

AGREEMENT

Between

TOWN OF CLINTON

-and-

LOCAL 27 OF THE CONNECTICUT ORGANIZATION FOR PUBLIC SAFETY

DISPATCHERS AND ANIMAL CONTROL OFFICER

July 1, 2020 through June 30, 2023

TABLE OF CONTENTS

Article 1	Recognition	1
Article 2	Union Security and Payroll Deduction	1
Article 3	Seniority	2
Article 4	Hours of Work and Overtime	3
Article 5	Call-in Pay.....	4
Article 6	Holidays.....	5
Article 7	Wages and Longevity	6
Article 8	Insurance and Pension	8
Article 9	Leave	10
Article 10	Vacations	13
Article 11	Disciplinary Actions.....	14
Article 12	Grievance Procedure	15
Article 13	Savings Clause.....	16
Article 14	Management Rights	16
Article 15	Miscellaneous	17
Article 16	Successors and Assigns	18
Article 17	Workers' Compensation.....	18
Article 18	General Provisions	19
Article 19	Duration.....	20

AGREEMENT

This Agreement is entered into by and between the Town of Clinton, hereinafter referred to as the "Employer" and Local #27 of the Connecticut Organization for Public Safety (C.O.P.S.), hereinafter referred to as the "Union".

ARTICLE 1

RECOGNITION

Section 1.0

The Town of Clinton hereby recognizes Local #27 of the Connecticut Organization for Public Safety (C.O.P.S.), as the exclusive representative for the purposes of collective bargaining of all Police Dispatchers and Animal Control Officers employed by the Town of Clinton except those employees scheduled fewer than twenty-four (24) hours per week.

Section 1.1

Neither the Town nor the Union, in carrying out their obligations under this contract shall discriminate against any employee because of race, color, creed, religion, age, national origin, sex, marital status, physical handicap or membership or non-membership in the Union.

ARTICLE 2

UNION SECURITY AND PAYROLL DEDUCTION

Section 2.0

Upon receipt of an authorization signed by an employee authorizing membership dues deductions, the Town agrees to deduct from the pay of its employees an amount as may be fixed by the Union. Such deductions shall continue unless an employee revokes such authorization in writing on a Union form.

Section 2.1

Newly hired employees shall be requested to sign a payroll deduction card after thirty (30) days of employment.

Section 2.2

The amount will be certified by a responsible Union officer in writing and may be raised or lowered by the Union upon notification by said officer to the Employer.

Section 2.3

Deductions as provided in Section 2.0 shall be remitted to the parent organization of the Union no later than fifteen (15) days after such deductions have been made.

- a) If for any reason an employee has no pay available from which the dues may be deducted, the deduction will take place beginning the payroll period in which she/he does have pay available and continuing biweekly until back deductions are made up.
- b) The Union agrees to hold the Town harmless against any and all claims that may arise as a result of complying with the provisions of the above Article.

ARTICLE 3 **SENIORITY**

Section 3.0

Seniority is defined to mean the accumulated length of continuous full-time service with the Town as a member of this bargaining unit and computed from the last date of hire.

An employee's length of service shall not be terminated or reduced, but shall continue to accumulate during authorized leaves of absence of up to one year.

Section 3.1

New employees shall remain probationary until after completion of six (6) months service from the date of the successful completion of minimum qualifications training and can function independently as a Dispatcher or the Animal Control Officer. Upon completion of said period, such employees shall enjoy seniority status from the date of last hiring. Employee shall have no seniority rights during this probationary period and their employment may be terminated at any time during the probationary period in the sole discretion of the Town. The Chief of Police or his designee may waive the probationary period for an employee or may extend the probationary period of an employee for up to six (6) months within his discretion.

Time employed as a part-time Dispatcher will count toward the six (6) month probationary period.

Section 3.2

In the event a layoff becomes necessary, the least senior employee in each job classification shall be laid off first.

Bumping and recall rights do not apply to probationary employees.

Section 3.3

Laid off employees shall be recalled to their former positions in the reverse order of layoff. The Town shall rely on the last address furnished by the employee. Notice of recall shall be by certified mail. Failure to return to work within twenty (20) working days following notice by certified mail shall result in loss of seniority.

Recall rights shall terminate eighteen (18) months from the date of layoff for each employee.

ARTICLE 4

HOURS OF WORK AND OVERTIME

Section 4.0

Premium rates shall be as follows:

Whenever any employee works in excess of his/her regular workday or work schedule, he/she shall be paid for such work at the rate of one and one-half (1-1/2) times his/her straight time hourly rate.

Section 4.1

The regular workweek for full-time employees shall be forty (40) hours.

The regular hours of work for full-time Dispatchers shall be eight (8) hours per day, five (5) days per week, Monday through Sunday, for a total of forty (40) hours per week. A Dispatcher shall take any meal at the police station and shall not receive an unpaid meal break. It is understood the Dispatcher is available for service at all times during the shift.

For purposes of this Article there shall be three work shifts for Dispatchers: 1) the Day Shift which shall commence at 0700 hours and end at 1500 hours; 2) the Evening Shift which shall commence at 1500 hours and end at 2300 hours; and 3) the Midnight Shift which shall commence at 2300 hours and end at 0700 hours.

The regular hours of work for the Animal Control Officer shall be Monday through Friday from 0800 hours to 1600 hours. The Animal Control Officer shall not receive an unpaid meal break. It is understood that the Animal Control Officer is available for service throughout the shift.

The regular hours of work for a part-time bargaining unit employee shall be such hours as established by the Town for the position.

Section 4.2

Work schedules for Dispatchers for the upcoming work cycle shall be posted two (2) times annually. Dispatchers shall select, in order of seniority, their preferred schedules, within seven (7) calendar days of the posting. The resulting schedule shall be posted approximately 90 days in advance of the start of the cycle. It is understood that the posted schedule may be subject to change in order to meet the operating needs of the Department. In accordance with current practice, the Chief or his designee shall attempt to effect needed changes by agreement with employees and taking into consideration the needs of the affected employees as well as the Department. If there is a need for a change in the posted schedule, the affected employee(s) shall be given no less than ten (10) days' notice of the change, in advance except where operational needs dictate that shorter notice of a change in schedule is necessary, at which time the affected

employee(s) shall be given as much notice as is reasonably possible under the circumstances.

Section 4.3

Full time employees of Local #27 shall have the right of first refusal for all overtime assignments/hours prior to being offered to a temporary or part-time employee except where otherwise designated in this Agreement. The parties recognize that certain shifts are currently designated as "part time" shifts and are filled by part time Dispatchers. This practice shall continue. If a part time Dispatcher fails to report for duty on one of these shifts, the shift will first be offered to full-time Dispatchers if the Chief or his designee determines that the shift must be filled. The Department will not employ more than seven (7) part time Dispatchers at any given time during this Agreement.

In the event of a long-term absence of a full-time employee, the openings resulting from said absence may be filled by a temporary or part-time employee after offering overtime to full time employees first. For the purpose of this Section, a long-term absence is one that is expected to last or in fact does last more than fourteen (14) calendar days.

Section 4.4

Fairness Rotation – The system utilized by the Department to assign overtime assignments.

The system shall be predicated on the balance of seniority and the number of hours assigned during a defined period of time. EXAMPLE: The rotation period is the bid cycle. On the first day of the rotation, an eight-hour overtime shift is posted for assignment: the most senior and the most junior eligible members of the department each bid for the overtime shift: The shift is granted to the most senior member. On the second day of the rotation, the same two employees bid for another posted eight-hour overtime shift: The overtime shift would be assigned to junior employee as the senior employee already has eight-hours granted in the rotation period.

Tentative Agreement:

Section 4.5 Order-In Procedure

If a shift has not been filled through the overtime rotation in Section 4.4, then the following process will apply:

1. If two or more Dispatchers are working on the shift preceding the open shift, then the Dispatcher with the fewest number of order-ins will be required to fill the open shift regardless of seniority.
2. If only one Dispatcher is working the shift preceding the open shift, then that Dispatcher will be required to fill the open shift.
3. If a Dispatcher under paragraph 1 or 2 above is unable to fill the open shift because the Dispatcher would exceed the maximum number of hours in a day, or has a pre-

approved vacation, holiday, regular day off, or personal day off, then Dispatchers will be ordered in by inverse seniority.

ARTICLE 5 **CALL-IN PAY**

Section 5.0

Any Dispatcher called in to work before or after his/her regular workday or on a non-scheduled day shall receive a minimum of four (4) hours pay at the applicable rate, provided that the time worked is not contiguous to his/her regularly scheduled hours.

Section 5.1

Should the Animal Control Officer be used to care for kennelled animals while off duty such as weekends or for any call back to service for Animal Control, that employee shall receive a minimum of three (3) hours overtime pay for each occurrence.

ARTICLE 6 **HOLIDAYS**

Section 6.0

The following days shall be considered holidays:

New Year's Day	Martin Luther King Day
President's Day	Easter Sunday
Memorial Day	Independence Day
Labor Day	Columbus Day
Veteran's Day	Thanksgiving Day
Day before Christmas	Christmas Day
Employee's Birthday	

All holidays shall be defined as the legal day of observance.

Section 6.1 - Dispatchers

A Dispatcher may be required to work on a holiday if that day is part of his/her regular work schedule. A Dispatcher who is required to work on a holiday shall be paid time and one-half for hours worked on the holiday. Dispatchers who work on New Year's Day, Independence Day,

Thanksgiving Day or Christmas Day shall be paid two times their regular hourly rate for all time worked.

Dispatchers whether they have worked any holiday(s) or not shall be paid in two (2) lump sums for the holidays listed above. Payment shall be in accordance with the following schedule: six (6) holidays will be paid for in the first pay period in December, and seven (7) shall be paid in the first pay period of the next succeeding June. For new or terminating employees, payments shall be prorated so that the employee does not receive pay for any holiday prior/subsequent to employment.

In lieu of payment for holidays, an employee may request a day off in lieu of a holiday. If the day(s) can be scheduled by mutual agreement of the employee and the Chief or his designee, the employee's holiday payment for that half of the fiscal year shall be reduced accordingly.

Section 6.2 - Animal Control Officer

An Animal Control Officer normally shall receive the above referenced holidays off, as days with pay.

If a holiday falls during the Animal Control Officer's vacation, he/she shall be given an additional day off, at a time mutually agreeable to the employee and the Chief of Police or his/her designee.

In order to receive holiday pay, the Animal Control Officer must work the regular workday prior and the regular workday following the holiday. Authorized paid leave shall be considered time worked.

If the Animal Control Officer is required to work on a holiday, he/she shall be paid time and one-half for hours worked on the holiday in addition to straight time holiday pay. If an Animal Control Officer works on New Year's Day, Independence Day, Thanksgiving Day or Christmas Day shall be paid two times their regular hourly rate for all time worked.

ARTICLE 7

WAGES AND LONGEVITY

Section 7.0

Wage rates for Dispatchers and the Animal Control Officer covered by this Agreement shall be as follows:

Effective and retroactive to July 1, 2020, the wage grid in effect on June 30, 2020 shall be increased by two percent (2.0%).

Effective July 1, 2021, the wage grid in effect on June 30, 2021 shall be increased by two percent

(2.0%).

Effective July 1, 2022, the wage grid in effect on June 30, 2022 shall be increased by two percent (2.0%).

A copy of the wage grid is attached hereto as Appendix A.

Any fully certified Dispatcher that is hired will begin at the 1-year anniversary wage rate and shall advance to the next step one year after completing their probationary period, to the next step two years after completing their probationary period, and the third step three years after completing their probationary period. When an employee reaches five (5) years of continuous service, the employee shall receive a onetime increase in pay of one (1) percent.

Any Dispatcher who is not fully certified upon hiring shall begin at the "Start" rate and shall advance to the next step one year after completing their probationary period, to the next step two years after completing their probationary period, and the third step three years after completing their probationary period.

Employees hired as the Animal Control Officer shall begin at the "Start" rate and shall advance to the next step one year after completing their probationary period, to the next step two years after completing their probationary period, and the third step three years after completing their probationary period.

Section 7.1

All employees shall be paid biweekly by check. Employees are offered the option of direct deposit.

Section 7.2

Subject only to the limitations in this section, the Town may, within its discretion, hire new employees at an advanced step in the wage schedule for Dispatchers or Animal Control Officers and may grant the employee up to one additional week of vacation under Section 10.1. This section applies where such employee possesses prior experience related to the duties of a Dispatcher or an Animal Control Officer. The Town may not hire such an employee at a step in the wage schedule that is greater than the employee's actual years of prior experience and/or results in a starting salary that is greater than any incumbent employee in that classification.

For the purposes of all other sections of this Agreement, an employee hired at an advanced step of the wage schedule shall be considered a new employee with an anniversary date of his/her date of hire.

ARTICLE 8

INSURANCE AND PENSION

Section 8.0

Full-time employees and their dependents shall be eligible for medical and dental benefits following ninety (90) days of employment.

The Town shall provide the following insurance coverage for all full-time employees and eligible dependents:

Plan Design:

The only medical insurance plan offering shall be the State of Connecticut Partnership 2.0 Plan (“SPP”), including any subsequent amendments or modifications made to the SPP by the State and its employee representatives, or one that is comparable in accordance with contract terms. The premium rate, terms and administration of the SPP shall be established by the SPP and any changes to those shall be applicable to all bargaining unit employees.

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 non-participation or non-compliance \$100 per month premium cost increase or the \$350 per participant to a maximum of \$1,400 family annual deductible, those sums shall be paid 100% in their entirety by the non-participating or non-compliant employee insured. No portion or percentage shall be paid by the Town. The \$100 per month premium cost increase shall be implemented through payroll deduction, and the \$350/\$1,4000 annual deductible shall be implemented through claims administration. The Union shall hold the Town harmless for any errors the SPP administrators may make in administering the HEP.

Cost Sharing:

The employee shall pay the following portion of the cost for an eligible employee and eligible dependents for enrollment in this health insurance coverage option:

July 1, 2020 – June 30, 2023	15.75%
------------------------------	--------

The Town shall pay the following portion of the cost for an eligible employee and eligible dependents for enrollment in this health insurance coverage option:

July 1, 2020 – June 30, 2023	84.25%
------------------------------	--------

Dental:

The Town shall provide the State’s Dental Rider, Plan 2, to employees and their eligible spouse and dependents. The employee shall be responsible for 15.75% of the cost of the coverage and the Town shall be responsible for 84.25% of the cost. A

summary of the Dental Plan is attached hereto in Appendix C.

Vision:

The Town shall provide the State's Vision Plan, to employees and their eligible spouse and dependents. The employee shall be responsible for 15.75% of the cost of the coverage and the Town shall be responsible for 84.25% of the cost. A summary of the vision plan is attached hereto as Appendix D.

The Town shall maintain a Section 125 Plan that enables employees to make contributions toward medical and dental benefits on a pre-tax basis to the extent permitted by law.

A "full-time employee" is one who works the full-time schedule of hours set forth in Article 4 for his/her position.

Section 8.1

Eligible employees are covered under the provisions of the Municipal Employees Retirement Fund, Plan B.

Section 8.2

The Union will consider alternative insurance coverage upon provision by the Town of:

- 1) All features of the proposed plan for comparison to present coverage.
- 2) A list of subscribing Southern Connecticut employers.
- 3) A list of participating Southern Connecticut providers.

Section 8.3

The Town shall have the right to change carriers and/or to self-insure in whole or in part in order to provide the insurance coverages set forth above, provided that coverages which result from change in carriers and/or self-insurance are equivalent as a whole to the coverages described in terms of coverage and benefits.

The President of the Union shall be notified, in writing, at least thirty (30) days in advance, of any intention to change carriers and/or to self-insure and shall have a reasonable opportunity to review the proposed changes. Should the Union and the Town disagree that the changes proposed will provide coverages equivalent as a whole to the coverages and benefits described above, the disagreement shall be subject to arbitration before an arbitrator selected through either the SBMA or the American Arbitration Association. The cost for the services of arbitration shall be shared by both parties. No change to the carrier will be made unless permitted by the arbitrator's award.

Section 8.4

The Town shall provide, at no cost to each full-time employee, a life insurance policy for each full-time employee in the amount of \$10,000 during the first year of employment; \$50,000 thereafter.

Section 8.4 Insurance Waiver

The Parties agree that current employees will be eligible to receive the health insurance waiver payment for the duration of their tenure with the Town unless they participate in the Town's health insurance plan in the future. In the event a current employee elects to participate in the Town's health insurance plan in the future and thereafter elects to waive coverage, said employee would remain eligible for the health insurance waiver payment provided that they are not covered by any other Town of Clinton or Clinton Board of Education health insurance plan during any time they elect to waive coverage. Employees hired after the date of ratification by both Parties will not be eligible for any health insurance waiver payment.

ARTICLE 9

LEAVE

Section 9.0

Sick leave credit shall be earned by each full-time permanent employee at the rate of one and one-quarter (1-1/4) working days for each full calendar month of service, accumulative to a maximum of one hundred twenty (120) days. Sick leave may be used for personal illness or injury, illness of an immediate family member in accordance with the FMLA or necessary medical treatment.

A doctor's certificate may be required for any absence of five (5) or more consecutive working days.

Section 9.1

Leaves of absence without pay may be granted to employees with five (5) or more years of service for periods not to exceed one (1) year. Requests for said leaves shall be in writing and subject to the approval of the Department Head and Town Manager.

No benefits shall accrue or be provided during any unpaid leave of absence beyond ninety (90) days.

Section 9.2

Military leave will be provided to employees in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 and applicable State of Connecticut statutes as they may be amended from time to time. Copies of such Act(s) will be provided to employees upon request.

Section 9.3

An employee shall be paid the difference between regular salary and the jury fee while performing jury service, provided that:

- a) If the absence would create a hardship for the Town the employee cooperates with the Town Manager in presenting a request to be excused from jury service or to have service postponed;
- b) Notice of call to jury service is promptly referred to the employee's supervisor and
- c) The employee reports for work in his/her assignment when not required to be in attendance at the courthouse.

Section 9.4

Each full-time employee is entitled to three (3) personal days each year. Personal days may not be carried over into the following fiscal year.

Unless authorized by the supervisor, personal days may not be taken immediately prior or immediately subsequent to a vacation or holiday weekend.

A "full-time employee" is one who works the full-time schedule of hours set forth in Article 4 for his/her position.

Section 9.5

Five (5) days special leave with pay shall be granted for a death of a spouse, child or parent.

Three (3) days' special leave with pay shall be granted for a death in the immediate family (other than spouse, child or parent). Immediate family is defined as any of the following relatives: grandchild, brother, sister, mother-in-law, father-in-law, grandparents, aunts, uncles, brother-in-law, and sister-in-law. In extenuating circumstances, the Chief or his designee may grant an additional day with pay for a grandchild or sibling.

Section 9.6

Each full-time employee shall receive payment for one-half (1/2) of his/her total accumulated sick days upon retirement, up to sixty (60) days maximum.

Section 9.7

In the event of a full-time employee's death his/her estate shall receive payments for one half (1/2) of his/her total accumulated sick days, up to sixty (60) days maximum.

Section 9.8

Employees who are required to attend educational conferences or seminars by the Town shall receive full pay and benefits for this period of time and shall be reimbursed for reasonable expense that they incur. Should training occur outside the employee's normal work hours, the employee shall be compensated at the appropriate rate of pay.

Section 9.9

- a) Employees who meet the eligibility requirements provided in the Federal Family and Medical Leave Act ("FMLA") will be provided leave in accordance with the provisions of the FMLA for any qualifying conditions.
- b) An employee shall be required to use accrued sick leave for any FMLA leave for the employee's own serious health condition and to use accrued vacation leave for any other FMLA leave.
- c) During the period of an FMLA leave, the employee's medical benefits shall be continued on the same basis as prior to the leave, provided that the employee pays any portion of the cost for which he/she is responsible.
- d) FMLA leave may be granted for the reasons specified in the Act, including:
 - 1) The employee's own serious health condition;
 - 2) Care of a spouse, child or parent with a serious health condition;
 - 3) The birth or adoption of a child.

ARTICLE 10 **VACATIONS**

Section 10.1

Effective July 1, 2020, vacation time shall be provided to employees pursuant to Section 10.01 of the parties July 1, 2018 – June 30, 2020 CBA. In addition, effective July 1, 2020, vacation shall be earned at the rate described in the following schedule, however, the vacation time accrued between July 1, 2020 and June 30, 2021 may not be used by an employee until July 1, 2021. Any employee hired on or after July 1, 2020 shall not be entitled to any lump sum award of vacation time and will only be entitled to earn vacation time based on the schedule below.

All employees shall be allowed to carry over a maximum of thirty (30) days' vacation time annually.

Term of Service	Maximum Vacation Earned per Month		Maximum Vacation Earned per Year	
	Hours	Days	Hours	Days
After the first six (6) months	3.33	0.4167	40	5
After the first year	6.64	0.830	80	10
After five (5)	10.00	1.25	120	15

years				
After twelve (12) years	13.33	1.66	160	20
After twenty (20) years	16.67	2.083	200	25

Section 10.2

An employee shall take his vacation at a time during the year mutually agreeable between employee and Employer.

- a) In the event of conflicting vacation dates, seniority shall be the determining factor in awarding the first two (2) weeks of vacation to which the employee is entitled.
- b) Nothing contained herein shall be construed as preventing any employee from taking vacation in increments of one (1) day, providing it is mutually agreeable between employee and employer.

Section 10.3

In the event of an employee's death, his or her beneficiary shall be given earned but unpaid vacation pay with his/her final paycheck, provided, however, this provision shall not apply where the event occurs during the employee's probationary period. For any employees hired after the signing of this contract, vacation pay under this section shall be paid on a pro rata basis for time worked during the year.

Section 10.4

In the event an employee retires or terminates his/her employment voluntarily, the employee shall be given earned but unpaid vacation pay with his/her final paycheck. For any employees hired after the signing of this contract, vacation pay under this section shall be made on a pro rata basis for time worked during the year.

Section 10.5

Vacation pay may, at the employee's option, be paid in advance upon ten (10) days advance notice, in writing, to the Chief.

ARTICLE 11

DISCIPLINARY ACTIONS

Section 11.0

No employee who has successfully completed the probationary period shall be discharged without just cause.

Section 11.1

Disciplinary actions shall normally follow this order:

- a) Verbal warning if it is possible to contact the employee;
- b) Written warning;
- c) Suspension;
- d) Discharge.

Section 11.2

In cases involving a serious offense, steps a) and b) and/or c) may be waived at the option of the employer.

Section 11.3

All disciplinary actions against employees who have successfully completed the probationary period shall be reduced to writing and may be subject to the grievance procedure.

ARTICLE 12 **GRIEVANCE PROCEDURE**

Section 12.0

For the purpose of this Agreement, the term "grievance" shall mean a dispute between the Employer and the employees concerning a claim of breach or violation of a specific provision of this Agreement.

1/11:

Section 12.1

Any such grievance shall be settled in accordance with the following grievance procedure;

- a) Step 1 Within thirty (30) days of the event giving rise to the alleged grievance, the aggrieved employee and/or his Steward or Representative shall take up the grievance matter with the Department Head in an effort to resolve the grievance.
- b) Step 2 If the grievance is not settled in Step One, the grievance will be reduced to writing and submitted to the Town Manager, or his designee, within seven (7) days of the start of Step One. The Town Manager, or his designee, will provide a

written answer to the Union within seven (7) days of receipt of the grievance.

c) Step 3 If the Union is not satisfied with the answer given by the Town Manager or his designee, it may elect, within fifteen (15) days after the Step Two answer, to submit the grievance to the State Board of Mediation and Arbitration to be resolved; and in the event arbitration takes place, the answer shall be final and binding. Only the Town or the Union may request arbitration of unresolved contract grievances.

Failure of the Town to respond to the grievance within the above time limits at any step shall constitute a denial of the grievance and shall entitle the employee or the Union to advance the grievance to the next step, with the exception that only the Union may request arbitration.

Section 12.2

Nothing herein shall be construed as prohibiting an aggrieved party from handling his own grievance if he so desires, with the exception of the arbitration step above, but no agreement shall be made that is contrary to any of the terms of this Agreement.

Section 12.3

If the grievance is not filed in writing within the timelines in § 12.1 after the employee or the Union knew or should have known of the act or conditions on which the grievance is based, then the grievance is waived.

ARTICLE 13

SAVINGS CLAUSE

Section 13.0

If any section, sentence, clause or phrase of this Agreement shall be held for any reason to be inoperative, void or invalid, the validity of the remaining portion of this Agreement shall not be affected thereby, it being the intention of the parties in adopting this Agreement that no portion thereof, or provision herein, shall become inoperative or fail by reason of the invalidity of any other portion or provision and the parties do hereby declare herein, separately and apart from the others.

ARTICLE 14

MANAGEMENT RIGHTS

Section 14.0

It is recognized that the Employer has, and will continue to retain, its rights, privileges, duties, obligations, and responsibilities to direct, promote and maintain the affairs of the municipal government in all of its various aspects, except those specifically a bridged or modified by this Agreement. There are no provisions in this Agreement that shall be deemed to limit or curtail the Town in any way in the exercise of the rights, powers and authority which the Town had prior to

this time unless, and only to the extent that provisions of this Agreement specifically curtail or limit such rights, powers and authority. The Town's rights, powers and authority include, but are not limited to, the right to manage its operation, direct, select, decrease and increase the work force, including hiring, promotion, demotion, transfer, suspension, discharge or layoff; the right to make all plans and decisions on all matters involving its operations, the extent to which facilities of any department thereof shall be operated, additions thereto, replacements, curtailments, or transfers thereof, removal of equipment, outside purchases of products or services, the scheduling of operations, means and processes of operations, the materials to be used, and the right to introduce new and improved methods and facilities and to change existing methods and facilities; to maintain discipline and efficiency of employees, to prescribe rules to that effect; to establish and change to prescribe rules to that effect; to establish and change performance standards and quality standards, determine the performance standards and quality standards, determine the qualifications of employees; regulate quality and quantity of performance and to administer the Town's business efficiently.

ARTICLE 15 **MISCELLANEOUS**

Section 15.0

This contract shall be subject to amendment by mutual agreement of the "Union" and the "Employer". All agreements shall be, in writing signed by both parties.

Section 15.1

An employee shall be required to purchase uniforms of the manufacturer and model number specified by the Police Department. The employee may use a vendor other than the one specified by the Department provided that the uniforms are the same manufacturer and model number.

A uniform allowance shall be provided annually for full time employees who shall wear the prescribed uniform during working hours. The amount of the uniform allowance for the duration of this Agreement shall be as follows:

Dispatchers	\$750 annually
Animal Control Officer	\$750 annually

Section 15.2

The Animal Control Officer shall be required to have a physical examination in accordance with the schedule for such examinations under the medical benefit plan, but at least every other year. The cost of an examination will be defrayed by the medical benefit plan and the examination will be conducted by a physician selected by the Town. In the event a follow-up physical examination is required by the Town, the Town shall pay the cost of said additional physical examination. The Town shall pay any cost of the physical examinations that is not covered by the employee's insurance coverage.

ARTICLE 16 **SUCCESSORS AND ASSIGNS**

Section 16.0

In the event the Town sells, transfers or otherwise assigns its operation or any part of its operation to another employer during the life of this contract, this contract shall become part of that agreement.

ARTICLE 17 **WORKERS' COMPENSATION**

Section 17.0

An employee who is injured on the job must report such injury to his/her supervisor immediately following the injury.

Section 17.1

A full-time employee who has completed at least one (1) year of service and who suffers an illness or injury for which he claims workers' compensation shall have absences charged to injury leave until the first of the following occurs:

- 1) The Town's workers' compensation carrier files a notice to contest the claim;
- 2) He/she has reached maximum medical improvement and is no longer able to perform his/her duties;
- 3) Three (3) calendar months have passed.

A full-time employee who is on injury leave shall receive from the Town his/her regular net straight time weekly wages and shall sign over to the Town the weekly disability payments received under workers' compensation.

Eligibility for injury leave shall be limited to those cases in which the employee's injury or illness is compensable under the Workers' Compensation Act.

The employee and the Union expressly agree that the charging of an absence to injury leave shall not in any way be deemed an acceptance of the employee's claim for benefits under the Workers Compensation Act and the charging of the absence to injury leave is entirely without prejudice to the Town's position concerning such claim.

In the event that the Town successfully contests the claim, the employee shall be responsible to repay the Town for the number of days of injury leave used prior to the ceasing of injury leave based on contest of the claim. Such repayment shall be taken first from the employee's accumulated sick leave and if no sick leave is available, from the employee's accrued vacation time. If the employee has no accrued leave, the Town shall deduct payment for the time from any future payments to which the employee is entitled, whether an active employee or a retiree. Following the filing of a notice to contest a claim, the employee's absences may be charged to

accrued sick leave and to any other accrued leave which the employee has, at the employee's option. In the event that it is later determined that the employee is entitled to workers' compensation, said accrued leave shall be restored.

ARTICLE 18

GENERAL PROVISIONS

Section 18.1

The Town shall give a copy of this Agreement to each present employee and to each new employee.

Section 18.2

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

Section 18.3

If any Article or Section of this Agreement is in conflict with any prior policy, rule or regulation of the Town, the provisions of this Agreement shall prevail.

Section 18.4

When an employee is required to use his/her own motor vehicle to perform Town business, he/she will be reimbursed in accordance with IRS regulations.

Section 18.5

Any employee who is required by the Town to attend any training or conferences shall be reimbursed for the reasonable expenses associated with the said training or conferences.

Section 18.6

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.

ARTICLE 19

DURATION

Section 19.0

This Agreement shall become effective upon approval by the Town Council or, if there is no agreement, upon issuance of a binding interest arbitration award, and shall remain in effect until June 30, 2023.

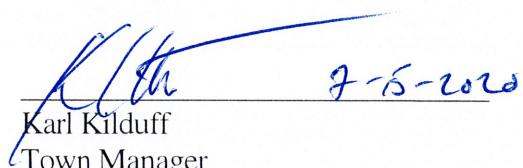
Section 19.1

Negotiations for a successor Agreement shall begin in accordance with the statute.

LOCAL 27 OF THE CONNECTICUT
ORGANIZATION FOR PUBLIC SAFETY

TOWN OF CLINTON


Craig L. Manemeit
In House Counsel


Karl Kilduff
Town Manager


Anastasios Clados, President, Local 27

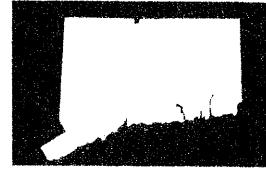
Date

APPENDIX A
WAGES

	Starting	Step 1	Step 2	Step 3
July 1, 2020 2.0%	22.64	24.18	25.76	27.34
July 1, 2021 2.0%	23.09	24.66	26.28	27.89
July 1, 2022 2.0%	23.55	25.15	26.81	28.45

APPENDIX B
MEDICAL COVERAGE

CONNECTICUT PARTNERSHIP PLAN



A Great Opportunity for Very Valuable Healthcare Coverage

Welcome to the Connecticut (CT) Partnership Plan—a low-/no-deductible Point of Service (POS) plan now available to you (and your eligible dependents up to age 26) and other non-state public employees who work for municipalities, boards of education, quasi-public agencies, and public libraries.

The CT Partnership Plan is the same POS plan currently offered to State of Connecticut employees. You get the same great healthcare benefits that state employees get, including \$15 in-network office visits (average actual cost in CT: \$150*), free preventive care, and \$5 or \$10 generic drug copays for your maintenance drugs. You can see any provider (e.g., doctors, hospitals, other medical facilities) you want—in- or out-of network. But, when you see in-network providers, you pay less. That's because they contract with Anthem Blue Cross and Blue Shield (Anthem)—the plan's administrator—to charge lower rates for their services. You have access to Anthem's State Bluecare POS network in Connecticut, and access to doctors and hospitals across the country through the BlueCard® program.

When you join the CT Partnership Plan, the state's Health Enhancement Program (HEP) is included. HEP encourages you to get preventive care screenings, routine wellness visits, and chronic disease education and counseling. When you remain compliant with the specific HEP requirements on page 5, you get to keep the financial incentives of the HEP program!

Look inside for a summary of medical benefits, and visit www.anthem.com/statect to find out if your doctor, hospital or other medical provider is in Anthem's network. Information about the dental plan offered where you work, and the amount you'll pay for healthcare and dental coverage, will be provided by your employer.

*Source: Healthcare Bluebook: www.healthcarebluebook.com

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Preventive Care (including adult and well-child exams and immunizations, routine gynecologist visits, mammograms, colonoscopy)	\$0	20% of allowable UCR* charges
Annual Deductible (amount you pay before the Plan starts paying benefits)	Individual: \$350 Family: \$350 per member (\$1,400 maximum) <i>Waived for HEP-compliant members</i>	Individual: \$300 Family: \$900
Coinurance (the percentage of a covered expense you pay <i>after</i> you meet the Plan's annual deductible)	Not applicable	20% of allowable UCR* charges
Annual Out-of-Pocket Maximum (amount you pay before the Plan pays 100% of allowable/UCR* charges)	Individual: \$2,000 Family: 4,000	Individual: \$2,300 (includes deductible) Family: \$4,900 (includes deductible)
Primary Care Office Visits	\$15 copay (\$10 copay for preferred providers)	20% of allowable UCR* charges
Specialist Office Visits	\$15 copay (\$10 copay for preferred providers)	20% of allowable UCR* charges
Urgent Care & Walk-In Center Visits	\$15 copay	20% of allowable UCR* charges
Acupuncture (20 visits per year)	\$15 copay	20% of allowable UCR* charges
Chiropractic Care	\$0 copay	20% of allowable UCR* charges
Diagnostic Labs and X-Rays*	\$0 copay (your doctor will need to get prior authorization for high-cost testing)	20% of allowable UCR* charges (you will need to get prior authorization for high-cost testing)
** High Cost Testing (MRI, CAT, etc.)		
Durable Medical Equipment	\$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)

* IN-NETWORK: Within your carrier's immediate service area, no co-pay for preferred facility. 20% cost share at non-preferred facility.
Outside your carrier's immediate service area: no co-pay.

** OUT-OF-NETWORK: Within your carrier's immediate service area, deductible plus 40% coinsurance.
Outside of carrier's immediate service area: deductible plus 20% coinsurance.



**CONNECTICUT
PARTNERSHIP PLAN**

POS MEDICAL BENEFIT SUMMARY

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Emergency Room Care	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Eye Exam (one per year)	\$15 copay	50% of allowable UCR* charges
**Infertility (based on medical necessity)		
Office Visit	\$15 copay	20% of allowable UCR* charges
Outpatient or Inpatient Hospital Care	\$0	20% of allowable UCR* charges
**Inpatient Hospital Stay	\$0	20% of allowable UCR* charges
Mental Healthcare/Substance Abuse Treatment		
**Inpatient	\$0	20% of allowable UCR* charges (you may need to get prior authorization)
Outpatient	\$15 copay	20% of allowable UCR* charges
Nutritional Counseling (Maximum of 3 visits per Covered Person per Calendar Year)	\$0	20% of allowable UCR* charges
**Outpatient Surgery	\$0	20% of allowable UCR* charges
**Physical/Occupational Therapy	\$0	20% of allowable UCR* charges, up to 60 inpatient days and 30 outpatient days per condition per year
Foot Orthotics	\$0 (you may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)
Speech therapy: Covered for treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of the oropharynx	\$0	Deductible plus Coinsurance (30 visits per Calendar Year)
Medically necessary treatment resulting from other causes is subject to Prior Authorization	\$0 (30 visits per Covered Person per Calendar Year)	Deductible plus Coinsurance (30 visits per Calendar Year)

*Usual, Customary and Reasonable. You pay 20% coinsurance based on UCR, plus you pay 100% of amount provider bills you over UCR.

** Prior authorization required: If you use in-network providers, your provider is responsible for obtaining prior authorization from Anthem. If you use out-of-network providers, you are responsible for obtaining prior authorization from Anthem.

Be the picture of health

Check out these programs and services to be your healthy best

Need a doctor? Choose a State of Connecticut preferred doctor and save

When you see a Primary Care Physician (PCP) or specialist in your State of Connecticut preferred network (also referred to as Tier 1 in your health plan), there's no office visit copay. These doctors cost less than doctors outside of your plan.

• Visit anthem.com/statect/af/ctbbsct Find a Doctor

• Call 1-800-334-5337 Member Services (toll-free) or 1-800-334-5337 for information or to find out if your doctor is in-network

Use Site-of-Service providers to get 100% coverage for lab tests, X-rays, and high-cost imaging

Site-of-Service (SOS) providers give you 100% coverage with a \$0 copay. Your plan will cover only 80% of the cost when you get these services from other providers.

• Visit anthem.com/statect/af/ctbbsct Member Services (toll-free) or 1-800-334-5337 for more information

Find support for mental health issues

If you or a family member needs mental health or substance use care or treatment, we have specialists and designated programs that can help and/or direct you to the type of care that you need.

• Visit anthem.com/statect/af/ctbbsct Member Services (toll-free) or 1-800-334-5337 for more information

• Visit anthem.com/statect

See a doctor, psychologist or therapist from home or work with LiveHealth Online

With LiveHealth Online you can see a board-certified doctor on your smartphone, tablet or computer with a webcam. Doctors can assess your health, provide treatment options and send a prescription to the pharmacy of your choice, if needed.² If you're feeling stressed, worried or having a tough time, you can see a licensed psychologist or therapist through LiveHealth Online Psychology. It's private and in most cases you can see a therapist within 4 days or less.³

• Visit livehealthonline.com or use the free app for iOS and Android

How to find care right away when it's not an emergency

The emergency room shouldn't be your first stop — unless it's a true emergency (then, call 911 or go to the ER). Depending on the situation, there are different types of providers you can see if your doctor isn't available.

- Visit a walk-in doctor's office after hours or on a weekend or late at night
- Make a video visit to a doctor through a telemedicine provider
- Call 24/7 Nurseline at 1-800-710-5317 to speak with a nurse about symptoms or get help finding the right care

Get access to care wherever you go

If you travel out of Connecticut, but are in the U.S., you have access to doctors and hospitals across the country with the BlueCard® program. If you travel out of the U.S., you have access to providers in nearly 200 countries with the Blue Cross and Blue Shield Global Care® program.

• Call 1-800-210-Blue (1-800-210-2583) to learn more about both programs or if you're outside the U.S., call collect at 1-804-674-5777

It's easy to manage your benefits online and on the go

- Log in to the desktop or mobile app to access your benefits, claims, and more
- Use the app to pay bills, request a prescription refill, or get a doctor's appointment rescheduled

Customer service helps you get answers and much more

The State of Connecticut Enhanced Member Service Unit can give you information on benefits, wellness programs and services and everything mentioned in this flier.

- Call 1-800-334-2252
- Visit anthem.com/statect

¹ Designated as Tier 1 in our Find a Doctor tool. Eligible specialties include allergy and immunology, cardiology, endocrinology, ear, nose and throat (ENT), gastroenterology, OB/GYN, ophthalmology, orthopedic surgery, rheumatology and urology.

² Prescription availability is defined by physician judgment and state regulations.

³ Appointments subject to availability of therapist.

⁴ Blue Cross Blue Shield Association website: Coverage Home and Away (accessed March 2019): bcbs.com/already-a-member/coverage-home-and-away.html.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

59142CTMENABS Rev. 03/19

Anthem 



PRESCRIPTION DRUGS

**Maintenance⁺
(31-to-90-day supply)**

**Non-Maintenance
(up to 30-day supply)**

**HEP Chronic
Conditions**

Generic (preferred/non-preferred) ⁺⁺	\$5/\$10	\$5/\$10	\$0
Preferred/Listed Brand Name Drugs	\$25	\$25	\$5
Non-Preferred/Non-Listed Brand Name Drugs	\$40	\$40	\$12.50
Annual Out-of-Pocket Maximum	\$4,600 Individual/\$9,200 Family		

⁺ Initial 30-day supply at retail pharmacy is permitted. Thereafter, 90-day supply is required—through mail-order or at a retail pharmacy participating in the State of Connecticut Maintenance Drug Network.

⁺⁺ Prescriptions are filled automatically with a generic drug if one is available, unless the prescribing physician submits a Coverage Exception Request attesting that the brand name drug is medically necessary.

Preferred and Non-Preferred Brand-Name Drugs

A drug's tier placement is determined by Caremark's Pharmacy and Therapeutics Committee, which reviews tier placement each quarter. If new generics have become available, new clinical studies have been released, new brand-name drugs have become available, etc., the Pharmacy and Therapeutics Committee may change the tier placement of a drug.

If your doctor believes a non-preferred brand-name drug is medically necessary for you, they will need to complete the Coverage Exception Request form (available at

www.usc.ct.gov/ctpartner) and fax it to Caremark. If approved, you will pay the preferred brand co-pay amount.

If You Choose a Brand Name When a Generic Is Available

Prescriptions will be automatically filled with a generic drug if one is available, unless your doctor completes Caremark's Coverage Exception Request form and it is approved. (It is not enough for your doctor to note "dispense as written" on your prescription; a separate

form is required.) If you request a brand-name drug over a generic alternative without obtaining a coverage exception, you will pay the generic drug co-pay PLUS the difference in cost between the brand and generic drug.

Mandatory 90-day Supply for Maintenance Medications

If you or your family member takes a maintenance medication, you are required to get your maintenance prescriptions as 90-day fills. You will be able to get your first 30-day fill of that medication at any participating pharmacy. After that your two choices are:

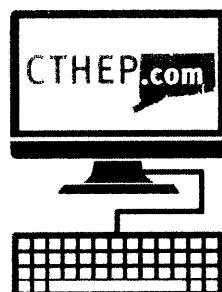
- Receive your medication through the Caremark mail-order pharmacy, or
- Fill your medication at a pharmacy that participates in the State's Maintenance Drug Network (see the list of participating pharmacies on the Comptroller's website at www.usc.ct.gov).

The Health Enhancement Program (HEP) is a component of the medical plan and has several important benefits. First, it helps you and your family work with your medical providers to get and stay healthy. Second, it saves you money on your healthcare. Third, it will save money for the Partnership Plan long term by focusing healthcare dollars on prevention.

Health Enhancement Program Requirements

You and your enrolled family members must get age-appropriate wellness exams, early diagnosis screenings (such as colorectal cancer screenings, Pap tests, mammograms, and vision exams). Here are the 2020 HEP Requirements:

PREVENTIVE SCREENINGS	AGE						
	0 - 5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 2 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	N/A	1 screening between age 45-49	As recommended by physician
Cervical Cancer Screening	N/A	N/A	Pap smear every 3 years (21+)	Pap smear every 3 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	N/A	Colonoscopy every 10 years. Annual FIT/FOBT to age 75 or Cologuard screening every 3 years



The Health Enhancement Program features an easy-to-use website to keep you up to date on your requirements.

Additional Requirements for Those With Certain Conditions

If you or any enrolled family member has 1) Diabetes (Type 1 or 2), 2) asthma or COPD, 3) heart disease/heart failure, 4) hyperlipidemia (high cholesterol), or 5) hypertension (high blood pressure), you and/or that family member will be required to participate in a disease education and counseling program for that particular condition. You will receive free office visits and reduced pharmacy copays for treatments related to your condition.

These particular conditions are targeted because they account for a large part of our total healthcare costs and have been shown to respond particularly well to education and counseling programs. By participating in these programs, affected employees and family members will be given additional resources to improve their health.

If You Do Not Comply with the requirements of HEP

If you or any enrolled dependent becomes non-compliant in HEP, your premiums will be \$100 per month higher and you will have an annual \$350 per individual (\$1,400 per family) in-network medical deductible.

Care Management Solutions, an affiliate of ConnectiCare, is the administrator for the Health Enhancement Program (HEP). The HEP participant portal features tips and tools to help you manage your health and your HEP requirements. You can visit www.cthep.com to:

- View HEP preventive and chronic requirements and download HEP forms
- Check your HEP preventive and chronic compliance status
- Complete your chronic condition education and counseling compliance requirement
- Access a library of health information and articles
- Set and track personal health goals
- Exchange messages with HEP Nurse Case Managers and professionals

You can also call Care Management Solutions to speak with a representative.

Care Management Solutions
(877) 687-1448 Monday – Thursday, 8:00 a.m. – 6:00 p.m. Friday, 8:00 a.m. – 5:00 p.m.

Office of the State Comptroller, Healthcare Policy & Benefit Services Division

■ www.osc.ct.gov/ctpartner
860-702-3560

Anthem Blue Cross and Blue Shield

■ www.anthem.com/statect
Enhanced Dedicated Member Services **1-800-922-2232**

Caremark (Prescription drug benefits)

■ www.caremark.com
1-800-318-2572

CIGNA (Dental and Vision Rider benefits)

■ www.cigna.com/stateofct
1-800-244-6224

*Health Enhancement Program (HEP) Care Management Solutions
(an affiliate of ConnectiCare)*

■ www.cthep.com
1-877-687-1448

For details about specific plan benefits and network providers, contact the insurance carrier. If you have questions about eligibility, enrolling in the plans or payroll deductions, contact your Payroll/Human Resources office.

APPENDIX C
DENTAL COVERAGE

Cigna Dental Benefit Summary
Town of Clinton - PLAN 2
Plan Effective Date: 7/01/2020



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.

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 Family	\$0 \$0		\$0 \$0	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Sealants: per tooth Fluoride Application Space Maintainers: non-orthodontic	100% No Deductible	0% No Deductible	100% No Deductible	0% No Deductible
Class II: Basic Restorative Emergency Care to Relieve Pain Restorative: fillings (amalgam & composite) Endodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Periodontics: minor and major Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments	80% No Deductible	20% No Deductible	80% No Deductible	20% No Deductible
Class III: Major Restorative Inlays and Onlays Dentures Bridges Prosthesis Over Implant Crowns: permanent cast and porcelain Crowns: prefabricated stainless steel / resin	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:				
In-Network Reimbursement	For services provided by a State of Connecticut network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 95th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			

Late Entrant Limitation Provision	No coverage until the next open enrollment period. This provision does not apply to new hires.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards. Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. This provision does not apply to fillings.
Oral Health Integration Program (OHIP)	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations	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
Inlays, Crowns, Dentures, Bridges and Partials	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.
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 and Bridge Repairs	Reviewed if more than once
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation
Prosthesis Over Implant	Replacement every 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: initial placement of a complete or partial denture per plan guidelines;	
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 or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;	
Services that are deemed to be medical in nature: services and supplies received from a hospital; Drugs: prescription drugs	
Charges in excess of the Maximum Reimbursable Charge.	

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

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

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

Cigna Dental Benefit Summary
Town of Clinton - PLAN 2
Plan Effective Date: 7/01/2020



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.

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 Family	\$0 \$0		\$0 \$0	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Sealants: per tooth Fluoride Application Space Maintainers: non-orthodontic	100% No Deductible	0% No Deductible	100% No Deductible	0% No Deductible
Class II: Basic Restorative Emergency Care to Relieve Pain Restorative: fillings (amalgam & composite) Endodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Periodontics: minor and major Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments	80% No Deductible	20% No Deductible	80% No Deductible	20% No Deductible
Class III: Major Restorative Inlays and Onlays Dentures Bridges Prosthesis Over Implant Crowns: permanent cast and porcelain Crowns: prefabricated stainless steel / resin	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:				
In-Network Reimbursement	For services provided by a State of Connecticut network dentist. Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist. Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 95th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			

Late Entrant Limitation Provision	No coverage until the next open enrollment period. This provision does not apply to new hires.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards. Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. This provision does not apply to fillings.
Oral Health Integration Program (OHIP)	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations	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
Inlays, Crowns, Dentures, Bridges and Partials	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.
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 and Bridge Repairs	Reviewed if more than once
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation
Prosthesis Over Implant	Replacement every 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; initial placement of a complete or partial denture per plan guidelines;	
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 or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards: services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;	
Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs	
Charges in excess of the Maximum Reimbursable Charge.	

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

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

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

APPENDIX D
VISION COVERAGE

Summary of Benefits Cigna Health and Life Insurance Company

Cigna Vision Town of Clinton C1 - Custom PPO Comprehensive Plan



Welcome to Cigna Vision Schedule of Vision Coverage

Coverage	In-Network Benefit	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$15	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	12 months
Materials Copay	\$0	N/A	12 months
Eyeglass Lenses Allowances: (one pair per frequency period)			
Single Vision	Covered 100% after Copay	Up to \$40	12 months
Lined Bifocal	Covered 100% after Copay	Up to \$65	12 months
Lined Trifocal	Covered 100% after Copay	Up to \$75	12 months
Lenticular	Covered 100% after Copay	Up to \$100	12 months
Contact Lenses Allowances: (one pair or single purchase per frequency period)			
Elective	Up to \$360	Up to \$345	12 months
Therapeutic	Covered 100%	Up to \$345	12 months
Frame Retail Allowance (one per frequency period)	Up to \$175	Up to \$126	12 months

** 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. (Note: copays do not apply to contact lenses).

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

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

Materials: eyeglass lenses, frames, and/or contact lenses.

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

In-Network Coverage Includes:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
 - Polycarbonate lenses for children under 18 years of age
 - Oversize lenses
 - Rose #1 and #2 solid tints
 - Minimum 20% savings on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults) all tints/photochromic (glass or plastic); and lens styles.
 - Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;

07/01/2019

- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

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

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

Healthy Rewards® - Vision Network Savings Program:

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

What's Not Covered:

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

How to use your Cigna Vision Benefits

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

1. Finding a doctor

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

1. Log in to **myCigna.com**, go to your Cigna Vision coverage page and select "View Details." Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to **myCigna.com**? Go to **Cigna.com** and click on the orange Find a Doctor tab at the top. Then select "Vision Directory", for routine eye exams and eyewear services, from the Other Directories listed below.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision

customer service representative.

2. Schedule an appointment

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

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

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

To get a Cigna Vision claim form:

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

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

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

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

Discrimination is Against the Law

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

Cigna:

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

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

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

Cigna
 Nondiscrimination Complaint Coordinator
 P.O. 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, D.C. 20201
 1-800-868-1019, 800-537-7697 (TDD)

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

Proficiency of Language Assistance Services

ATTENTION: language assistance services, free of charge, are available to you. Call 1-877-478-7557 (TTY: 800-428-4833).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-478-7557 (TTY: 800-428-4833).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-478-7557 (TTY : 800-428-4833)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-478-7557 (TTY: 800-428-4833).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-877-478-7557 (TTY: 800-428-4833)
 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

07/01/2020

Tumawag sa 1-877-478-7557 (TTY: 800-428-4833).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-478-7557 (телефайп: 800-428-4833).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوافر لك بالمجان. اتصل برقم 1-778-7557-874-778 [] (رقم هاتف الصم والبكم: 800-428-4833).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-478-7557 (TTY: 800-428-4833).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-478-7557 (ATS: 800-428-4833).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1-877-478-7557 (TTY: 800-428-4833).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-478-7557 (TTY: 800-428-4833).

注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-877-478-7557 (TTY: 800-428-4833) まで、お電話にてご連絡ください。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-478-7557 (TTY: 800-428-4833).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-478-7557 (TTY: 800-428-4833).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-478-7557 (TTY: 800-428-4833) تماس بگیرید.

