COLLECTIVE BARGAINING AGREEMENT

By and Between

SEYMOUR BOARD OF EDUCATION



UNITED PUBLIC SERVICE EMPLOYEES UNION LOCAL 424-UNIT 93 SEYMOUR BOE SCHOOL NURSES

July 1, 2022 to June 30, 2026

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ARTICLE 1 RECOGNITION

This Agreement, between the Seymour Board of Education (hereinafter called the "Board") and UPSEU Local 424, Unit 93 Seymour BOE Nurses, (hereinafter called the "UPSEU"), which the Board recognizes as the exclusive bargaining representative for all School Nurses (hereinafter "Nurses") in the Seymour Schools in accordance with Municipal Employee Relations Act under Case #ME-31,410.

ARTICLE 2 BOARD RIGHTS

The Board shall continue to retain its rights, powers and authorities so vested by law, unless specifically limited by the express provisions of this Agreement. Except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, the Board has and will continue to retain, whether exercised or not, all of the rights, powers and authority, whether express or implied, 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 the management of the affairs of the school and direction of the working force.

- Enumerated Rights: The exclusive functions and rights of the Board include, but are not a. restricted to, the right to establish or continue policies, practices and procedures for the conduct of Board business and, from time to time, to change or abolish such policies, practices or procedures; to direct the operation of the nurses in all aspects; to determine the methods and levels of financing and budget allocation; to determine and, from time-totime, redetermine the number of nurses to be employed; to employ, promote, demote, transfer, layoff or otherwise relieve nurses from duty for lack of work or other legitimate reasons; to assign work; to determine shifts, work schedules and hours of work; to discipline, suspend and/or discharge nurses for just cause; to determine the procedures for promotions and transfers; to select and determine the qualifications of nurses; to select and employ new nurses; to determine job descriptions and job classifications; to create, enforce and, from time-to-time, change rules and regulations concerning discipline and the performance of work. Where any change in policy, past practice or procedure involves any impact on wages, hours or work conditions, the Board shall notify the Union and negotiate to the extent required by the Municipal Employees Relations Act.
- b. Unenumerated Rights: The listing of specific rights in Section (a) of this provision is not intended to be all inclusive, restrictive or a waiver of any rights of the Board not listed which have not been expressly and specifically surrendered

ARTICLE 3 UNION DUES/SERVICE FEES DUES CHECK-OFF

a. UPSEU dues or service fees shall be deducted by the Board from the paycheck of each Nurse who signs and remits to the Board an authorization form. Such deduction shall be

discontinued upon written request of a Nurse filed with the Board fifteen (15) days in advance. UPSEU shall be notified within seven (7) business days.

- b. The Board shall provide the UPSEU Labor Representative the following information in writing within ten (10) days of the date of hire: 1. full name; 2. work classification; 3. work location/department; 4. pay rate; 5. work email address; 6. employee mailing address; 7. work telephone; 8. home address; and 9. hire date.
- c. The amount of dues or agency service fee deducted under this provision, together with a list of Nurses, shall be remitted to UPSEU in the month in which such deductions are made together with a list of Nurses and their addresses for whom any such deductions are made.
- d. The UPSEU shall indemnify the Board for any liability or damages incurred by the employer in compliance with these provisions.

ARTICLE 4 WORKYEAR

The work year shall be in accordance with the school year established for the Seymour School System. The work year may include additional in-service days for employees, for which the employees shall be provided advance notice. Nurses may be scheduled to work additional days immediately before or after the student school year. Each employee will be given at least two (2) weeks' advance notice of the date of his/her last workday of each school year.

ARTICLE 5 HOURS OF WORK

Section 1: The Nurse's normal workday shall be defined as fifteen (15) minutes before the normal start of the school day and ends fifteen (15) minutes after the normal school day, which currently provides for a seven (7) hour workday to include a one-half hour paid lunch period. The Board will maintain the right to modify the length of the school day and implement such modification at its discretion, but if such change results in a change in the seven (7) hour workday, the Board will negotiate the impact of such change with the Union, with the result of such negotiations to be applied retroactively to the time of implementation. In a school with more than one Nurse, the building administrator may stagger the start of the workday, based on the needs of the school, after consultation with the Nurses at that school.

Section 2: Nurses, as professionals, will remain in their schools long enough after classes are dismissed to fulfill their professional demands, which may include individual help to students.

Section 3: The normal employment year shall be defined as 188 days. Work beyond the normal employment year or day shall be paid at the nurses' regular hourly rate, except as provided in Section 5 below. Prior permission is required from the building administrator to work in excess of the regularly scheduled work year or day. In a school with more than one Nurse, the building administrator may stagger the start of the work year, based on the needs of the school after consultation with the nurses.

Section 4: Nurses' workdays will include a one-half (1/2) hour paid lunch period.

Section 5: Any member of the Union who is required to perform nursing duties before or after their regularly scheduled hours shall be paid at their regular hourly rate of pay up to 40 hours in any workweek. Any work beyond a Nurse's regularly scheduled hours must be approved by the building administrator. All work beyond 40 hours in any workweek shall be paid at one and one-half times the Nurse's regular hourly rate of pay.

ARTICLE 6 EMPLOYMENT

Section 1: Notice of Vacancies, New Positions and Transfers

Notice of bargaining unit vacancies and/or new positions shall be posted in all schools and on the district website for ten (10) workdays.

- a. Nurses who wish to apply for a vacancy or new position (additional nurse), or to transfer to another position, shall file a written statement of such desire with the Superintendent or his/her designee within the time limit provided.
- b. When a position becomes available, present nurses will be given the opportunity to apply for a transfer to the open position first before hiring from the outside to fill a vacant position.
- c. Where two or more nurses apply for the same position, the position shall be filled by the most senior nurse.

Section 2: Seniority

- a. A Seniority list will be created each year as of October 1st, with a copy provided to the Union President and UPSEU Representative no later than October 15th.
- b. Seniority is defined as the Nurse's continuing and uninterrupted length of service to the Board from the Nurse's most recent date of hire in the bargaining unit.
- c. Any objection to the seniority list shall be reported to the Superintendent within ten (10) workdays of the seniority list being provided to the Union President and UPSEU Representative. Absent a timely objection, the seniority list shall be considered approved by the Parties. Any bona fide errors will be remedied.

Section 3: Lay-off and Recall

- a. If the Board deems that layoffs are necessary, the least senior member of the bargaining unit shall be laid off first.
- b. The most senior of the Nurses shall be recalled first. Nurses shall have recall rights for eighteen (18) months from date of lay-off.
- c. Any Nurse being recalled from lay-off under this Section shall retain previous seniority.

- d. Notice of recall will be sent by certified mail and email to the last address provided to the Board by the Nurse.
- e. In the event a Nurse refuses to return to work when recalled or fails to respond to an offer of recall within ten (10) business days from the date of receipt of the notice of recall, his/her seniority will be considered lost and he/she will no longer be considered eligible for recall.

ARTICLE 7 COMPENSATION

Section 1: Pay Rate - All nurses will be paid for hours worked in accordance with the wage schedules contained in Appendix A, Wage Schedule.

Section 2: Pay Date and Direct Deposit to nurses shall be paid bi-weekly on Friday and shall be given an electronic copy of their bi-weekly payroll information. A payroll schedule will be provided to each Nurse by September 1st of each year. Nurses will receive their projected annual salaries and stipends in 26 approximately equal installments over the course of the year, with adjustments made in each pay period for any extra time worked as documented on the Nurses' timesheets.

The Board agrees to provide "Electronic Money Transfers" in the following capacities:

- a. It will be mandatory for all employees to request, in writing, for the Board to credit to such employee's account all salary and wages in any bank which has agreed to directly accept direct wage deposits.
- b. The Board will transmit monies to such agents of record each pay period.

ARTICLE 8 VACATION, HOLIDAY AND OTHER ABSENCES

Section 1: Sick Days

- a. Fifteen (15) days shall be allowed annually with full pay for absence due to illness of the employee, cumulative to one hundred fifty-five (155) workdays. Up to five (5) days of the fifteen (15) sick days per year may be used to provide care for the illness of a family member of the employee's household. During the first year of employment, new employees shall receive a pro-rated number of sick days, based on the number of months remaining in the work year following their first day of work.
- b. Sick days may not be used to lengthen vacations or holidays.
- c. If an employee's absence exceeds five (5) consecutive workdays, it shall be the responsibility of the employee to provide the Superintendent or his/her designee with a doctor's certificate verifying the medical need for the absence.

- 1. The Superintendent or his/her designee may request an acceptable medical certificate from an employee for any leave of any duration if absence from work occurs frequently, habitually, or in a pattern. In such case, the Superintendent/designee will provide the employee and the Union President with a written notice that the employee has been designated as a potential sick leave abuser.
- 2. When required to provide a medical certificate, the employee may provide a certificate from a doctor of his/her choosing, in which case the employee shall pay the cost. If the Superintendent requires a certificate from a doctor chosen by the Board, the Board shall pay the cost.

Section 2: Excused Absences

Five (5) days shall be allowed annually, with full pay, for personal business as defined in the excused absence form. Such days are in addition to sick days. Unused days cannot be accrued.

Section 3: Professional Days

Two (2) days shall be granted annually, with full pay, for attendance at professional conferences. Attendance must be approved by the Superintendent in advance, which shall not be unreasonably denied.

Section 4: Delayed Opening

On delayed opening days, nurses are expected to make every effort to report to work and shall suffer no loss of pay or leave time, if the Nurse reports for that day by the time school opens.

Section 5: Unplanned Early Dismissals and School Closings

- a. On unplanned early dismissal days, Nurses are expected to remain on duty until fifteen (15) minutes after students leave the school, except in cases of medical emergencies.
- b. On school closings for inclement weather and other emergency closings, nurses are not expected to report to work and shall suffer no loss of pay.

Section 6: Bereavement Leave

Employees shall be granted up to five (5) working days of leave immediately following a death in the household of the immediate family, specifically a spouse, significant other, child, parent, parent-in-law, sibling or stepchild. One (1) day will be provided for grandparents, aunts and uncles.

Section 7: Paid Holidays

- a. Nurses shall annually receive a full day's pay for the following holidays:
 - 1. Thanksgiving
 - 2. Christmas
 - 3. New Year's Day
 - 4. Martin Luther King Day
 - 5. Memorial Day
 - 6. Columbus Day

- 7. Presidents' Day
- 8. Good Friday
- 9. Election Day
- 10. Labor Day
- 11. Day after Thanksgiving

Members will receive Juneteenth as a paid holiday, in the event that the Board of Education ever votes to approve the day as a holiday for the District.

The Board agrees that payment for the holiday shall be included with the equalized wages paid throughout the year.

Section 8: Maternity Leave

Disabilities caused by pregnancy, miscarriage, childbirth, and recovery there from, shall be treated as temporary disabilities for all job-related purposes. Accumulated sick leave shall be available for use during periods of such disability. Pregnancy or childbirth shall not be the basis for termination of employment or compulsory resignation. The Board reserves the right to obtain proper medical certification regarding the beginning and termination of such leave and may require examination or consultation by the School Medical Officer. The Board will continue to pay its share of insurance costs during the period of disability.

Section 9: Child Rearing Leave

Employees shall be granted child rearing leave in accordance with the Family Medical Leave Act (FMLA).

Section 10: Jury Duty

Jury duty will be provided in accordance with State Statutes.

ARTICLE 9 FRINGE BENEFITS/CLOTHING

Section 1: Life Insurance

Nurses working 20 or more hours per week will be provided with group term life insurance coverage (subject to insurance carrier age restrictions) in the amount of \$25,000 with the full premium paid by the Board. Nurses will, at their own expense, be allowed to purchase up to an additional \$100,000 in coverage, if allowed by the insurance carrier, by authorizing a payroll deduction for payment of such additional premiums. This benefit will terminate upon the employee's cessation of employment with the Board.

Section 2: Health Insurance

A High Deductible Health Plan ("HDHP") with Health Savings Account ("HSA") Plan ("HDHP/HSA") for nurses and eligible dependents.

From the plan year beginning July 1, 2022 through June 30, 2023, the Board will provide a HDHP/HSA which shall have an annual deductible of \$2,000 individual and \$4,000 family for innetwork and out-of-network services. Effective July 1, 2023, the deductibles shall thereafter increase to \$2,250 individual and \$4,500 family. The combined in-network out-of-pocket annual

maximum shall be \$5,000 individual and \$6,850 family coverage. The combined out-of-network out-of-pocket annual maximum shall be \$5,000 for individual coverage and \$10,000 for family coverage. Once the deductible is met, the plan will pay 100% for in-network services. Out-of-network services shall be subject to an 80%/20% coinsurance.

Prescription co-pays of \$5 for generic drugs, \$25 for listed brand name drugs, and \$40 for non-listed brand name drugs made after the annual deductible is satisfied will count towards the out-of-pocket maximum. A summary listing of benefits is provided in Appendix B.

A Health Savings Account (HSA) shall be established by the Board for each eligible Nurse who elects HDHP/HSA coverage. The Board shall annual, in July of each year, contribute by direct deposit to the Nurse's HSA (or HRA for active employees not eligible for an HSA) thirty percent (30%) of the in-network annual deductible.

The plan year for the HDHP/HSA plan shall be July 1st through June 30th.

The Board shall provide a Health Reimbursement Account (HRA) on the same terms as the Health Savings Account (HSA) for those Nurses not legally eligible for a HSA, with an unlimited roll on the HRA balance, not to exceed the total value of the HDHP deductible for that class of insurance.

The Board will provide the Flexible Dental Program to Nurses and eligible dependents, subject to the premium co-pays set forth below.

Eligible Employees will pay the following percentages of premium during this Agreement:

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July 1, 2022 to June 30, 2023 10.5%
July 1, 2023 to June 30, 2024 11.0%
July 1, 2024 to June 30, 2025 12.0%
July 1, 2025 to June 30, 2026 13.0%
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Section 125 Plan - Employee payments for premium costs shall be made through a payroll deduction, which will be done by the adoption of an Internal Revenue Code Section 125 pre-tax premium conversion account so that health insurance contributions may be made from pre-tax dollars.

Employees who waive health insurance coverage for the plan year, and do not receive alternate health insurance coverage through a family member who is employed by the District, shall be entitled to the followed annual payout:

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Single - $2,500
Family/Employee plus one - $3,500
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Section 3: Clothing and Shoe Allowance

The Board will provide an allowance of \$375 per school year (to be paid in a separate check upon submission of receipt) to each Nurse for uniforms, shoes and other employment related expenses.

Section 4: Professional Development

Each Nurse employed by the Board shall be reimbursed one hundred percent (100%) for maintaining membership in the National Association of School Nurses (NASN).

ARTICLE 10 DISCIPLINE

No Nurse will be disciplined without just cause and shall generally be progressive commensurate with the infraction.

ARTICLE 11 RETIREMENT

Eligible Nurses shall participate in Plan B of the Municipal Employee Retirement Fund (MERF).

ARTICLE 12 GENERAL PROVISIONS

Section 1:

It is understood that this Agreement is subject to, and shall operate within, the framework of the Statutes of the State of Connecticut.

Section 2: Copies of Agreement

The Board shall provide nurses access to an electronic copy of this Agreement.

Section 3: Personnel Records

The official personnel records of nurses shall be kept on file by the Central Office. Nurses may schedule an appointment with Central Office to review their own file no more than twice per year. Nurses may also request up to one (1) free copy of relevant documents. Requests for copies must identify specific documents to be copied.

Section 4: Transportation

Any Nurse who, as a condition of employment, is required to travel from his/her primary worksite to other locations within the Town, and in the course of doing so is required to use his/her motor vehicle, shall be compensated at the IRS allowed mileage rate.

ARTICLE 13 GRIEVANCE PROCEDURE

A grievance is hereby defined to be any dispute concerning the interpretation or application of any provision of this Agreement. All grievances must advise the Board of the specific provisions claimed to have been violated, of the nature of the grievance, and the remedy requested. The following steps are agreed to for formally settling properly established grievances. The time limits set forth may be extended only by mutual written agreement.

Level One- Building Principal - Nurses who have grievances are encouraged to attempt to work the matter out informally with their immediate supervisor and/or principal, with an UPSEU

Representative present, if desired by the Nurse(s). In the event the issue is not resolved, a written grievance shall be submitted within ten (10) business days of the date he/she first became aware of the issue. A written decision will be rendered within ten (10) business days.

Level Two - Superintendent - In the event that, such Nurse is not satisfied with the disposition of his/her grievance at Level One, or in the event that no decision has been rendered within five (5) business days after presentation of the written grievance at Level One, he/she may appeal the written grievance to the Superintendent within fifteen (15) business days after the decision at Level One, or fifteen (15) business days after the grievance was presented in writing at Level One, whichever is sooner.

The Superintendent shall represent the administration at this level of the grievance procedure. Within the five (5) business days after the receipt of the written grievance by the Superintendent, the Superintendent or his/her designee shall meet with the aggrieved Nurse and an UPSEU Representative, in an effort to resolve the grievance. A written decision will be rendered within ten (10) business days following such meeting.

Level Three- In the event that the Union is not satisfied with the disposition of the grievance at Level Two, or in the event no decision has been rendered within fifteen (15) business days of the Level Two meeting with the Superintendent, the Union may within fifteen (15) business days after a decision by the Superintendent or fifteen (15) business days after the Level Two meeting with the Superintendent, whichever is sooner, present a request in writing to the State Board of Mediation and Arbitration for arbitration. Either the Union or the Board can request the mediation services of the SBMA after the Union files an arbitration claim.

The total cost of the grievance arbitration shall be borne equally by the UPSEU and the Board.

The authority of the arbitrator(s) shall be limited to the terms and provisions of this Agreement and the question or questions submitted. The arbitrator(s) shall be bound by this Agreement and shall not have the power to add to, delete from, or modify in any way any of the provisions of this Agreement. The decision of the arbitrator(s) shall be final and binding on the parties in accordance with law.

ARTICLE 14 PROBATIONARY PERIOD

Except as otherwise specifically provided in this Agreement, the first sixty (60) workdays of employment of a Nurse shall constitute such Nurse's probationary period during which no layoff, suspension, discipline or discharge shall be construed as a violation of any of the provisions of this Agreement or cause for or subject to the grievance and arbitration procedure provided herein. In the event that a Nurse is absent from work during his/her probationary period, or for those days for which work is not scheduled, the Nurse's probationary period shall be extended for each day the Nurse was absent from work.

ARTICLE 15 NO STRIKE/NO LOCKOUT

UPSEU agrees it will not authorize, instigate, sanction or condone any strike, work stoppage, concerted refusal to render services or interference with the orderly operation of the Board at any time. Any Nurse who engages in such activity shall be subject to disciplinary action, up to and including discharge. The Board agrees that it shall not lockout its employees at any time.

ARTICLE 16 UNION MEETING ON SCHOOL PROPERTY

Upon approval of the Superintendent or his/her designee, after a request at least twenty-four (24) hours in advance, UPSEU may call meetings in each school before or after school or during the lunch period whenever necessary, provided such meetings do not conflict with other scheduled activities.

ARTICLE 17 SAVINGS CLAUSE

No agreement, alteration, understanding, variation, waiver or modification of any of the terms, conditions, or covenants contained herein shall be made by the Board, and in no case shall it be binding upon the Parties hereto, unless such agreement is made and executed in writing between the Parties hereto and the same has been ratified by the Union.

The waiver of any breach or condition of this Agreement by either Party shall not constitute a precedent in the future enforcement of all the terms and conditions herein.

In the event that any federal or State legislation, governmental regulations or court decisions cause invalidation of any Article or Section of the Agreement, all other Articles and Sections not so invalidated shall remain in full force and effect

ARTICLE 18 DURATION

The Agreement shall be binding upon the Board and the UPSEU for the period of four (4) years from the 1st day of July, 2022 to and including the 30th day of June, 2026, unless otherwise expressly stated to the contrary herein.

IN WITNESS WHEREOF, the parties hereto have set forth their hands on the date(s) indicated below.

FOR THE SEYMOUR BOARD OF EDUCATION

By Cl- 47

Title Board of Education Chairman

Date: 10-8-202

FOR THE SCHOOL NURSES' UNION UPSEU LOCAL 424, UNIT 93

Title_

Date: //-8-

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UPSEU Local 424 - Unit 93 Seymour Schools Nurses July 1, 2022 to June 30, 2026

Title KEVINE ROYL

Date: 12-14-2022

APPENDIX A WAGE SCHEDULE

	2022-23	2023-24	2024-25	2025-26
GWI	2.25%	2.25%	2.25%	2.25%
Hourly Rate	\$42.81	\$43.77	\$44.77	\$45.78
Annual (approx.)	\$56,338	\$57,601	\$58,917	\$60,246
Annual (approx.) w/Holiday	\$59,634	\$60,972	\$62,365	\$63,772

Hourly rate increases for the 2022-23 school year, will be effective and retroactive to July 1, 2022.

STIPENDS

	2022-23	2023-24	2024-25	2025-26
Head Nurse	\$7,000	\$7,157.50	\$7,318.54	\$7,483.21
High School Nurse	\$2,000	\$2,045.00	\$2,091.01	\$2,138.06
8th Grade Trip	\$1,500	\$1,533.75	\$1,568.26	\$1,603.55

APPENDIX B

Coverage Periods 07/01/2022 - 06/30/2023 furnmenty of Benefits and Coverages What this Pass Covers & What You Pay for Covered Servees Seymour Town and BOE: Anthem Century Preferred PPO HSA PS CSV 'unbem" Blus-Cross and BlueShield

Coverage for Indvadual + Family | Plen Type: PPO +

1 Oc call (388) The Summary of Benefits and Coverage (SBC) document will help you choose a health plus. The SBC shows you hew you and the be provided suparasely. This is only a summary. For more information about your coverage, or to get a copy of the complete terms age, https://ees.adicon.com/cocky/f. For general definitions of common terms, such as allowed amount believes hilling continuents. ples would these the cost for covered health one services. NOTE: Information about the cost of this ples (called the p the desirable gravities or other underlined menn, see the Glossary. You can were the Glossary at were her 224-4896 to sequent a copy. of coverage, h

Imperant Questions	Answers	Why This Matters
What is the overall defined big	\$2,000/person or \$4,000/family for In-Network Pursiden. \$2,000/person or \$4,000/family for Non-Network Provides.	\$2,000/person or \$4,000/family Generally, you must pay all of the costs from ganzidate up to the definitible amount before for la-Network Pursiden. \$2,000/person or \$4,000/family definitible must be met before the glan begins to pay. for Non-Network Pursiden.
Are these services covered before you meet your destartible?	Yes. Bernetites Case for In- Natural Provides, Children's eys exem for In-Natural Provides.	This glan covers some items and services even if you haven't yet met the deflectible smooth. But a gaggmant or gainestone may apply. For example, this glan covers certain paramina paramia without gaggadating and before you meet your deflucible. See a list of covered paramina paramina paramina paramina paramina persistent paramina.
Are there other deducables for specific services?	No.	You don't have to meet desirables for specific services.
44	\$5,000 person or \$4,850 family for In-Virtual Persons \$5,000 person or \$10,000 family for Non-	\$5,000/person or \$6,850/family The gritof-northet limit is the most you could gay as a year for covered services. If you have for In-Nietrock Provides. \$5,000/person or \$10,000/family for Non-Nietrock Provides.
What is not included in the smeaf-gooder limit?	Pennisms, between billing charges, and health one this sales doesn't corve.	Even though you pay these expenses, they don't count toward the <u>amusifondest land</u>
Will you pay less if you use a mittered provided?	Yes, Coating Pickmed. See were authorized or cell (886) 224-4856 for a list of patroid pageides.	This ging uses a gentifier arrangle. You will pay less if you use a gentifier in the giral, network. You will pay the most if you use sa gentificational gentifier, and you anglet asserve a bill from a gentifier for the difference between the gentifier? design and what your glan pays (takens hilling). He serves, your extends gentifier anglet use as anti-of-saturals gentifier for some services (such as lab work). Clear with your gentifier before you get serves.
Do you need a referral	No.	You can see the appoints you choose without a general.

CT/LO/ Symon Their and BOE: Author Comer Pratured ITO 15A 75 CSV/5775/07-22

to see a specialist?

nes costs shown in this chart are after your deductible has been met, if a deshorble applies. All separations and on

Common	Segricos You May Need	What You ha Network Provider	What You Will Pay ader Non-Network Provider	Limitations, Exceptions, A.
Medical Event		O on will pay the least)	(New will pay the cost)	
	Primary case visit to treat an	0% goinneans	20%	Vateral viries (Telebesith) benefits svelibble.
If you visit a	Specialist visit	0% <u>going goals</u>	20% pointerones	Vateral visits (Telebankh) bezerfüts svalishle.
bealth care provider's office or clinic	Percentine can (generally incommitted)	No dange	20%	You may have to pay for services that searly prove garriers of the services needed so porcentive. Then check what your play will pay for.
If over home a near	Disgressing test (n-cey, blood woods)	0% goinsmann	20% gainer mass	Costs may vary by subs of service.
	Imaging (CT/PET scans, MRIs)	0% pointments	20% points prode	Costs may want by side of service.
If you need drugs to near your	Tex 1 - Typically Generic	\$5/passcription (netail and home definery)	20% goinggang (artail) and Not covered (home delivery)	
Uhess or condition More information	Tac 2 - Typically Professed Bond	\$25/perscription (setul) and \$50/perscription (house delinery)	20% seinmennes (netal) and Not covened (home delivery)	For moss information, refer to "National Ding List" at
about prescription days correspens registion at http://www.authe	Tier 3 - Typically Non-Prafected Bend and Generic drup	\$40/passeription (artul) and \$80/passeription (home delivery)	20% goingmans (setal) and Not covered (home delivery)	*See Prenciption Dang section
If you have	Pacifity fee (e.g., ambulatory	O% springspane	20% gaingagaga	0000
ourparient	Physician (market feet	O% cointrance	20% goingstance	Control Coop Particular Coop P
	Processory (000) (00)	O% agintagange	Covered as In-Network	
If you need immediate		0% soinmenne	Covered ss'lo-Metrod	
medical attention	Ucreat onto	O% coinstants	20% gointmence	
If you have a	Pacifity fae (e.g., hospital room)	O% gainescene	20% gainmanne.	100 days/benefit period for Inpatient selechilitation.
hospital stay	Physician/sugaco fees	O% goingments	20% pointermon	

For more information about limitations and emeptions, see plan or policy document at https://i

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Figure 1 Figure 1 Coffice Visit Coffic	Common Medical Event	Sorriers You May Need	And will pay the least) (Year	Non-Network Provider (Non-will pay the most)	Other Important Information
Chief visits Chief visits Office visits	4	Outpathent services	Office Vait O's spinners Other Outpatent O's gainners	Office Vaid 20% grinner Other Outputtent 20% grinners	Office Vest Vareal visit (Telebrath) benefits swalthis. Other Outputient
If you are pergrant Office vesies No charge 20% and services pergrant Childhirth delivery professional services 0% goingnance 20% and services pergrant Childhirth delivery professional services 0% goingnance 20% and services Roma bath one bath one services 0% goingnance 20% and services If you need bath Halifestion services 0% goingnance 20% and services health needs Drawble medical aguigment 0% goingnance 20% and services If your child Childhen's eye emm Not concard 20% and services fit your child Childhen's eye emm Not concard Not concard services Childhen's ghasse Not concard Not concard eye care Childhen's dental check-up Not concard Not concard Services & Other Concard Services Not concard Not concard Services Your Enn Generally Does NOT Cover (Check your policy or plan document for more to an enchance to the more to the services		Inpetient services	O'/s poinspoone	20% pointmone	
Childheath delivery professional Oric going pages 20% going professional Childheath delivery professional Oric going pages 20% going pages 2	2	Office visits	No chage	20% pointments	Cost shaing does not apply for
Childhirth delivery facility O% spingeness 20% spin		Childhirth/delivery professional services	O% coinsumant	20% spingstone	generative services. Mathematy care may include tests and
Four health can recine O's goingman 20°,		Childhirth/delivery facility errioss	O% series manue	20% coinceanns	services described elsewhere in the SBC (as. ultrasound).
If you need bely Relation section O% goinneage 20% goinneage health meets Balled anning case O% spinneage 20% goinneage health meets Description services O% spinneage 20% goinneage Housing services Ow considered Ow considered 20% goinneage If your child Children's eye cane No charge 20% goinneage needs dental or Children's giasse Not corrected Not corrected Exchilded Services Children's dental check-up Not corrected Not corrected Exchilded Services Cortes Coresed Services Not corrected Not corrected Services Your East Generally Does NOT Cover (Check your policy or plan document for more in corrected)		Clome health cace	0% goingacage	20% goinmange	
If you need help Habitation services O% gainmanne 20% and the control of the contr	-	Rehabitation services	OPS community	20% gramman	Costs and vary by site of service.
health needs special Drawble gradient cone Morphies services Morphies services Morphies services Morphies services Morphies services Children's glusses Children's glusses Children's dental check-up Not covered Not c		Habitation province	O7% going agence	20% coinmana	"See Thempy Services section.
Denths medical equipment Oth goinnmans 20% goinnmans Hospine services Oth goinnmans 20% goinnmans Hospine services Other Children's glasse 20% goinnmans 20% goinnmans Hospine services Other Children's dental check-up Not corrected Not corrected Not corrected Exchaded Services & Other Correct Services Services Services Services Services Services Services	Militaria	Sulled ancient care	0% goingsongs	20% solumence	120 days/benefit period for shilled amering services.
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	Excluded Services & Services Your Em C	Other Coresed Services:	eck your policy or plan docum	sent for more information and	d a list of any other
Cosmetic singery Dental Check-up Romine for case unless you have been Romine for case unless you have been	Cosmetor surge Dental Check- Rordine foot or	ary rap nas unless you have been	Dental case (Adult) Glasses for a child Weight loss programs	• Dentel	Dennel care (Pediatric) Long-term care

Other Covered Services (Linu)

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Most coverage provided outside the United States. See were belogische beneausm Charageastic case 100 visits/benefit peciod combined with all other theorems nas may apply to these services. This isn't a complete list. Please see your plus document.) Rottine eye cate (Adult) 1 exem/benefit · Infectifity treatment · Beautine sugary Hearing aids 1 item(s)/eac every 2 benefit periods Acapacture

^{*} For more information about limitations and exceptions, see pless or policy document at https://sex

 Private-duty musing \$15,000 maximum/benefit period in a Home Setting only Your Rights to Candrate Coverage: There are agencies that can help if you want to contains your coverage after at each. The contact information for those genera at. Connectiont Department of Insurance, 153 Market Street, 7th Floor, Hardford, CT 06103, (860) 297-3000, (800) 203-3447, Department of Health be available to you too, including buying individual insurance coverage through the Health Insurance Madeitabers. For more information about the Mademphos, visit years HealthCess gov or call 1-800-318-2596.

documents also parends complete information on how to submit a chim, agend, or a guirance for any season to your glap. For more information about your Your Grievance and Appeals Righess There are agencies that can help if you have a complaint against your glan for a denial of a chain. This complaint is called a gricement or appeal. For more information about your agitts, look at the explanation of benefits you will seceive for that medical deim. Your ginn aghts, this notice, or assistance, contact

ATTN; Grievances and Appeals, P.O. Box 1038, North Haven, CT 06473-4201

Department of Health and Human Services, Center for Consumer Information and Instrumos Oversight, 1-877-267-2323 x61565, ver 2 of 2 ann 202

Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297-3000, (800) 203-3447

Connecticut Office of Healthcase Advocate, P.O. Box 1543, Hartford, CT 06144, (366) 466-4446, www.ct.gov/cha. has

Does this plan provide Minksum Essential Coverage? Yes

TO may not be eligible for the age generally includes glass, health, instances available through the Madatabase or other individual madest policies. Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are signile for certain types of Manuson Eve

Does this plan meet the Minimum Value Standards? Yes

If your gans doesn't meet the Minimum Value Sandenth, you may be eligible for a gamman tur confit to help you pay for a plan through the Meduaph

To see examples of how this thin might cover costs for a sample medical situation, see the next section

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* For more information about limitations and exceptions, see plan or policy document at https://i

About these Coverage Examples:



This is not a cost estimator. Testments shown are just examples of how this girn might cover medical case. Your actual costs will be different depending on the setted one you acceive, the proces your particless charge, and many other factor. Focus on the sast shaing amounts (defaulthin, angapment) and animament) and grahaled arrives under the plan. Use this information to compuse the position of costs you might pay under different health glass. Please note these coverage examples are based on self-only

Pergits Having a Baby (9 months of in-network pre-mial care and a hosystal deliners)	म अवाद व	Managing Jack Type 2 Diabetes a reac of couture in network pare of a real controlled condition.		Mink Simple Poeture (acceptably-megenty open that and it up to each	rollon
The plant overall deductible Aperialist contractors Hospital (facility) gaingmood Other goingmood	\$2,000 9% 9%	The plan's overall deductible Expecialist enjoymence Houghts (facility) gointmann Other gointmann	\$2,000 0% 0% 0%	The plan's overall deductible Specialty assistances Houpkel (facility) assistances Other gaintenance	\$2,000 9% 9%
This EXAMPLE event includes services like: Specialist office vinits (present arr) Childhirth, Delivery Professional Services Childhirth, Delivery Facility Services Magnetic 1878, (afransonatic and Meed sork) Appetialist vinit (services)	\$. F	This EXAMPLE event includes services like: Phony care physician office visits (including direct charter) Dispunds area (the sert) President care (the sert) President care (the sert)	P	This Examinate our includes services Exercises the services (reducting service) reprint (reducting service) Displays the services (reducting service) Reduction to the services (reducting)	(magazina)
Total Example Cost	\$12,700	Total Example Cost	25,600	\$5,600 Total Example Cost	\$2,800
In this example, Peg would per-		In this example, Joe would pay		In this example, Mis would pay	
Cont. Sharing		Control Control		Cent. Manney	
Dedrecibles	\$2,000		\$2,000	Dednatibles	\$2,000
Coperation	\$10	Coproments	\$700	Copermina	2
Conspans	2	Cointy and	8	Communities	2
What in ? mores	SECTION AND PROPERTY.	What its? county		What in I control	STATE OF THE
Lemets or exchresons	09\$	Limits or exchasons	\$20	Limits or exchasions	\$
The total Pag would pay is	\$2,070	The total Joe would pay is	\$2,720	The total Mia would pay is	\$2,000

The plen would be assponsible for the other costs of these EXAMPLE covered services.

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(III (IQII) III)

Albamian (Shapp): Nese ham prete në lidhje me këtë dokument, kan të drejtë të merm faks adihmë dhe informacon në grabën tua. Për të kontaktuar me një pëddhyes, telefonon (888) 224-4896

Ambacic (አማርኛ)፡ ስለዚህ ሰነድ ማገኛው ም ጥያቄ ክለዎት በራስዎ ቋገቋ አርዳታ አና ይህኅ ሙረጃ በነጻ የማግኘት መብት አለዎት። አስተርዓጫ ለማናገር (888) 끄ዱ

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Amenim (haykit). Opt aya hannampaph htra hanqind bangkip makip, amp handa in ahky minkam amatan oqim pima h տեղեկատվություն ձեր լեզվով։ Թարգմանչի հետ խոսելու համար զանգահարեք հետկյալ հեռախոսահամարով՝ (888) 224-4896։ Bassa (BEACO WORD). W dy1 dy1-diè-di bě bédé bá céè-di nià ks dyí ní, o mò nì dyf-bèdin-di bé bo-kpá-kpá kè bỏ kpó dé m bidf-wudium bó pídyi. Bé in ké wudu-ziln-nyó dó gbo whdù ke, dá (886) 224-4896. Bengati (বাংলা): যদি এই লখিপন্ত্রর বিশ্বে আগলার কোনো গ্রন্থ গাকি, ভাগেল আললার ভাষায় বিনাম্না গাখেনা গাঙ্ধার আপিকার আললার আছে। -(छ कम कंद्राम 5क्सम (माकाबीस प्राप्त क्या आस जन्म (888) 224-4896 කද්නාානනගොන්මදි අගුද්රිමුදි කර්තුරි මූර්තුණි හෙනමුද් සාවේපුද් හොසේපුද්රිඅද් ල (888) 224-4896

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Dinka (Dinka): Na non theec ne ke de ya thore, ke ym non lon be yi kuony ku wei aleu be geër ne ym ne thon du ke ein weu taaue ke priny. Te kor ym be sam wene can be thost gerrie, he can cel (888) 224-4896.

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Franch (Français) : S. vons avez des questions sus ce document, vons avez la possibilité d'accèdes gastudement à ces informations et à une aide dans votes kagne. Pour padez à un interprête, appelez le (888) 224-4896.

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Hind (हिटी): अगर आपके पास इस ट्रस्तावेज़ के बारे में कोई पश्न है, तो आपको निःशुक्क अपनी भाषा में मदद और जानकारी पाप्त करने का अधिकार है। टुमाषिय संबत्त करने के मिए, मॉस कर्र(888) 224-4896 Hanong (White Hanong): Yog tas boy men; ha ang dab ta attig trog daim attevy no, her man; car true trace have think has chea has us her hom ha yam thin zam tus ang. Tatherm am them ang tus assg what ha, he zor too; am (1838) 224-4896. lgbo (Igbo): O but u as a news supp o bula goesses sheethero s. i news this inverse envents as on a saper grant as abregit year o buta. Ke gs as observed okara kwao okwa, Ippop (888) 224-4896.

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 Kirundi (Kirundi): Ugos labazo seo soco cose kua in ayandiko, nfase ubmengazina bwo knoodsa ubufasha ana mama swawe sta grano. Kagan urugishe namsemma, abnes (888) 224-4896.

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Taa (ไทย): ทากท่านมีค่าถามใคๆ เ*ก็*ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะให้รับความช่วยเหลือและช่อบูลในภาษาของท่านโดยในมีค่าใช้จ่าย โดยโทร (888) 224 4896 เพื่อพุ**ดคุยกับ**ล่าม

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Viennamese (Tiếng Việt): Nên quý vị có bắt kỳ thắc mắc nào về th liệu này, quy vị có quyển nhận sự tượ goáp và thông tin bằng ngờa ngữ của quy vị hoàn toan miền phi. Để tạo đôi với một thông địch viên, hất gọi (888) 224-4896. (מצושאבא) (אירש). אויב איר האט שאלת ומגן דעם דאקומענט. האט איר די רעכט צו באקומען דעם אינפארמאציע אין אייער שפראך אהן קיין פרייז. צו רעדן צו M N'EUMUXUE, NEO 3684-425 (888)

Yoruba (Yoruba): Ti o be m crister ibere mpe akoste rii, o m ero lên gbe manwo en sente re lotte. Bé wa ogbutto han soro, pe (1888) 224-4896.

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It's important we treat you fairly

basss of mos, color, national corpin, sex, age oc disability. For people with disabilities, we office fore aids and secrices. For people whose purmer language and h English, we offer face language assistance services through interpreters and other written languages, interested in these services? Call the Member Services mumber on your ID card for help (TTY/IDD: 711). If you think we failed to offer these services or discriminated based on nece, color, authors origin, age. disability, or sex, you can file a complaint, also known as a guerance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509P, HIHI Bealding, Washington, D.C. 20201 or by calling 1-800-368-That's why we follow federal civil nights laws in ook bealth programs and activities. We don't discriminate, exclude people, or treat them differently on the 1019 (TDD: 1. 800-537-7697) or online at https://occopatal/hhs.gov/occta/lobbr.isf. Complaint forms are swalable at http://www.hhs.eov/occ/office/file/index.html Page 10 of 10

Coverage Period: 07/01/2023 - 06/30/2024 Summary of Benefits and Coverages What this Plen Covers & What You Pay for Covered Services Seymour Town and BOEs Anthem Century Preferred PPO HSA PS CSV Anthem Bha-Cross and Bua-Shield

Coverage for Individual + Fundy | Plan Types PPO +

May oc cell (888) The Summary of Benefits and Coverage (SBC) document will help you choose a beelth plan. The SBC shows you hew you and the be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms age, https://een.enfleen.com/enades/file For general definitions of common terms, such as afformed, meant, belonce helling, princements. plus would share the cost for covered health care services. NOTE: Information about the cost of this plus (called the gr of defectible generales, on other underland forms, see the Glouney. You can view the Glossory at were healthcare gove should 224-4896 to sequest a copy. of coverage, h

Impertant Questions	Answers	Why This Matters
What is the owned!	\$2,250/person or \$4,500/family for In-Natural Parades. \$2,250/person or \$4,500/family for Non-Natural Pagrides.	\$2.250/person or \$4.500/family Generally, you arent pay all of the costs from generales up to the <u>definitible</u> amount before for In-Network Parishes. \$2.250/person or \$4.500/family definition in the met before the gian begins to pay. for Noo-Network Registers.
Are there services covered before you meet your fasterable?	Yes. Percentive Con fee In- Mercel Register, Children's ope exam for In-Metrod. Perciden.	This glass covers some items and services even if you haven't yet met the deducible amount. But a gangmant or animarane may apply. For example, this glass covers centain generaliza services without contributions and before you meet your deducible. See a list of covered personalize arrives at lattice of these your meet your deducible.
Are there other deductibles for specific services?	No.	You don't have to mest <u>deductibles</u> for specific services.
Water the state of	\$5,000/person or \$6,850/family for In-Nistensk Possides. \$5,000/person or \$10,000/family for Non-	//person or \$6,850/family The orthogonal limit is the most you could gay in a year for convend services. If you have Nistrack Recriters. //person or O/family for Non- de Preciden.
Wher is not included in the sun-of-pendent limit?	Permisers, belease-billing charges, and health care this plea doesn't cover.	Even though you pay these expenses, they don't count toward the <u>ant-algorabet limit</u>
Will you pay less if you use a marrial	Yes, Contray Posfaced. See were asthernoon; or call (888) 224-4896 for a list of astronic perceion.	This given uses a generally partered. You will pay less if you use a generalize in the given's marked and you marked sections. a bill from a generally for the difference between the generalized, change and what your given pay; (askesse hilling). He aversa, your material generals might use an anti-of-sectional general for some services (such as lab word). Chark with your generals, before your get services.
Do you need a referred	No.	You can see the ageorifiat you choose without a galand

CI/LG/Separa: Torn and BOE: Authorn Consury Performed PTO 185A 25 CSV/SZIS/0^23

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to see a specialist

the costs shown in this chart are afthe your destructible has been met, if a shell Allen

		What You	When You Will Pay	Transference Propositions &
Medical Event	Segricos Your May Need	In Network Provider (You will pay the leave)	Non-Nerwork Provider (You will pay the movi)	Other Important Information
	Pomary case visé to treat so	Off. goistergage	20% solumena	
If you visit a	Spanning vant	9%, spinsmane	20% gainstands	Vartual wints (Talebealth) benefits swallshie.
health care grantidat's office or clinic	Percenting on / menting/ immunication	No charge	20%	You may have to pay far servers that sen't perventive. Ask your gon'the if the services needed no perventive. Then check what your ging will pay for.
If wan have a rest	Dispussion and (x-cay, blood worth)	0% consequence	20% seinemennen	Costs may vary by site of service.
	Insepre (CI/PET seass, MRIs)	O's goinnanage	20% goingspace	Costs may want by side of service.
If you need drugs	Table 188	\$5/personiption (setal and home delivery)	20% coingrance (setal) and Not corened (home delivery)	
Illness or condition More information	Ties: 2 - Typically Prefected Board	\$25/prescription (setal) and \$50/prescription (home delevery)	20% gaintenant (setal) and Not corresed (home delivery)	For more information, rafer to "National Drug List" at
about prescription				http://www.authen.com/gpag
available at http://www.authe m.com/ghamacn	Tee 3 - Typically Non-Preferred Bond and Generic drugs	\$40 (paraceiption (setal) and \$80 (paraceiption (bone delivery)	20% oningeness (orbit) and Not coresed (home delivery)	*See Persociption Drug section
If you have	Facility fee (e.g., ambulatory	0% communes	20% spinnessing	
outpatient	Physician/sperson for	O'S goinghouse	20% goingsone	0000
	Personal result of the	0% goittetteten	Covered as In-Network	9000
If you need irransediste	Energency medical	O's coingrapes	Covered as In-Network	-
medical attention	Unwent com	0% soinspenses	20% gaing age	
If you have a	Facility fae (e.g., hospitel room)	0% sources	20% coineann	100 days/benefit period for Inpatient selabilitation.
hospital stay	Physician/suggeon fees	O% spinspenson	20% goingsmoon	

* For more information about limitations and exceptions, see plan or policy document at https://

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Common Medical Event	Services Year Max Numb	White You To Norwards Proceedings	White You Will Pay rules - Non Neward, Prevides leave - (Non will rose the mean)	Hantenions, Exceptions, A. Other Important Information
If you need mental health, behavioral health, or substance	Outpatient services	Office Vest Orio gamente Other Origanisat Orio gamente	Office Vest 20% grinning Other Outpatient 20% grinning	Office Vast Varies Vasts (Telebrath) benefits smithle. Other Outpatient
abuse services	Lapatient services	Or's politoriogeous	20% spinstrones	
	Office visits	No chage	20% southernos	Cost shaing does not apply for
If you are	Childbirth/delivery professional services	0% coinspance	20% someonne	gerretive series. Maternay once may include tests and
invident.	Childhirth/delivery facility services	0% pointrame	20% someone	services described eherbers in the SBC (se. ultresound).
	Home health one	0% gaingagang	20% goingsones	
	Reliabilitation services	0%	20%	Costs may vary by sale of service.
If you need help	Habilation sections	O74 pointments	20% pointiponos	"See Thempy Services section.
recovering or have other special	Salled consis	O% spingerance	20%	120 days/benefit period for shilled amoing services.
besith needs		0% gojnanana	20% sometimes	See Directly Medical
	Housing services	0% commence	20% goingtonne	
If your child	Children's eye exam	No chage	20% cointenance	
5	Children's glasses	Not covered	Not coresed	THE PERSON NAMED IN COLUMN
	Children's dental check-up	Not covered	Not covered	

Exchaded Services & Other Covered Services

	Dental care (Pediatric) Long-term care	e see your glas document.)	Chropozetic care 100 vints/benefit period combined with all other theories Most coverage permissed outside the United Series Series helpstobeloom con
	Dental case (Advit) Gisses for a child Weight loss programs	ndustions may apply to these services. This ten't a complete list. Please see your glan document.)	Benishic suggery Infertifity treatment Routine sys care (Adult) 1 exam/benefit
seedbright acroions)	Commetic surgery Dental Check-up Rontine foot case unless you have been diagnosed with diabetes	Other Covered Services (Lindustons may apply to	Acopractice Hearing sids 1 item(s)/ear every 2 benefit periods

^{*} For more information about immissions and exceptions, see piece or policy document at its

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 Private-duty ancing \$15,000 maximum/benefit period in a Home Setting only Your Rights to Constanse Coverages These are agencies that can help if you want to contame your coverage after it ends. The contact information for those genous is: Connectiont Department of Lasmanne, 153 Market Street, 7th Ploce, Hartfoad, CT 06103, (860) 297-3000, (800) 203-3447, Department of Health and Human Services, Center for Consumer Information and Institutes Oversight, 1-877-257-2323 x61565, very certification for Consumer Information and Institute Oversight, 1-877-257-2323 x61565, very certification for Consumer Information and Institute Oversight, 1-877-257-2323 x61565, very certification for Consumer Information and Institute Oversight, 1-877-257-2323 x61565, very certification for Consumer Information and Institute Oversight, 1-877-257-2323 x61565, very certification for Consumer Information and Institute Oversight, 1-877-257-2323 x61565, very certification for Consumer Information and Institute Oversight, 1-877-257-2323 x61565, very certification for Consumer Information and Institute Oversight (Institute Oversight Institute Oversight Institute Oversight Institute Oversight Institute Oversight (Institute Oversight Institute Oversight Institute Oversight Institute Oversight Institute Oversight (Institute Oversight Institute Oversight Institute Oversight Institute Oversight Institute Oversight Institute Oversight (Institute Oversight Institute Oversight I be available to you too, including bening individual instantes coverage through the Health language Mechapless. For more information about the Markethers, visit were HealthCars gor oc call 1-800-318-2596.

documents also provide complete information on how to submit a chim, speed, or a grienage for any season to your glan. For more information about your Your Grisvance and Appeals Rights: These are agencies that can help if you have a complaint against your giles for a denial of a dain. This complaint is called a grisvance or appeal. For more information about your cights, look at the explanation of benefits you will asceive for that medical gires. Your giles aghts, this notice, or assistance, contact

ATIN: Gairvances and Appeals, P.O. Box 1038, North Haven, CT 06473-4201

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, serve or an Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, serve or an order of the Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, serve or an order of the Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, serve or an order of the Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, serve or an order of the Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, serve or an order of the Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, serve or an order of the Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, serve or an order of the Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, serve or an order of the Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, serve or an order of the Consumer Information and Insurance Oversight, 1-877-267-2723 x61565, serve or an order of the Consumer Information and Insurance Oversight and Insuranc

Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297-3000, (800) 203-3447

Connecticut Office of Healthcare Advocate, P.O. Box 1543, Hardood, CT 06144, (866) 466-4446, www.dt.gor/obs. healthc

Medicaid, CHIP, TRICARE, and carbin other coverage. If you are eligible for certain types of Minimum Expensiol Corners, you may not be eligible for the non available through the Marketaless or other individual madest policies, Medicane, som generally includes glass, bealth apra-Does this plan provide Minimum Essential Coverage? Yes College

If your glan doesn't meet the Majimum Value Sandach, you may be eligible for a parmium har condit to help you pay for a glan through the Marketpla Does this plan meet the Minimum Value Sandards? Yes

To see examples of how this also might cover costs for a sample medical situation, see the next section

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For more information about limitations and exceptions, see plan or policy document at https://eex.

About these Coverage Examples:

4

This is not a cost estimator. Lastments thown are just examples of how this plan might cover medical case. Your setual costs will be different depending on the actual case you mostre, the passes your particles, charge, and many other factors. Focus on the good the impoundable, any passent and animateum) and sanitable, account the plan. Use this information to compare the potation of costs you might pay under different bestitt given. Heave note these coverage examples are breed on self-only COVECER.

		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		The state of the s	
Peg is Having a Babw 9 months of mastroni presumd case and a hospital delinear	I pice on	Managing Joe's Type of Diabetes ayest of gottine proteined forest of a cell controlled condition		Min's Simple Fracture on the solution of the second sub-up-are noon whitesed tollows	d rollow
The plants overall deductible Specialise accommonse Hospital (facility) gajarranase Other gajarranase	82.5	The plant overall deductible Specialize accommons Hospital (facility) assistances Other gointmanner	25.55	The plant, overall deductible Specialist entermone Houghts (facility) estimates Other gainstance	95, 28 97, 29,
This EXAMPLE event includes survices lifter Specialists office visits (present car) Childhigh, Delivery Pacificy Services Childhigh, Delivery Pacificy Services Disposate sens (effectives) Survices Specialists visit (entitions)		This EXAMPLE event includes services libe: Primare care physician office visits (sectoring disease character) Diseased and the service Prescription drugs Description drugs	.P	This EXAMPLE event includes services Hite: Deposite and (even) Despite and (even) Despite and (even) Relabilitation services (physical feorgy)	rices of supplies)
Total Example Cost	\$12,780	Total Example Cost	22,600	\$5,600 Total Exemple Cost	\$2,800
In this example, Pag would per		In this example, Joe would pays		In this example, Mis would pay	
Cost Shanne	STATE STATE OF THE PARTY OF THE		CONTRACTOR OF THE PARTY OF THE	Gent. Bening	STATE OF THE PERSON NAMED IN
Deductibles	\$2.250	Deductibles	250	Deductibles	\$2,250
Contribute	\$10	Construents	\$600	Copyrants	8
Coinseance	8		8	Cointreases	8
What ins't assessed	THE REAL PROPERTY.	What ian't menual	STATE OF THE PARTY	What is I seemed	
Lemits or exchasions	95	Limits or exchanges	\$20	Lemits or exclusions	8
The socal Peg would pay is	\$2,320	The total Joe would pay is	\$2,570	The total Mis would pay is	\$2,250
The state of the s					

The river would be nesponsible for the other costs of these EXAMPLE covered services.

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(IIT 'GGT/YIT)

Albenism (Shafip): Nëse han gyetje në lidhje me këtë dokrment, han të dasjtë të merm falas ndihmë dhe informacion në gjubën tran. Për të kontaktrus me ajë pëddhyre, telefononi (888) 224-4896

Ambacic (አማርኛ)፡ ስለዚህ ሰነድ ማነኛው ም ጥያቄ ካለዎት በራስዎ ቋንቋ አርዳታ እና ይህን መረጃ በነጻ የማማኘት መብት አለዎት። አስተርዛጫ ለማናገር (888) 224-

Arabic (العربية): إلى كان لفيك في منظموات بشق هذا المسئلة، فيحل للد المصول على المساحة والمعلومات بلقظاءون مقابل للتحت إلى مترحد تصل على 1200، 224 و888)

Armenten (baykakt). Cyk wza thannampajeh ikua hangijask hangigin makip, apag japanjantag makip adajkan usankan oqianjepak b udzitymajniyan din ibqini: Dangalabyh hka hnakin haning qabqahanko hkadyan bbrayananbanlagan (886) 224-4896 Bassa (Bass) While) Hì dyi dyi-diè-dà bě bédé bá céè-dà mà ka dyí mí, 2 mà mì dyi-bàdàin-dà bé mà ka gho-kpá-kpá kè bỏ kpó dé mì bidf-wudum 56 pidyi. Be in ke wudu-zim-nyo do goo wudu ke, da (868) 224-4896. Bengah (বাগো): যদি এই লমিসভ্রের বিশ্বে অললার কোলো গ্রন্থ গাম্যে বাললার জাম্য্য বিলাশ্লা সাম্যান্য সাও্যার ও জন্ম পাও্যার অধিকার আশলার অম্বন্ধ অম্বন্ধ -(७ कम कड़ान उक्छम (मास्मिति गार्ष क्या त्राह जम्म (६६६) 224-4896 Burmese (မြန်မာ): ဤစာရွက်စာတစ်အနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အရက်အလက်များနှင့် အကူအညီကို အစစကြာစင့ မောစရာမလိုပဲ သင့်ဘာသားစကားရှင့် ရယူနိုင်ရွင့် သင့်တွင် ရှိပါတည်။ စကားမျှန် တစ်ဦးနှင့် စကားမြောနိုင်ရန် စု (888) 224-4896

Chinese (中文):如果您對本文件有任何疑問,您有權使用您的語言免費提得關助和資訊,如需與課員通話,語數單(888) 224-4896。

Dinka (Dinka): Na non thiere ne ke de va thore, ke van non long be in knony ku wen aleu be geër vic van ne thong du ke can weu haue ke pany. Te kor van ba sam wene no ve thos gerrie, he vm col (888) 224-4896.

Dutch (Nederhands): Bij vragen over da document hebt u necht op hulp en infoamatie in twe tasl zonder brijkomende kosten. Als u een tolk with spoelen,

Pemed (قارمي): در مورشي که مؤالي پيرامون اين مند داريد، اين حق را داريد که اطلاعات ر کنک را بدون هيچ مزينهای په زيان مادرکتان دريافت کنيد. برای گفتگر يا يک مترجم څخامي، يا څمار، 648,480 تمان يکيريد.

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French (Français) : S. vora avez des questions sus ce document, vous svez la possibilité d'accèdet gathitement à ces informations et à une aide dans votre langue. Ponz padez i un interpréte, appelez le (888) 224-4896.

German (Deutsch): Wean See Fragen zu diesem Dobranent haben, haben Sie Anspruch auf kostenfrase Hills und Information an Illum Spanche. Um aust einem Dolmetschez zu sprechen, bitte withlen Sie (888) 224-4896. George (Ellaponic) As éyete tuyós amogése ayetuni us to magós éyetes to banisque sa háfem Joséden sas alapopogése ott phison one bageir. Fin sa μιλήσετε με χάποτον διερμηνέα, τηλεφωνήστε στο (888) 224-4896.

Gujamat (ગુજરાતી): જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ય વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો તથક 224-45%. Haiden Casole (Karyd Aytsyen): Si on gen nampet basyon son dokunan sa a, on gen dwa pon jewann del ak enfolmasyon men hang on genis. Pou pale ak yon santeport, nale (1855) 224-4896.

Hindi (हिटी): अगर आपके पास इस टस्तावेज के बारे में कोई प्रश्न है, तो आपको निःशुरूक अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुमाषिये से बात करने के मिए, कॉस कर्राध्धक, 224-48% Hanong (White Hanong): Yog tas kee man his ang dab ta ating trog daim atsert on, kee ami on true true her pab think his chas has un kee hom his yaan thin xam tus agi. Tahawan can tham acog tas assg tahas ha, ha xor tooj can (888) 224-4896. Igbo (Igbo): O but it mean sipit o but ghesen sherikan) a, i mean ithis times amends as on a sipit g as sheright igan o buta. Ka gi as oboas okun kuno okun, Ipoo (888) 224-4896.

Holymo (Holymo); No addam in the second a subdeed panggep in deview a delemente, adds hackengan a makash to tribong has impounation behase to lengrahem aga awan ti beyad na. Tapno makatnagtong ti maya aga tappatasua, awagan ti (888) 224-4896.

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Kinne (igs): iChyrenenigndysisjeridaennie: yrenenisspozewsadferenamenniyatamenffrig . ಜಿಲ್ಲಿಷಣಗಳಲ್ಲಾ ಪ್ರಸ್ತಾರ್ಗಳ ಬುಗಗೊತ್ತು 22448% Kermell (Kirundi): Ugos libbaro sco acco cose kra, in arandito, ráse abrasaganias bero bracaka abufasha am racim revave sta gram. Kugan wagabe termseontsi, aknas (888) 224-4896.

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Yoruba (Yoruba): Ti o be m erkern ibere nips ikosile rii, o m eto lân gba minwo an arritin m ede re lofte. Ba wa ogbuto kan soro, pe. (383) 224-4896.

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It's important we treat you fairly

basis of sace, color, authoral ongen, ser, age or disability. For people with desthitties, we offer free aids and services. For people whose parametric language and English, we offer free largrage assistance services through interpreters and other written largrages, interested in these services? Call the Member Services armber on your ID card for help (TTY/IDD: 711). If you think we failed to offer these services or disconnicated based on mos, color, andoned cogni, age Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA. 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building, Washington, D.C. 20201 or by calling 1-500-368desthirt, or sex, you can file a complaint, also known as a gravance. You can file a complaint with our Compliance Coordantor in writing to Compliance That's why we follow federal civil aghts hws in our health programs and activities. We don't discuminate, exclude people, or treat them differently on the 1019 (TDD: 1-800-537-7697) or online at https://neconstal.bhs.gov/ocs/portal/lobbr.isf. Complaint forms are swalshie at http://www.htts.gov/ocs/office/file/index.html Page 10 of 10

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APPENDIXC Summary of Flex Dental Benefits Flexible Dental Plan

Summary of Benefits

Seymour Town & Bee-Bee Plan



WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which meens you can get the care you need to get healthy. So, don't stimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- Ask a Hyglenist: Dental members can simply email their
- Ask a Hygienist: Dental members can amply eman war dental questions to a team of ficensed dental professionals who in turn will respond in about 24 hours. Dental Health Risk Assessment: We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use ordine tool can help them do this.
- Dental Care Cost Estimator: In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and
- treatments when using a network dentist. Mobile Capabilities: With our latest mobile application, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Arthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and
- what the dentist usually charges.

 To find a dentist by name or location, go to anthem com or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- . Show the office staff your member ID card
- · Pay any deductible or copay that is part of your plan

Need to contact us?

See the back of your ID card for how to call, write or email us.

Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

	In-Network	Out-of-Network
Coverage Year Institute of the Control of the Contr	Contra	ol Year
Annual Senett Maximum		
Per insured person		
Clagnostic & Preventive Services are applied	\$1,300	\$1,500
to the Areand Streets Manderson		
Accessed Mancheson Convolver	No	No
Orthodoxtic Libitare Secott Maximus		
e Per eligible child	\$1,000	\$1,600
Annual Deductible	-	
Par insured person	\$30	\$50
Fonily moderne	In single member deductible	2x single member deductible
Deductible Wahred for Diagnostic/Preventive Services	Yee	Yee
Oct-of-Hickwork Reimburgement	170 pr	rconfilo

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Dental Services	In-Network Anthem Pays	Out-of-Network Anthem Pays	Waiting Period
Diagnostic & Preventive Services Period: cents earn o Limites to two per 12 montes Teeth channing grophysam) a Limites to two per 12 montes combined with periodontal maintenance Othering X-cyrl o Limites to two sets per 12 montes Published to one per 38 montes Published to one per 38 montes Publishe application o Limites to two per 12 montes trough age 18 Seasons application o Limites to two per 60 montes trough age 18	100% colinerance	100% coincurance	No waiting period
Basic (Restorative) Services Consultrion (second opinion), only with X-cays and no other services Space maintainer inperfect covered at ChagnestorPreventive level Lutilises to one per toon space per literimethrough age 15 Arrangem (siner-covered) fitting Lutilises to one per toon subtoce per 24 months Composite (noon-covered) fitting Lutilises to one per toon surface per 24 months Lutilises to one per toon surface per 24 months posterior (sector fittings not paid as an amatigue (sever-covered fittings Brash biopay (cancer last) Lutilises to one per 12 months, all ages	80% colocurance	88% collegrance	No waiting period
Endodontics (Non-Surgical) Root Caral persavent tech only) Limited to one per both per Notine	80% coincurance	80% coincurance	No waiting period
Endodentics (Surgical) Apicoactomy and apelification Limited to one per footh per letting permanent teeth only	60% coincurance	80% coincurance	No waiting period
Periodontics (Non-Surgical) Periodonty estimates Limited to four per 12 months, combined with teeth cleanings Scaling and root planning, unen the book pocket has a depth of four millimeters or greater Limited to one per quadrant per 24 months	80% coinsurance	66% coincurance	No waiting period
Periodontics (Surgical) Periodonte sugary (esseus, giagliectomy, graft procedures) Limited to one per quadrant per 36 months	80% coincurance	80% coincurance	No walting period
Oral Surgery (Simple) Simple estraction Lumbal to one per tooth per fedime	80% coincurance	80% coineurance	No waiting period
Oral Surgery (Complex) - Sergical extraction - Limited to one per from per finding	60% coineurance	60% coincurance	No waiting period
Major (Restorative) Services Crowns, stays, sensors Limbel to one per tooth per 60 months	30% coincurance	50% ooineurance	No waiting period
Prosthedontics Dentures and origins Limited to one per footwarch per 60 months Impaint pacement Not covered Impaint prosthodontics Not covered	30% collectance	30% opinoutanos	No waiting period
Repairs/Adjustments Crown, desture, and bridge repairs Limited to one per tooth per 12 months, not within 6 months of placement Denture and bridge adjustments Limited to two per tooth per 12 months, not within 6 months of placement	\$0% coincurance	80% coineurance	No waiting period

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Dental Services (continued)	In-Network Anthem Pays	Out-of-Network Anthem Pays	Waiting Period
Child Orthodontic Services • Through age 18	50% coincurance	SPN coinsurance	No walking period
Temporomandibular Joint Disorder (TBJ) • X-oya, splins, and surgical procedures including artifectopy and corodic devices • Not covered	Hot govered	Not covered	Not covered
Cosmetic Teeth Whitening o Not covered	Hot covered	Not covered	Not covered
NOTE. Commeto benefits, ouch as their bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cognistic bands may be consistent part of an indulation's broader income. For more information connoming the tax remifications of cognistic insurance benefits, presse contact a legal or tax advisor.	- la invo	المحاطيين	- V.M. May
Additional Services and Programs			
Anthem Whole Health Connection - Dental*	1-14-17-01-17-16	Included	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
 For members with certain health conditions, additional dental benefits are available without a deductible or unling periods. Eligible services are paid at 100% and won't reduce your coverage year areas? maximum (if applicable) 			
Accidental Dental Injury Benefit Provides members 100% coverage for accidental Injuries to teeth up to the coverage year annual maximum (If applicable). No deductibles, member coinsurance, or mailing penods apply		Included	
Extension of Senatits Following termination of coverage, members are provided up to 40 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered		Included	
International Emergency Dental Program Provides emergency dental benefits while working or traveling abroad from Remard, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coincurrance, or walling periods and won't reduce the member coverage year annual maximum (if applicable)		Included	

Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this severage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

Commetic denticity: (unless included as part of you dental plan bunefits) provided by dentists solely for the purpose of improving the appearance of the tools when tools structure and function are satisfactory and no pathologic conditions (cavifies) exist

Drugo and medications including intravenous conscious seriation, for sedation and general anesthesia when performed with nonsurgical dental care

Analyseia, analyseic agents, and anxiolysis missue exids, the specie drug injectors, medicines or drugs for nonsergical or surjical dental core except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Waiting periods for endodorito, percelonite and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There is a 24 scords waiting period for replacement of congenitally missing tools or tools extracted prior to coverage under this plan.

This is not a contract; it is a partial listing of herefits and services. All covered services are subject to the conditions, finitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this exemusry and the policy, your policy will prevail.

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