemployment offer. Recall notices shall be sent by certified mail to the last address appearing on the Town’s records with copy to the Union and no additional obligation other than sending such notice shall be required of the Town in cases of recall from layoff. An employee who declines an offer of reemployment shall forfeit recall rights. If a person on recall fails to respond to a certified letter notifying the employee of a recall opportunity within ten (10) days of mailing, the employee shall lose recall rights.

Section 8.8 Employees whose names are on the recall list and have exhausted all unemployment benefits will be notified of opportunities for temporary, part-time or seasonal employment. No new employee shall be hired for temporary, part-time or seasonal positions until all employees on the recall list have had an opportunity to decline such employment. Such employment shall not constitute recall, and refusal of such employment will not affect rights.

ARTICLE 9 - VACATION LEAVE

Section 9.0 An employee shall be entitled to one (1) week (five (5) working days) of vacation leave after six (6) months of service.

Section 9.1 Employees with one (1) year of service shall be entitled to ten (10) days of vacation leave. Upon completion of one (1) year of service, an employee shall be granted vacation leave as follows:

<u>Upon Completion of:</u>	<u>Employee Granted:</u>
2 nd year	11 days
3 rd year	12 days
4 th year	13 days
5 th & 6 th year	15 days
7 th & 8 th year	16 days
9 th year	17 days
10 th , 11 th , 12 th year	18 days
13 th & 14 th year	19 days
15 th year	20 days

Employees hired prior to July 1, 2016 shall be granted twenty (20) days of vacation on January 1st of every year.

Section 9.2 Earned vacation must be taken during the calendar year and generally shall not accrue from year to year. However, an employee may carry-over a maximum of ten (10) vacation days without prior approval of management, from one calendar year to September 30th of the following year. Vacation time in excess of ten (10) days shall be forfeited if not used by September 30th of the following year. Requests to carry-over more than then (10) vacation days must be submitted in writing to an employee's respective supervisor and the Town Manager for review and written approval, if the department work schedule positively precludes taking the vacation within the calendar year.

Section 9.3 An employee, who on December 31st if the preceding year was continuously and actively employed for twelve (12) months, will be entitled to his/her full vacation leave as of January 1st. Request for vacations must be submitted to the employee's supervisor at least one (1) week in advance of the starting date. Vacation leave request must be approved by the Director or his/her designee. In the event of any conflict on dates when vacation leave is requested, seniority shall govern priority. Vacation leave shall be scheduled within a department so service is not adversely affected. Vacation schedules shall be determined by the employee's supervisor.

Section 9.4 An employee who works less than six (6) months shall not be entitled to a vacation, or vacation pay, upon separation. For full-time employees who have worked longer than six (6) months, accumulated vacation will be paid upon separation.

Section 9.5 Additional salary in lieu of vacation will not be paid to an employee, since the purpose of a vacation is rest and relaxation.

Section 9.6 No more than two (2) weeks' vacation may be at any one time without prior written permission from the Director or his/her designee. Request for vacation beyond two (2) weeks at any one time will only granted for extenuating circumstances and will not be granted if deemed detrimental to the department, such as during times of peak business volume to ensure appropriate staffing levels. The Town reserves the right to limit the number of employees on vacation at any given time, but within these limitations' seniority shall govern.

Section 9.7 In cases of voluntary resignation in good standing, retirement, or death, pro-rata accumulated and unused vacation leave will be paid to the former employee or his/her estate in an amount equal to the unused accumulated vacation leave the employee was eligible to utilize as of the last day of work.

Employees whose Town employment is ending shall reimburse the Town for any excess leave taken, but not yet accrued (earned), prior to termination of employment via payroll deduction, or if requested by the Town through cash reimbursement.

Section 9.8 An employee will not be charged with use of vacation if a designated holiday for which the employee is eligible occurs during his/her vacation.

An employee who becomes ill while on vacation leave may not charge such illness to sick leave unless the illness exceeds two (2) vacation days and the employee files a physician's certificate describing the nature and/or duration of the illness with his/her Director.

Section 9.9 Regular part-time employees shall receive vacation benefits on a pro-rata basis using a full time employee as the standard from which the employee's pro-rata basis is calculated.

ARTICLE 10 - HOLIDAYS

Section 10.0 The allowance of holiday pay is subject to the employee working on the scheduled work day immediately prior and immediately after the holiday, with the exception of illness, vacation day(s), or personal days.

All full-time employees shall be entitled to the following thirteen (13) holidays with pay:

1. New Year's Day
2. Martin Luther King Day
3. President's Day
4. Good Friday
5. Memorial Day
6. Juneteenth
7. Independence Day
8. Labor Day
9. Columbus Day
10. Thanksgiving Day
11. Day after Thanksgiving
12. Day Before or Day After Christmas, **OR** One-half (½) Day Before Christmas and One-half (½) Day New Year's Eve; **OR** as part of four (4) day weekend should Independence Day come on a Tuesday or Thursday (At the Town Manager's discretion)
13. Christmas Day

Section 10.1 With regard to Section 10.0, when a holiday falls on a day when the Library is open, employees who work on said holiday shall receive double times (x2) their regular hourly rate in addition to the holiday pay mentioned above.

Section 10.2 Regular part-time employees will be granted holiday leave on a pro-rata basis, e.g. scheduled hours per week divided by 5 days.

Section 10.3 When a holiday occurs during regular vacation or regular day off, the employee shall be credited the holiday in addition to his/her vacation, or regular day off. Such replacement day off shall be taken within the same pay period as the holiday.

Section 10.4 Whenever any of these holidays shall occur while an employee is out on sick leave, there will be no charge to sick leave for that holiday.

ARTICLE 11 - LEAVES

Section 11.0 Sick Leave

Sick leave with pay shall be granted to all full-time and pro-rated for regular part-time permanent and probationary employees at the rate of 1-1/4 days for each full month worked. Sick leave shall not be considered as a privilege which an employee may use at his/her discretion, but shall be allowed only in case of actual sickness, disability of the employee, or in the case of sickness in the immediate family, requiring his/her attendance upon the ill member, medical-dental appointments or quarantine restrictions.

Sick leave shall be accumulated to a maximum limit of one hundred fifty (150) days, increased to a maximum accumulation limit of one-hundred-and-eighty (180) days starting July 1, 2008.

The employee shall notify his/her supervisor of sickness at least one-half hour prior to the time set for beginning his or her daily duties, or shorter notice period as may be specified by the supervisor.

When absence is for more than three (3) work days or the employee has received a prior written warning concerning suspected sick leave abuse, the employee may be required to obtain a physician's certificate. A request for sick leave form must be filled out immediately upon the employee's return to work.

Sick leave shall be recorded regularly in the personnel records, and the Personnel Director shall review all such records periodically. Sick leave pay shall supplement weekly accident and sickness payments made under the Town's insurance program so that the employee receives his/her full pay and not full pay plus accident and sickness payment. The employee's sick leave account will be charged on a pro-rata basis (percentage of total payment represented by sick leave).

When a full-time or regular part-time (pro-rated) employee can no longer work because of pregnancy, based upon a physician's certification, she may request and shall be granted disability leave, which shall run as long as she is physically able. Such leave shall be with pay to the extent of accumulated sick leave.

Section 11.2 Personal Leave

Effective January 1, 2017, each employee shall be granted four (4) paid personal days per year which may be used for personal business that cannot be conducted outside regular work hours, and permission for such leave shall not be unreasonably withheld. Personal leave may be taken in hourly increments.

Generally, with the exception of emergencies, personal leave should be requested at least twenty-four (24) hours in advance. In the event the employee cannot provide twenty-four (24) hours' notice, permission for such leave shall not be unreasonably withheld if staffing needs are met.

Personal days cannot be carried over or accrued. Personal days, like sick leave and vacation time, will not be accrued during an employee's extended absence after twelve (12) weeks of absence.

Personal leave may be used for observance of religious holidays by employees whose faith requires absence on regular workdays.

Section 11.3 Bereavement Leave

Full-time employees shall be granted a leave of absence with pay for up to three (3) days for the purpose of attending the funeral of a member of their immediate family or for the purpose of attending to other family obligations in conjunction with the funeral involving a member of the immediate family, provided such leave is requested and approved in advance, in writing, by the respective Director and/or Town Manager. Up to two (2) additional days may be granted by the Town Manager in his/her discretion in limited instances where extensive travel is required.

"Immediate family" shall be defined to be the employee's parent, grandparent, step-parent, sibling, current spouse, child, step-child, grandchild, aunt, uncle, nephew, niece, and also parent of current spouse, domestic partner, sibling of current spouse, spouse of sibling of current spouse, and child of current spouse, or any permanent member/resident of the employee's household.

Part-time employees will be eligible for bereavement leave, but such leave shall be granted on a pro rata basis.

Section 11.4 Family and Medical Leave Act

An employee who has been employed for twelve months or more is eligible to request FMLA leave for a maximum of twelve weeks for the reasons below:

- a. To care for your spouse, child or parent who has a serious health condition, or when you are unable to work because of your own serious health condition;
- b. Conditions requiring an overnight stay in a hospital or other medical care facility;
- c. Conditions that incapacitate you or your family member for more than three consecutive days and require ongoing medical treatment;
- d. Chronic conditions that cause occasional periods when you or your family member are incapacitated and require treatment by a health care provider;
- e. The birth of a child and to bond with the newborn child or for the receiving of a child for adoption or foster care and to bond with that child. Both men and women have the same right to take FMLA leave to bond with their child but it must be taken within one year of the child's birth or placement and put be taken as a continuous block of leave.

An employee who has accumulated leave balances shall use available leave balances for FMLA in the following order: sick time, personal time and vacation. Health Insurance will continue to be provided and the employee will continue to make any premium share contributions even if they have exhausted all leave balances.

Employees requesting FMLA must provide the Town with appropriate notice, if the employee knows in advance that they will need FMLA as soon as the need for FMLA is known. The Town will then respond in writing within five (5) days as to whether FMLA has been granted. Pursuant to Federal law, FMLA may be granted once in a twelve month period (with the twelve month period being defined as twelve months from the actual return to work date from a previously granted FMLA).

The Town may request a medical certification from the employee. If there is a request for medical certification the employee must provide said certification within fifteen (15) days of the request. It is the employee's responsibility for the cost of providing said certification from the health care provider. If the employee fails to provide the requested medical certification, the FMLA leave request will be denied.

The medical certification must include some specific information including:

- a. Contact information for the health care provider;
- b. When the serious health condition began;
- c. How long the condition is expected to last;
- d. Whether the employee is able to work or if the family member is in need of care; and
- e. Whether the leave needs to be continuous or intermittent. If intermittent the certification should include an estimate of how much time you will need for each absence, how often each absence will be required and information establishing the medical necessity for taking such intermittent leave.

If the Town finds the necessary information is missing from the certification, it must notify the employee in writing of what additional information is needed to make the certification complete and the employee must provide the missing information within seven (7) calendar days.

If the Town has concerns about the validity of the certification, it may request a second opinion at the Town's expense. If the first and second opinions differ, the Town may request a third opinion at the Town's expense.

Section 11.5 Jury Duty Leave

Employees called to jury duty shall inform their immediate supervisors at the time of notification. The Town may seek to have a copy of the court notice the employee receives from jury duty. Such employee shall be granted leave of absence with pay for required jury duty. In such cases, the employee shall receive his/her normal salary and shall promptly remit to the Town all compensations received for jury service.

Section 11.6 Educational Leave

In order that employees may perform their work more efficiently and be able to qualify for positions of increasing difficulty and responsibility, the Personnel Director shall promote a system of employee training. The Town shall support a three-part training program:

1. On-the job training in the immediate tasks of the job.
2. Attendance at special short courses, conference and meetings on matters of immediate concern to the current performance on the job, as approved by the Director.
3. Reimbursement of not more than \$1000 per semester for a bachelor’s degree and \$1200 per semester for a master’s degree in tuition and books paid upon the satisfactory completion of a previously approved course in a systemized educational program in an accredited college or university.

Requests for tuition reimbursement in (3) above shall be requested prior to beginning of fiscal year so necessary monies can be included in the upcoming budget and approved by the Town Manager.

Section 11.7 Injury Leave

Injury leave, as distinguished from sick leave, shall mean paid leave given to an employee due to absence from duty caused by an accident or injury that occurred while the employee was engaged in the performance of his/her duties. The Town shall supplement payments due the employee under Workers’ Compensation so that the employee will receive full pay during his/her absence for a period not to exceed four (4) months and 90% of full pay during his/her absence for an additional period not to exceed two (2) months. In order for the employee to be eligible for full pay from the Town while out of work because of an injury covered by Worker’s Compensation, the employee must agree, in writing, in advance to sign over to the Town his/her Worker’s Compensation weekly benefit checks when they are issued. In the event of an injury causing temporary disability and absences of less than seven (7) days, the employee shall receive his/her regular salary for such periods since payments are not made under Worker’s Compensation for such accidents. In the event a permanent total disability or death resulting from an accident on the job, supplemental payments shall be made to the employee, or the employee’s next of kin, for a period not to exceed six (6) months. All payments on injury leave shall be subject to the same rules and regulations as Worker’s Compensation insurance and shall not be payable if the injury is the result of intoxication or willful misconduct on the part of the employee. Lost time under injury leave shall not be charged to vacation or sick leave accruals.

Section 11.8 Regular part-time employees shall receive all leave benefits of this Article on a pro-rata basis.

Section 11.9 Military Leave

With regard to Military Leave, the benefits, rights, and obligations attributable to union members, employees, and the Town as employer, are hereby incorporated into this contract as set forth in the Town of Rocky Hill’s Personnel Rules.

ARTICLE 12 - LEAVE WITHOUT PAY

Section 12.0 A leave of absence without pay and benefits may be granted by the Town Manager for a limited, definite period not to exceed twelve (12) months for the following reasons:

- a. For health reasons after expiration of sick leave and upon advice of a physician.
- b. For other personal or family reasons.
- c. During such leave of absence, the Town may employ an individual to work in the absent bargaining unit member's place and such individual's employment shall effectively cease with the member's return to duty; or may be continued at the sole discretion of the Town.

Section 12.1 During such leave of absence the employee shall continue to earn seniority.

Section 12.2 During such leave of absence, the employee, at his/her sole expense, may continue his group insurance benefits. An employee who wishes to continue his group insurance coverage shall pay for such coverage in full and in advance on a monthly basis.

Section 12.3 No more than one (1) bargaining unit employee from the library shall be on such unpaid leave at any time.

ARTICLE 13 - UNION LEAVE

Section 13.0 One (1) member of the Union may be designated to process grievances and such member and the grievant(s) shall be granted a reasonable amount of leave from duty with full pay while engaged in processing said grievance, at each step of the procedure through arbitration.

One (1) member of the Union may be granted leave of absence from duty with full pay to attend annual conventions, or Union business, but said employee shall not be granted or entitled to reimbursement by the Town for any expenses incurred in travel or otherwise. Such leave shall not exceed three (3) days per year.

The Union shall have the right to have three (3) members of its negotiation committee present for all meetings. When such meetings take place during scheduled work hours, they will be granted leave with full pay, for two (2) members only.

ARTICLE 14 - INSURANCE

Section 14.0 Introduction. This article and summary included in the APPENDICES describe insurance benefits. It is agreed and understood by the parties that the insurance descriptions contained in this Agreement and APPENDICES are descriptive only and are not insurance policies. All questions or issues concerning insurance coverage and related matters shall be determined by reference to the actual insurance policy documents issued or possessed by the insurers. In the event of error or misstatement in this Agreement or APPENDICES, the insurance policies shall always prevail.

Section 14.1 Eligibility. Health Insurance benefits shall be in accordance with the provisions set forth in this article.

Section 14.2 Group Medical Insurance. Effective July 1, 2024, members shall be moved into the State of Connecticut State Plan 2 (PPO Plan) as described in APPENDIX C. In the event of termination of the State Partnership Plan, pursuant to the MOU signed on April 5, 2024 and included in APPENDIX D, the Town reserves the right to revert to a plan substantially equivalent to the High Deductible Health Plan paired with the Health Savings Account in effect as of June 30, 2024.

Section 14.3 Premium Share. Effective July 1, 2024, members’ health care premium share will be as follows below:

<u>Contract Year</u>	<u>Employee Share</u>	<u>Medical Plan</u>
July 1, 2024 – June 30, 2025	10%	PPO Plan Only
July 1, 2025 – June 30, 2026	10%	PPO Plan Only
July 1, 2026 – June 30, 2027	12%	PPO Plan Only
July 1, 2027 – June 30, 2028	12%	PPO Plan Only

Premium cost sharing for health insurance benefits as provided under the terms of this agreement for eligible part-time employees will be forty five percent (45%) for the duration of this Agreement. The employee shall pre-pay cost-sharing premiums per current practice.

Section 14.4 Medical Insurance Waiver. An employee may elect to waive group medical insurance coverage and receive six hundred dollars (\$600) annually. Such additional annual compensation shall not be considered part of the employee’s annual salary or wage.

An employee’s election to select or waive group medical insurance shall remain in effect for a minimum of one (1) year. A change in election shall also remain in effect for a minimum of one (1) year. In accordance with the insurance carrier’s procedures, employees may change elections upon the occurrence of certain qualifying events. Any employee eligible to make such elections (other than an election made upon initial employment) shall submit the election form to the Payroll Office. Such elections shall become effective in accordance with the insurance carrier’s procedures or rules.

A qualifying event is generally defined as marriage or divorces; birth, adoption, or placement for adoption; death of dependent; change in employment status of self or dependent; loss of other coverage, or loss of dependent status. If an employee has questions as to what matters to meet the definition of a qualifying event, the employee should reference the actual insurance policy documents issued or possessed by the insurer, or speak with an insurance carrier representative, the Town’s Benefits Administrator, or Human Resources.

Section 14.5 Group Dental Coverage. All employees, including those hired prior to July 1, 2020 and those hired on or after July 1, 2020, may elect to enroll in the Dental Plan, as described in APPENDIX F.

Section 14.6 Section 125 Pre-Tax Contribution. In accordance with Public Act No. 07-185, any employee for which any portion of the premiums for health insurance are deducted from the employees' pay shall be offered the opportunity to have such portion excluded from their gross income for state or federal income tax purposes, except as required under Section 125 of the Internal Revenue Code of 1986, or any subsequent corresponding Internal Revenue Code of the United States, from time to time amended. In order to be eligible for this benefit, a Salary Reduction Agreement signed by the employee must be submitted.

Section 14.7 Group Medical/Dental Insurance Benefits at Retirement. Employees hired after July 1, 2013 are not eligible for post-retirement health insurance benefits.

Section 14.8 Group Medical/Dental Insurance upon Death of Employee. In the event of an employee's death, the spouse may remain on the insurance program in effect at the time of death, paying the full cost of the premium, until such time as he/she is eligible for Medicare at the age of sixty-five (65). Costs associated with Medicare shall be covered at the spouse's full expense.

Section 14.9 Group Life Insurance. All employees will receive during their employment with the Town \$20,000 in group life insurance. Basic benefit is doubled in the event of accidental death. The Town pays the full cost of this life insurance.

An additional amount of life insurance is provided to employees participating in the Town of Rocky Hill Retirement Plan for Regular Employees. The current benefit amount is one-and-one half (1 ½) times the employee's annual salary and is subject to a \$150,000 maximum. This benefit is provided at no cost to the employee, and shall not be changed without negotiating with the Union.

Employees upon employment must complete the necessary application forms for group life, medical and disability insurance.

Section 14.10 Group Long Term Disability. Long term disability (LTD) insurance coverage in the amount of sixty percent (60%) of salary with a five thousand dollar (\$5,000) per month maximum benefit, and subject to a one hundred and eight (180) calendar day elimination period, shall be provided to all bargaining unit employees. The Town assumes the full cost of this plan.

Section 14.11 Change of Carriers/Funding Arrangements. The Town shall have the right to change insurance carriers or to self-insure, provided the coverage offered is substantially equivalent, as a whole, to the current plan outlined in this article. If there is any substantial change in coverage, the Town must negotiate such change prior to changing carriers. This provision does not preclude the Town from making non-substantial modifications so as to mitigate increased costs in health insurance. The Town agrees to notify the Union President and Vice President of any adjustments to coverage.

ARTICLE 15 - DISCIPLINE

Section 15.0 No employee shall be disciplined without just cause.

All suspensions and discharge must be given in writing with reasons stated and a copy given to the employees and the Union within a reasonable time of the suspension or discharge.

Depending on the offense, disciplinary action may include, but not be limited to verbal and/or written warning, suspension without pay, and discharge. Progressive discipline shall be applied when appropriate. Disciplinary action normally shall follow in this order; however, it may be modified in appropriate cases:

1. Verbal warning
2. Written warning
3. Suspension without pay
4. Discharge

All disciplinary action may be appealed through the established grievance procedure.

Section 15.1 Each employee will be given copies of any evaluation reports placed in the employee's personnel file. Employees may request that the Town correct, amend or delete incorrect or inaccurate materials. Failing mutual agreement, the employee shall have the right to respond and it shall be made part of the file.

Section 15.2 The Town reserves the right to suspend or discharge any employee without a hearing, provided a hearing shall be given within twenty (20) working days.

ARTICLE 16 - PERSONNEL RECORDS

Section 16.0 With regard to Personnel Records, the benefits, rights, and obligations attributable to union members, employees, and the Town as employer, are hereby incorporated into this contract as set forth in the Town of Rocky Hill's Personnel Rules.

ARTICLE 17 - GENERAL PROVISIONS

Section 17.0 During the term of this Agreement, the Town shall furnish the Union with an up-to-date list of employees. When a new employee is hired, the Town shall notify the Union and furnish the Union with the name, date of employment, classification and rate of pay of the new employee. When the employment of an employee terminates, the Town shall notify the Union and furnish the name and date of termination of the employee.

Section 17.1 The Town shall provide a copy of this Agreement to each employee presently employed and to each new employee upon employment.

Section 17.2 If an Article or Section of the Agreement is declared invalid by a court of competent jurisdiction, said invalidity shall not affect the balance of this Agreement.

Section 17.3 There shall be no alteration, variation, or amendment of the terms and conditions of this Agreement, unless made and agreed to in writing by both parties. Any agreement must be ratified by the Union membership and the Town Council.

Section 17.4 If there is any policy, rule or regulation of the Town or the Union which is in conflict with any provision of the Agreement, said Agreement provision shall prevail during the term of this Agreement.

Section 17.5 When an employee is required and authorized in advance by the Town to use his/her own motor vehicle to perform Town business, or attend conferences at the discretion of the Department, he/she shall be reimbursed at the IRS rate.

Section 17.6 The Union's Business Representative shall be permitted to visit specific job sites where bargaining unit members are employed provided such visits are at normal business hours and do not interfere with or disrupt the operation of the employer. It is agreed that the Union Business Representative will report to the Director before talking to on-duty bargaining unit members.

Section 17.7 The Town shall provide bulletin board space for the use by the Union.

Section 17.8 Any employee who is required by the Town to attend training or conferences shall be reimbursed for the reasonable and customary expenses associated with said training or conference conditioned upon available funds.

Section 17.9 When the Town creates a new classification or extensively changes an existing job classification, the Town shall establish appropriate pay rates and duties for such new or changed classification. Any dispute that may arise as a result shall be resolved through the grievance procedure of this Agreement.

Section 17.10 Any charge or complaint made against any bargaining unit member by anyone shall be taken up with the employee within a reasonable time. The employee shall be entitled to a Union Representative and a copy of any written complaint regarding such matter.

Section 17.11 There will be no-sub contracting of work traditionally performed by bargaining unit members in excess of the levels in effect as of the date of the signing of this Agreement or, if work opportunities or overtime is lost to bargaining unit members as a result of subcontracting.

Section 17.12 In January of each year, employees shall be notified of their total accumulated sick leave, compensatory time, vacation and perfect attendance leave for the preceding calendar year.

ARTICLE 18 - RETIREMENT

Section 18.0 Employees hired after July 1, 2013 will not be eligible for the Defined Benefit Pension Plan. In lieu of the Defined Benefit Pension Plan employees will contribute to the Town's Defined Contribution Plan at six percent (6%) of their base salary with the Town contributing three percent (3%) of the employee's base salary to said Defined Contribution Plan.

ARTICLE 19 - HEALTH AND SAFETY

Section 19.0 Health and Safety Committee – The Town agrees to accept a Union designee from the Union on the Town-wide Health and Safety Committee.

ARTICLE 20 - DURATION

This agreement shall be effective July 1, 2024 and remain in force and effect until June 30, 2028, provided, however, that if a successor Agreement has not been reached by June 30, 2024, only wage payments will be paid retroactive to July 1, 2024, and all other provisions of this agreement shall become effective upon signing.

For The Town Of Rocky Hill

**For The United Electrical Local 222 –
Connecticut Independent Labor Union /
Connecticut Independent Police Union #39**



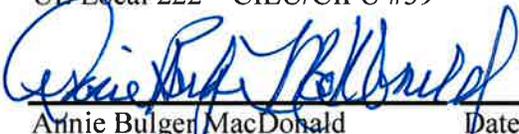
Raymond Carpentino
Town Manager
Date 8/20/24



Jennifer Zappulla
Adult Services Librarian
Union President
UE Local 222 – CILU/CIPU #39
Date 8/21/24



Dana McGee
Director of Human
Resources
Date 8/26/24



Arnie Bulger MacDonald
UE Field Organizer
UE Local 222 – CILU/CIPU #39
Date 8/23/24



Mona McKim
Director of Finance and
Operations
Date 8/20/24

APPENDIX A – WAGE RATES

<u>Assistant Director</u>	<u>Rate</u>	<u>Year</u>	<u>Start</u>	<u>1 year</u>	<u>2 years</u>	<u>3 years</u>	<u>4 years</u>	<u>5 years</u>	<u>6 years</u>
		7/1/2023	37.98	40.90	43.82	46.74	49.66	52.58	55.50
3.00%		7/1/2024	39.12	42.13	45.13	48.14	51.15	54.16	57.17
3.00%		7/1/2025	40.29	43.39	46.49	49.59	52.68	55.78	58.88
3.00%		7/1/2026	41.50	44.69	47.88	51.07	54.26	57.46	60.65
3.00%		7/1/2027	42.75	46.03	49.32	52.61	55.89	59.18	62.47

<u>Reference/Childrens Librarian</u>	<u>Rate</u>	<u>Year</u>	<u>Start</u>	<u>1 year</u>	<u>2 years</u>	<u>3 years</u>	<u>4 years</u>	<u>5 years</u>	<u>6 years</u>
		7/1/2023	35.17	37.37	39.57	41.77	43.97	46.17	48.37
3.00%		7/1/2024	36.23	38.49	40.76	43.02	45.29	47.56	49.82
3.00%		7/1/2025	37.31	39.65	41.98	44.31	46.65	48.98	51.32
3.00%		7/1/2026	38.43	40.84	43.24	45.64	48.05	50.45	52.86
3.00%		7/1/2027	39.58	42.06	44.54	47.01	49.49	51.96	54.44

APPENDIX B – SENIORITY DATES

<u>Employee</u>	<u>Position</u>	<u>Hire Date</u>
Maeleah Carlisle	Children’s Librarian	4/29/2019
Jennifer Zappulla	Library Assistant (AFSCME position)	10/1/2015
	Reference Librarian (Transferred to CILU)	1/18/2020
Shannon Schooley	Part-Time Reference (Non-Union)	1/1/2020
	Library Assistant (AFSCME Position)	7/1/2021
	Reference Librarian (Transferred to CILU)	7/1/2023

APPENDIX C – STATE OF CONNECTICUT PARTNERSHIP PLAN 2

Effective July 1, 2024, all employees will be enrolled in the State of Connecticut Partnership Plan 2 (PPO Plan) as described in the Summary of Benefits in this Appendix.

Additionally, all employees will be eligible to enroll in the Dental and Vision Plan as described in the Summary of Benefits in this Appendix.

⚠️ 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, visit www.osc.ct.gov/anthemctpartner. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copay, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <http://www.cciio.cms.gov> or call Quantum Health at 1-833-740-3258 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p><u>In-network</u>: \$350/individual; \$1,400/family; waived for HEP members <u>Out-of-network</u>: \$300/Individual; \$900/family</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this <u>plan</u> begins to pay. Once you or a family member meets the individual <u>deductible</u> amount, the <u>plan</u> begins to pay for you or that family member. If you have other family members on the plan, each family member must meet their own individual <u>deductible</u> until the total amount of deductible expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. <u>In-network</u> primary care and specialist office visits, <u>in-network</u> preventive care, <u>prescription</u> drugs, <u>emergency room care</u>, <u>in-network</u> urgent care, <u>in-network</u> mental health and substance abuse outpatient services, and <u>in-network</u> eye exams are covered before you meet your <u>deductible</u>.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a <u>copay</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>Medical: <u>In-network</u>: \$2,000/individual; \$4,000/family; <u>Out-of-network</u> \$2,300/individual; \$4,900 family <u>Prescription</u> drugs: \$4,600/individual; \$9,200/family</p>	<p>The <u>out-of-pocket</u> limit is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket</u> limits until the overall family <u>out-of-pocket</u> limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p><u>Premiums</u>, <u>balance-billing</u> charges, penalties for failure to obtain prior authorization for services, and health care this <u>plan</u> doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> limit.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See carecompass.quantum-health.com or call 1-833-740-3258 for a list of <u>network</u> providers.</p>	<p>This plan uses a <u>provider</u> <u>network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's</u> <u>network</u>. You will pay the most if you use an <u>out-of-network</u> <u>provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your plan pays (<u>balance</u> billing). Be aware your <u>network</u> <u>provider</u> might use an <u>out-of-network</u> <u>provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>

Important Questions	Answers	Why This Matters:
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copay 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
		Preferred In-Network Provider (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	No charge. <u>Deductible</u> does not apply.	\$15 <u>copay</u> /visit. Waived if no in-state preferred <u>provider</u> . <u>Deductible</u> does not apply.	20% <u>coinsurance</u>	None.
	<u>Specialist</u> visit	No charge. <u>Deductible</u> does not apply.			
	Preventive <u>care/screening/immunization</u>	No charge. <u>Deductible</u> does not apply.	No charge. <u>Deductible</u> does not apply.		
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None.
	Imaging (CT/PET scans, MRIs)	No charge	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Prior authorization required to avoid penalty: lesser of \$500/20% of cost.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Preferred In-Network Provider (You will pay the least)	In-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.osc.ct.gov/benefits/pharmacy.htm	Generic drugs	Preferred generic: Retail: \$5 <u>copay</u> /fill; Mail order & maintenance drugs: \$5 <u>copay</u> /fill. Non-preferred generic: Retail: \$10 <u>copay</u> /fill; Mail order & maintenance drugs: \$10 <u>copay</u> /fill.	20% <u>coinsurance</u> for non-participating pharmacy	Retail: 30-day supply; Mail order: 90-day supply. <u>Deductible</u> does not apply to <u>prescription</u> drugs. Check details of your Rx coverage at: www.osc.ct.gov/benefits/pharmacy.htm . Maintenance drugs must be filled by mail order or by Maintenance <u>Network</u> pharmacy after first retail fill. Penalty may apply if brand name drug is requested when a generic is available. Some drugs require prior authorization. No charge for generic preventive care drugs (e.g., FDA-approved generic contraceptives) or brand name preventive care drugs if generic drugs are not medically appropriate).
	Preferred brand drugs	Retail: \$25 <u>copay</u> /fill; Mail order & maintenance drugs: \$25 <u>copay</u> /fill.	20% <u>coinsurance</u> for non-participating pharmacy	
	Non-preferred brand drugs	Retail: \$40 <u>copay</u> /fill; Mail order & maintenance drugs: \$40 <u>copay</u> /fill.	20% <u>coinsurance</u> for non-participating pharmacy	
	<u>Specialty drugs</u>	No charge for <u>specialty drugs</u> if enrolled in PrudentRx program. Same as non-preferred brand drugs if not enrolled in PrudentRx program.	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <u>coinsurance</u>	Prior authorization required to avoid penalty of lesser of \$500 or 20% of covered services.
	Physician/surgeon fees	No charge		
If you need immediate medical attention	<u>Emergency room care</u>	\$250 <u>copay</u> /visit. <u>Deductible</u> does not apply.	\$250 <u>copay</u> /visit. <u>Deductible</u> does not apply.	<u>Copay</u> waived if admitted or if no reasonable medical alternative.
	<u>Emergency medical transportation</u>	No charge	No charge	None.
	<u>Urgent care</u>	\$15 <u>copay</u> /visit. <u>Deductible</u> does not apply.	20% <u>coinsurance</u>	None.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred <u>In-Network Provider</u> (You will pay the least)	<u>In-Network Provider</u>	<u>Out-of-Network Provider</u> (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge		20% <u>coinsurance</u>	Prior authorization required to avoid penalty of lesser of \$500 or 20% of covered services. No coverage in excess of cost of a semi-private room unless <u>medically necessary</u> . Prior authorization required to avoid penalty of lesser of \$500 or 20% of covered services.
	Physician/surgeon fees	No charge		20% <u>coinsurance</u>	
	Outpatient services	\$15 <u>copay</u> /visit. <u>Deductible</u> does not apply. No charge for non-office visit outpatient services.		20% <u>coinsurance</u>	
If you need mental health, behavioral health, or substance abuse services	Inpatient services	No charge		20% <u>coinsurance</u>	Prior authorization required to avoid penalty of lesser of \$500 or 20% of covered services. None.
	Office visits	\$15 <u>copay</u> /first visit only. <u>Deductible</u> does not apply.		20% <u>coinsurance</u>	
If you are pregnant	Childbirth/delivery professional services	No charge		20% <u>coinsurance</u>	Prior authorization required to avoid penalty of lesser of \$500 or 20% of covered services. <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of service, a <u>copay</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests & services described somewhere else in the SBC (i.e., ultrasound). Prior authorization required for stay in excess of 48 hours (96 hours for cesarean delivery) to avoid penalty of lesser of \$500 or 20% of covered services.
	Childbirth/delivery facility services	No charge		20% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred <u>In-Network Provider</u> (You will pay the least)	<u>In-Network Provider</u>	<u>Out-of-Network Provider</u> (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge		20% <u>coinsurance</u>	Limit: 200 visits/calendar year. Prior authorization required to avoid penalty of lesser of \$500 or 20% of covered services. <u>In-network</u> speech therapy limit: 30 visits/calendar year. Limit does not apply to treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of oropharynx. <u>Out-of-network</u> physical, occupational, chiropractic, speech & autism therapy limit: 30 visits/condition/calendar year.
	<u>Rehabilitation services</u>	No charge		20% <u>coinsurance</u>	
	<u>Habilitation services</u>	No charge		20% <u>coinsurance</u>	None.
	<u>Skilled nursing care</u>	No charge		20% <u>coinsurance</u>	<u>Out-of-network</u> limit: 60 visits/ year/person Prior authorization required to avoid penalty of lesser of \$500 or 20% of covered services.
	<u>Durable medical equipment</u>	No charge		20% <u>coinsurance</u>	Prior authorization required for items over \$500 to avoid penalty of lesser of \$500 or 20% of covered services.
	<u>Hospice services</u>	No charge		20% <u>coinsurance</u>	Inpatient services: prior authorization required to avoid penalty of lesser of \$500 or 20% of covered services. <u>Out-of-network</u> inpatient services limit: 60 days/person/calendar year. <u>Out-of-network</u> in-home services limit: 200 visits/calendar year

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred <u>In-Network Provider</u> (You will pay the least)	<u>In-Network Provider</u>	<u>Out-of-Network Provider</u> (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$15 copay/visit. <u>Deductible</u> does not apply.		50% <u>coinsurance</u>	Limit: 1 visit/calendar year performed as part of an exam.
	Children's glasses	Not covered		Not covered	You must pay 100% of this service, even <u>in-network</u> .
	Children's dental check-up	Not covered		Not covered	You must pay 100% of this service, even <u>in-network</u> .

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.)

- Children's dental check-up
- Children's glasses
- Cosmetic surgery
- Dental care (Adult)
- Non-emergency care when traveling outside the United States (urgent care covered)
- Long-term care
- Routine foot care (except when medically necessary for treatment of diabetes)
- Weight loss programs (except as required by law)

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

- Acupuncture (limit: 20 visits per calendar year)
- Bariatric surgery (prior authorization required)
- Chiropractic care (limit: 30 visits per calendar year for out-of-network services)
- Hearing aids (limit: 1 set per 36 month period; prior authorization required)
- Infertility treatment (prior authorization required)
- Non-emergency care when traveling outside the United States (urgent care only)
- Private-duty nursing (prior authorization required)
- Routine eye care (adult, limit: 1 exam per calendar year)

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: the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.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 on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

Quantum Health
5240 Blazer Parkway
Dublin, OH 43017
1-833-740-3258

CVS/Caremark
Prescription Claim Appeals MC109
P.O. Box 52084
Phoenix, AZ 85072-2084
Fax: 1-866-443-1172

Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Connecticut Office of the Health Care Advocate at 1-866-466-4446

Does this [plan](#) provide [Minimum Essential Coverage](#)? Yes

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

Does this [plan](#) meet the [Minimum Value Standards](#)? Yes

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

Language Access Services:

Para obtener asistencia en Español, llame al 1-800-922-2232.

Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-922-2232.

如果需要中文的帮助，请拨打这个号码1-800-922-2232.

Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-922-2232.

_____ 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, copays 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** \$350
- **Specialist copayment** \$15
- **Hospital (facility)** \$0
- **Other** \$0

This EXAMPLE event includes services like:

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

Total Example Cost \$12,700

In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$350
<u>Copays</u>	\$25
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$435

Managing Joe's type 2 Diabetes

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

- **The plan's overall deductible** \$350
- **Specialist copayment** \$15
- **Hospital (facility)** \$0
- **Other** \$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 \$5,600

In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$120
<u>Copays</u>	\$190
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$310

Mia's Simple Fracture

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

- **The plan's overall deductible** \$350
- **Specialist copayment** \$15
- **Hospital (facility)** \$0
- **Other** \$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 \$2,800

In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$350
<u>Copays</u>	\$320
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$670

NOTE: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your cost. For more information about the wellness program, please visit <http://osc.ct.gov/benefits.htm>

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

Cigna Dental Benefit Summary
Town of Rocky Hill – Plan 2
Plan Effective Date: 07/01/2024



Insured 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. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

Cigna Dental PPO				
Network Options	In-Network: State of Connecticut 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	\$1,500, Class I applies No Calendar Year Maximum for Periodontal Maintenance and Periodontal Scaling & Root Planing (Class VI)			
Calendar Year Deductible				
Individual	\$0		\$0	
Family	\$0		\$0	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic	100% No Deductible	0% No Deductible	100% No Deductible	0% No Deductible
Class II: Basic Restorative Restorative: fillings (Amalgam & Composite) Endodontics: minor and major Periodontics: 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 Emergency Care to Relieve Pain (Note: This service is administrated at the in network coinsurance level.)	80% No Deductible	20% No Deductible	80% No Deductible	20% No Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Exparel	67% No Deductible	33% No Deductible	67% No Deductible	33% No Deductible
Class IV: Orthodontia Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: \$1,500	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Class VI: Other Periodontal Expenses Periodontal Maintenance Periodontal Scaling and Root Planing	80% No Deductible	20% No Deductible	80% No Deductible	20% No Deductible

Benefit Plan Provisions:	
<i>In-Network Reimbursement</i>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
<i>Non-Network Reimbursement</i>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 95th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.
<i>Cross Accumulation</i>	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.
<i>Calendar Year Benefits Maximum</i>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
<i>Calendar Year Deductible</i>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
<i>Late Entrant Limitation Provision</i>	No coverage until the next open enrollment period. This provision does not apply to new hires.
<i>Pretreatment Review</i>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
<i>Alternate Benefit Provision</i>	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. This provision does not apply to fillings.
<i>Oral Health Integration Program*</i>	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.
<i>Timely Filing</i>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 1 per calendar year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 60 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 routine and 2 periodontal maintenance procedures following active therapy per calendar year.
Fluoride Application	2 per calendar year for children under age 16.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 16.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Crowns, Bridges, Dentures and Partial	Replacement every 7 years 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.
Periodontal Treatment	Various limitations depending on the service. Frequency limit of once per 24 months.
Periodontal Surgery	Various limitations depending on the service. Frequency limit of once per 36 months.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation. 1 per 36 months.
Prosthesis Over Implant	Replacement every 7 years 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;
- Implants: implants or implant related services;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- 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.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna under Dental Forms](#).

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

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Summary of Benefits Cigna Health and Life Insurance Company



**Cigna Vision serviced by EyeMed
State of Connecticut Partnership Plans
Town of Rocky Hill
C1 PPO Comprehensive Plan**

Welcome to Cigna Vision Schedule of Vision Coverage Effective Date: July 1, 2024			
Vision Services and Frequency	In-Network Plan Coverage**	In-Network Member Cost***	Out-of-Network Reimbursement
Exam and Professional Services: Frequency* : once per 12 month <div style="text-align: right;"> Eye Exam Retinal Screening </div>	100% after \$15 Copay \$0	100% after \$15 Copay Up to \$39	Up to \$45 Allowance Not Covered
Standard Eyeglass Lenses Allowances: Frequency* : one pair per 12 month <div style="text-align: right;"> Lenses: Single Vision Lined Bifocal Lined Trifocal Lenticular </div>	Copay: \$0 100% 100% 100% 100%	\$0 Copay \$0 Copay \$0 Copay \$0 Copay	Up to \$40 Allowance Up to \$65 Allowance Up to \$75 Allowance Up to \$100 Allowance
Lens Enhancements / Options: <div style="text-align: right;"> Oversize lenses Rose #1 and #2 Solid Tints Polycarbonate Lenses <19 years of age Standard Polycarbonate Lenses Standard Progressives Plastic Dye Tints Photochromic – Glass or Plastic Standard Scratch Coating Standard Ultraviolet (UV) Coating Standard Anti-Reflective (AR) Coating Hi-Index Lenses All other lens options, including Premium Tiers </div>	100% 100% 100% \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$40 \$65 \$15 \$75 \$15 \$15 \$45 20% off retail 20% off retail	Not Covered Not Covered Not Covered Not Covered \$65 Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Contact Lenses Retail Allowance: Frequency* : one pair or single purchase per 12 month <div style="text-align: right;"> Elective Therapeutic </div>	100% up to \$360 Retail Allowance 100%	Balance over \$360 Allowance \$0	Up to \$345 Allowance Up to \$345 Allowance
Frame Retail Allowance Frequency* : one per 12 month	100% up to \$175 Retail Allowance	20% off balance over \$175 Allowance	Up to \$126 Allowance
* Your Frequency Period begins the day after your last visit (Date of service basis)			
Definitions: Copay: the amount you pay towards your exam and/or materials, lenses and/or frames 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.			

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) including Oversize, Rose #1 or #2 Solid Tint and Polycarbonate lenses < 19 years of age.
 - 20% savings on all additional lens enhancements/ option you choose for your lenses, not shown on the Schedule of Vision Coverage above.
- One pair of **Elective** conventional contact lenses or a single purchase of a supply of disposable contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year).
- 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 Vision Coverage.
- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;

** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

*** Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.

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 lens "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- 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

In-Network Value Added Savings

- Up to 40% off additional complete pairs of glasses (frame and lenses)
- 20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services

Interested in Laser Vision Correction service such as LASIK? Visit your MyCigna.com and search for Healthy Rewards® for details.

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, under "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision – serviced by EyeMed 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 on Cigna Vision serviced by EyeMed Directory, from the Additional Directories drop down listing.
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 Vision serviced by EyeMed information 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 service by EyeMed claim form and itemized receipt to: Cigna Vision, Claims Dept. c/oFAA
PO Box 8504, Mason, OH 45040-7111

To get a Cigna Vision serviced by EyeMed claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms, select the Cigna Vision serviced by EyeMed form
- 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. Read your plan carefully – this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request or a copy of the NH Vision Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna](#) under Vision Forms. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Healthy Rewards® - is a discount program, not an insured benefit.

Discrimination is against the law

Vision coverage

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

Cigna Healthcare:

- 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.



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCION: Si usted habla un idioma que no sea ingles, tiene a su disposici3n servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

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If you believe that Cigna Healthcare 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 Healthcare

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>.

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. Call 1.888.353.2653 (TTY dial 711 for operator, then dial 1-844-230-6498).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.888.353.2653 (TTY: marque 711 para hablar con un operador y luego marque 1-844-230-6498).

Chinese – 注意：我們可為您免費提供語言協助服務。請致電 1.888.353.2653（聽語障人士請撥打 711（聽語障專線）由操作人員為您服務，然後撥打 1-844-230-6498）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.888.353.2653 (TTY xin quay số 711 để kết nối với tổng đài, sau đó quay số 1-844-230-6498).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.353.2653번으로 문의하십시오(TTY는 교환원 연결을 위해 711번으로 전화하신 후, 1-844-230-6498번으로 전화하십시오).

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.888.353.2653 (Para sa TTY, i-dial ang 711 para sa operator, pagkatapos ay i-dial ang 1-844-230-6498).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.353.2653 (линия TTY: наберите 711 для соединения с оператором, затем наберите 1-844-230-6498).

Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.353.2653 (بنبغي لمستخدمي TTY الاتصال على الرقم 711 للتحدث إلى عامل الهاتف، ثم الاتصال على الرقم 1-844-230-6498).

French Creole – ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.888.353.2653 (TTY konpoze 711 pou pale ak yon operatè, apres a konpoze 1-844-230-6498).

French – ATTENTION : Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.888.353.2653 (ATS: composez le 711 pour joindre l'opérateur, puis composez le 1-844-230-6498).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.888.353.2653 (TTY: marque 711 para o telefonista e, em seguida, marque 1-844-230-6498).

Polish – UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.888.353.2653 (użytkownicy TTY powinni dzwonić pod numer 711, aby otrzymać połączenie z telefonistą, a następnie wybrać numer 1-844-230-6498).

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。1.888.353.2653 にお電話ください (TTYをご利用の場合は、711 をダイヤルしてオペレーターに接続してから 1-844-230-6498 におかけください)。

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.888.353.2653 (TTY: comporre il 711 per l'operatore, quindi comporre il numero 1-844-230-6498).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Rufen Sie die Nummer 1.888.353.2653 an (TTY-Benutzer wählen 711 für die Vermittlung und dann 1-844-230-6498).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. با شماره 1.888.353.2653 تماس بگیرید (TTY شماره 711 را برای اپراتور گرفته و سپس 1-844-230-6498 را شماره گیری کنید).

824734a 6/23

APPENDIX D – MEMORANDUM OF AGREEMENT (MOU)

Between the Town of Rocky Hill and UE Local 222-Connecticut Independent Labor Union/Connecticut Independent Police Union (UE Local 222-CILU-CIPU (CILU)

Regarding Connecticut State Partnership Plan 2.0

The Town of Rocky Hill ("Town") and UE Local 222-CILU/CIPU (CILU) ("Union") collectively referred to hereinafter as "the Parties," agree as follows:

Following notice of plans to increase medical group insurance cost by as much as forty percent (40%), during the renewal cycle for Cigna Health and Life Insurance Company's Choice Fund Open Access Plus HSA Plan [ISA OAP Plan ("Cigna Health Plan"), the parties agree that, effective July 1, 2024, members' current medical benefits (members' medical, dental and vision insurance) will be moved from Cigna Health Plan], to the Connecticut State Partnership Plan 2.0 (SPP) for medical benefits.

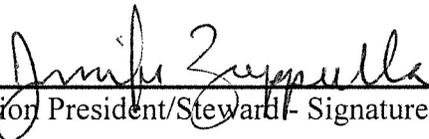
1. Medical benefits shall be as set forth in the SPP effective on July 1, 2024; including any subsequent amendments or modifications made to the SPP by the State and its employee representatives.
2. The administration of the SPP, including open enrollment, benefit design, structure, carriers, beneficiary eligibility and changes, and other administration provisions shall be as established by the SPP.
3. Premium share rates shall be in accordance with each the current collective bargaining agreement and successor agreements.
4. The SPP contains a Health Enhancement Plan (HEP) component. All employees participating in the SPP are subject to the terms and provisions of the HEP. In the event SPP administrators impose the HEP penalty or noncompliance premium adjustment per month (premium cost increase) or the \$350 per participant to a maximum of \$1400 family annual deductible, those sums shall be paid 100% in their entirety by the noncompliant employee. No portion or percentage of the premium adjustment or deductible shall be paid by the Town. Health Enhancement Plan participants and their covered depends who are found to be non-compliant with the required provisions of the HEP shall be reinstated in the Health Enhancement Program on the first of the month following their compliance.
5. The parties agree that medical coverage under the SPP meets legal standards for being equal-to-or-better-than coverage under the current Cigna Health Plan. In the event any of the issues listed below occur (identified as items "a" — e)" below), it is understood that the Change of Carriers/Funding Arrangements: The Town shall have the right to change insurance carriers or to self-insure, provided the coverage offered is substantially equivalent, as a whole, to the current plan outlined in this article. If there is any

substantial change in coverage, the Town must negotiate such change prior to changing carriers. This provision does not preclude the Town from making non-substantial modifications so as to mitigate increased costs in health insurance. The Town agrees to notify the Union President and Vice President of any adjustments to coverage.

- a) If the SPP in its current form is no longer available;
- b) if the benefit plan design of the SPP is modified as a result of a change in the State's collective bargaining agreement with SEBAC, if such modifications would substantially increase the cost of the medical benefits plan offered herein;
- c) if Conn. Gen. Stat. Section 3-123rrr et seq. is amended;
- d) if there are any changes to the administration of the SPP; and/or
- e) if additional fees and/or charges for the SPP are imposed so as to affect the Town, any of which amendments, changes, fees or charges (individually or collectively) would substantially increase the cost of the medical benefits plan offered herein.

In any negotiations triggered under Paragraph 5 above as well as negotiations for a successor to the current collective bargaining agreement, the parties shall consider the current plan (Cigna High Deductible Health Plan with Health Savings Account) under the collective bargaining agreement in force as of April 1, 2024, to be the most recent applicable bargaining history, and the parties shall consider the following additional factors:

- Trends in medical insurance plan design outside of the SPP; e The cost of different plan designs, including a high deductible health plan structure and a PPO Plan structure.



 Union President/Steward- Signature

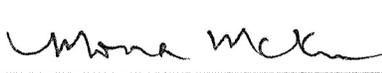
Jennifer Zappulla

 Print Name

4/5/24

 DATE

Print Name



Manager DATE

Mona McKim, Director of Finance & Operations

4/5/24

Interim Town

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