



2011

Employee Benefit Overview

Faculty & Administration

INSIDE

Benefit Overview 1

Eligibility & Enrollment 2

Medical Insurance 3

About Your HSA 4-5

About Your Flexible Spending Accounts 6-7

Dental 8

Life, AD&D, Disability & Voluntary Life 9

Retirement 10

Contact Information 11

MAY, BONEE & WALSH
INSURANCE SERVICES

FOR TOMORROW. TODAY.

180 Glastonbury Boulevard
Glastonbury, CT 06033
Phone: (860) 430-3700
Toll-Free: (877) 412-1234
Fax: (860) 430-3730

Dear Faculty & Administrator,

We realize that, as an employee of Avon Old Farms School, you are our most important asset. We have made great strides toward creating a culture that is focused on our mission for both our students and our employees.

We are proud to offer you the Avon Old Farms School benefit package. Significant resources have been spent designing these programs to help you and your family maintain a healthy and productive life. Please take the time to review your employee benefit plan, as it is an important part of your overall compensation package. The following pages describe our benefits. For additional details please be sure to check summaries for each coverage.

Medical & Vision You have the option of enrolling in a High Deductible Health Plan (HDHP.) Certain drugs that are on the Cigna Preventive drug list will have no member Cost Share. See the attached 2011 Preventive Drug List for details.

HSA Banking

Contributions will continue through Avon Old Farms School and will be deposited into the Simsbury Bank account.

Dental

Avon Old Farms School will now offer Aetna Dental for our dental plan. You will have the same option to choose between the two plans. The Base Plan provides coverage for preventative and basic services only. The Buy Up Plan adds coverage for major and orthodontic services. Avon Old Farms School will continue to fund part of your dental premium. Please note that crowns and denture repair will only be covered in the high plan.

Life, AD & D & LTD

Avon Old Farms School will continue to offer Life and Disability coverages from The Standard Insurance Company.

If you have any questions, please do not hesitate to call. Thank you for being a part of Avon Old Farms School.

Sincerely,

Jennifer Hill



Eligibility & Enrollment

ELIGIBILITY

For full-time benefit eligible employees, benefits begin on the date of hire.

ENROLLMENT

Please select your desired benefits. Once you have made your elections, you will not be able to change them until July 1, 2018 without a qualifying life event.

☐ **Medical and Dental:** We will offer employee Self-enrollment with PPI. Avon Old Farms will begin online enrollment through PPI for your medical, dental and voluntary life elections. The site is available from May 15th through May 25th. You must access this system if you want medical coverage through Cigna for the 2018-2019 benefit plan year.

☐ **Flexible Spending Account:** Please complete the American Benefit Group FSA Form if you would like to participate in either the medical or dependent care accounts. To participate in this benefit you will need to complete an enrollment form even if you previously elected to participate.

☐ **Enrollment Confirmation / Waiver:** Please complete the Enrollment confirmation / Waiver Form.

* HSA and Elective Deferral elections will be made on a calendar year basis.

SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.

For Employees of Avon Old Farms School
HDHP Open Access Plus



General Services	In-Network	Out-of-Network
Physician office visit	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Cigna Telehealth Connection services <ul style="list-style-type: none"> Includes charges for the delivery of medical and health-related consultations via secure telecommunications technologies, telephones and internet only when delivered by contracted medical telehealth providers (see details on myCigna.com). Telehealth services rendered by providers that are not contracted medical telehealth providers (as described on myCigna.com) are covered at the same benefit level as the same services would be if rendered in-person. 	You pay 0% Plan pays 100% after the plan deductible is met	Not Covered
Urgent care visit <ul style="list-style-type: none"> All services including Lab & X-ray 	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Preventive Care	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met
Preventive Services	Plan pays 100%, no copay, no deductible	Lab & X-Ray: Plan pays 100%, no copay, no deductible All other services: You pay 30% Plan pays 70% after the deductible is met
Immunizations	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met

7/1/2017

CT
Health Savings Account Open Access Plus - Avon Old Farms School - 6344257. Version# 9
KitTrak: CSW23686

General Services	In-Network	Out-of-Network
Med pharmacy plan <ul style="list-style-type: none"> Includes contraceptives - with specific products covered at 100% Deductible and out of pocket maximums are integrated with medical Pharmacy copays accumulate to the medical out-of-pocket Member can elect Brand or Generic with no penalty Deductible is waived for all preventive care drugs Includes home delivery Cigna National Pharmacy Network You can choose to fill your medications in a 30- or 90-day supply at any network pharmacy. Your Cigna Advantage Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. Some of the more expensive drugs are excluded when there are less expensive alternatives. To check which drugs are included in your plan, please log on to myCigna.com. Specialty medications are limited to a 30-day supply Specialty Drugs provided at Home Delivery at the Retail cost share 	<p>Once the medical deductible is met then the member is responsible for the copay</p> <p>Retail - (per 30 day supply) Tier 1: \$5 Tier 2: \$25 Tier 3: \$40</p> <p>Retail and Home Delivery - (per 90 day supply) Tier 1: \$15 Tier 2: \$75 Tier 3: \$120</p>	<p>You pay 50% Plan pays 50%</p>
Coinsurance	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Plan year deductible <ul style="list-style-type: none"> Entire Family deductible must be met before benefits will be paid. In-network and out-of-network expenses do not cross accumulate. 	Individual \$2,500 Family \$5,000	Individual \$4,000 Family \$8,000
Out-of-pocket annual maximum <ul style="list-style-type: none"> Medical deductibles apply towards the out-of-pocket maximums Expenses do not cross accumulate between in-network and out-of-network out-of-pocket maximums After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. 	Individual \$3,500 Individual – In a Family \$6,550 Family \$7,000	Individual \$6,000 Individual – In a Family \$12,000 Family \$12,000
Lifetime maximum	Unlimited Per individual	
Emergency room care <ul style="list-style-type: none"> All services rendered apply to ER benefit including Lab & X-ray 	You pay 0% Plan pays 100% after the in-network deductible is met	

7/1/2017

CT

Health Savings Account Open Access Plus - Avon Old Farms School - 6344257. Version# 9

KitTrak: CSW23686

General Services	In-Network	Out-of-Network
Ambulance	You pay 0% Plan pays 100% after the in-network deductible is met	
Office surgery	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Other office services <ul style="list-style-type: none"> Independent lab paid based on status of the facility 	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Outpatient lab and x-ray <ul style="list-style-type: none"> Independent Lab and X-ray paid based on status of the facility 	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Office advanced radiology imaging services <ul style="list-style-type: none"> Includes MRI, MRA, PET, CT-Scan and Nuclear medicine 	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Outpatient advanced radiology imaging services <ul style="list-style-type: none"> Includes MRI, MRA, PET, CT-Scan and Nuclear medicine 	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Durable medical equipment <ul style="list-style-type: none"> Unlimited lifetime maximum Unlimited annual maximum Includes external prosthetic appliances Does accumulate towards the out-of-pocket maximum Unlimited maximum per plan year for Wigs prescribed for hair loss due to chemotherapy. 	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Breast-feeding equipment and supplies <ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies 	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met

Benefits	In-Network	Out-of-Network
Hospital Services		
Inpatient hospital services <ul style="list-style-type: none"> Including anesthesia Inpatient Lab & X-ray services are subject to the professional service reimbursement 	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Outpatient hospital services <ul style="list-style-type: none"> Outpatient surgery Including anesthesia Ambulatory Surgery Lab & X-Ray paid based on facility network status 	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Skilled nursing facility care <ul style="list-style-type: none"> 100 days per plan year maximum 	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Hospice care	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Home health care <ul style="list-style-type: none"> 100 visits per plan year maximum 	You pay 0% Plan pays 100% after the deductible is met	You pay 25% Plan pays 75% after the deductible is met

7/1/2017

CT

Health Savings Account Open Access Plus - Avon Old Farms School - 6344257. Version# 9

KitTrak: CSW23686

Benefits	In-Network	Out-of-Network
Mental Health and Substance Use Disorder		
Inpatient mental health	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Inpatient substance use disorder	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Outpatient mental health – all other services	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Outpatient mental health – office • Includes behavioral telehealth consultation	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Outpatient substance use disorder – all other services	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Outpatient substance use disorder – office • Includes behavioral telehealth consultation	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Therapy Services		
Outpatient physical therapy, speech therapy, hearing therapy and occupational therapy • 40 visits per plan year	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Chiropractic services • 20 visits per plan year	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Acupuncture	Not Covered	Not Covered
Additional Services		
Family planning • Vasectomy • Includes elective abortions • Unlimited lifetime maximum for infertility treatment	Varies based on place of service	You pay 30% Plan pays 70% after the deductible is met
Contraceptives • Includes contraceptive devices as ordered or prescribed by a physician • Surgical services such as tubal ligation are covered (excluding reversals) • Physician services	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met
TMJ • Unlimited plan year maximum for surgical and non-surgical treatment	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Organ transplant • Services paid at network level if performed at Cigna LifeSOURCE Transplant Network® Facilities • Travel maximum Unlimited (only available if using Cigna LifeSOURCE Transplant Network® facility)	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met with no transplant maximums
Hearing Aid • Includes testing and fitting of hearing aid devices.	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met

7/1/2017

CT

Health Savings Account Open Access Plus - Avon Old Farms School - 6344257. Version# 9

KitTrak: CSW23686

Benefits	In-Network	Out-of-Network
Vision Services		
Eye exams	Plan pays 100%, no copay, no deductible	
Lenses, contacts and frames	Not Covered	
Benefit period	Once every plan year	

Additional Information

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

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

Out of Pocket Maximum

Once you reach the individual or family out-of-pocket maximum (non-covered benefits are excluded from this total) in any one plan year, covered services will be payable at 100% for the remainder of the year.

- Medical deductibles apply towards the out-of-pocket maximums

Plan Coverage for Out-of-Network Providers

- The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or at 110% of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or supply or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. Out-of-network services are subject to a plan year deductible and maximum reimbursable charge limitations.

Complete Care Management

Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their customers. For an out-of-network provider, the customer is responsible for following the pre-authorization procedures. If a customer does not follow requirements for obtaining pre-treatment authorization, the lesser of 50% of covered expenses or a \$250 penalty will be applied.

General Notice of Preexisting Condition Exclusion

- Not applicable

Exclusions

What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document
- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any Worker's Compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Gene manipulation therapy
- Smoking cessation programs
- Non-emergency services incurred outside the United States
- Bariatric surgery - except when medical necessity guidelines are met

These are only the highlights

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

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc. and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

EHB State: CT



About Your HSA

How does an HSA Work?



Single Coverage: Avon Old Farms School deposits \$1,000 into your Health Savings Account annually.
Family Coverage: Avon Old Farms School deposits \$2,000 into your Health Savings Account annually.



You may also contribute to your HSA on a pre-tax basis through payroll deduction or by depositing money directly into your account and taking a tax deduction when you file.



The total amount in your Health Savings Account (your employer's contribution and your own combined) may not exceed the 2017 federal limits (\$3,400 for individuals and \$6,750 for families). If you are age 55 or older you may contribute \$1,000 additional as a catch-up contribution.



When you go to the pharmacy or physician's office, show them your Cigna ID Card so the services rendered will be applied to your medical plan deductible (\$2,500 for individuals and \$5,000 for families).



You can utilize your Simsbury Bank debit card or checks to pay for any HSA eligible expenses. The following page provides a list of eligible and ineligible expenses. You must have available funds in the HSA in order to make purchases through the account.

Prior to paying for any claim, you should make sure Cigna has processed the claim and determined your responsibility. Pharmacy claims are processed live, which means the pharmacy runs the costs through Cigna prior to advising you how much the purchase will cost. Physician's offices, hospitals, labs and other providers will have to submit the claim to Cigna for processing prior to being advised of your responsibility.

2018 PREVENTIVE DRUG LIST



As of July 1, 2018

Preventive medications are used to prevent conditions like high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency.

This document shows the most commonly prescribed preventive generic and brand name medications covered by your plan as of July 1, 2018.* **The Preventive Drug List is regularly updated so it's important to know that this is not a complete list of covered medications, and not all of the medications listed here may be covered by your specific plan.**

Here's some helpful information about this drug list:

- › Medications are listed alphabetically by the condition they prevent.
- › Brand name medications are capitalized and generic medications are lowercase.
- › Some brand name preventive medications have a generic equivalent. For these medications, the generic will be listed in parenthesis next to the brand name.
- › Some preventive medications are also considered "specialty" medications. Some plans may cover specialty medications on a specialty tier, may limit you to a 30-day supply and/or require the use of a preferred specialty pharmacy. Log the **myCigna**® website or app or check your plan materials to find out how your plan covers specialty medications.

Some plans have specific coverage requirements for preventive medications. For example, you may have to pay a copay, coinsurance (the percentage you pay after you meet your deductible) and/or deductible (the amount you pay before your plan starts to pay) for preventive generic medications. Or, your plan may cover preventive generic medications at 100%, or no cost (\$0) to you. You should log into the **myCigna** website or app or check your plan materials to learn more about how your plan covers these medications. You can also use the Drug Cost tool to estimate how much your medications may cost.

Lower-cost options

Your plan covers many preventive medications. You should ask your doctor if a lower-cost option may be right for you. Generic medications have the same strength and active ingredients as brand name medications, but often cost much less – in some cases, up to 80–85% less.**

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

885985 k All with Diabetic Supplies for Value/Adv 04/18

Preventive Drug List

Asthma related

Accolate (zafirlukast)
Advair Diskus
Advair HFA
albuterol
Anoro Ellipta
Atrovent HFA
Breo Ellipta
Brovana
budesonide
Cafcit (caffeine citrate)
Combivent Respimat
(ipratropium-albuterol)
cromolyn
fluticasone-salmeterol
Incruse Ellipta
ipratropium
levalbuterol HFA
metaproterenol
Perforomist
ProAir HFA
ProAir RespiClick
Pulmicort
QVAR
QVAR Redihaler
Singular (montelukast)
Striverdi Respimat
Symbicort
terbutaline
Theo-24
Theochron (theophylline
anhydrous)
theophylline
Xolair
Xopenex (levalbuterol)
Xopenex Concentrate
(levalbuterol)
zileuton ER

Blood pressure related

acebutolol
acetazolamide
Adalat CC (nifedipine)
Afedtab CR (nifedipine)
Aldactazide
(spironolactone-HCTZ)
Aldactone (spironolactone)
amiloride

amiloride-HCTZ
amlodipine-benazepril
amlodipine-olmesartan
amlodipine-valsartan
amlodipine-valsartan-HCTZ
benazepril
benazepril-HCTZ
Betapace AF (sotalol AF)
betaxolol
bisoprolol
bumetanide
Calan
Calan SR
candesartan
candesartan-HCTZ
captopril
captopril-HCTZ
Cardizem LA (diltiazem)
Cardura (doxazosin)
Cardura XL
Carospir
Cartia XT
Catapres (clonidine)
Catapres-TTS (clonidine)
chlorthalidone
Clorpres
Coreg (carvedilol)
Coreg CR (carvedilol ER)
Corgard (nadolol)
Corzide (bendroflumethiazide-
nadolol)
Demadex (torsemide)
Demser
Dibenzylamine (phenoxybenzamine)
diltiazem
Dilt-XR (diltiazem)
Diuril (chlorothiazide)
Dutoprol (metoprolol ER-HCTZ)
Dyazide (triamterene-HCTZ)
Dyrenium
enalapril
enalapril-HCTZ
Epaned
eprosartan
felodipine ER
fosinopril
fosinopril-HCTZ
guanfacine

Hemangeol
hydralazine
hydrochlorothiazide
indapamide
Inderal LA (propranolol)
Inderal XL
Innopran XL
Inspra (eplerenone)
irbesartan
irbesartan-HCTZ
isradipine
labetalol
Lasix (furosemide)
lisinopril
lisinopril-HCTZ
Lopressor (metoprolol tartrate)
Lopressor HCTZ
(metoprolol-HCTZ)
losartan
losartan-HCTZ
Matzim LA (diltiazem)
Maxzide (triamterene-HCTZ)
methyclothiazide
methyldopa
methyldopa-HCTZ
metolazone
Microzide
Minipress (prazosin HCl)
minoxidil
moexipril
moexipril-HCTZ
Neptazane (methazolamide)
nicardipine
nimodipine
Norvasc (amlodipine)
Nymalize
olmesartan
olmesartan-amlodipine-HCTZ
olmesartan-HCTZ
perindopril
pindolol
Prestalia
Procardia (nifedipine)
Procardia XL (nifedipine)
propranolol ER
propranolol-HCTZ
Qbrelis
quinapril

Brand name medications are capitalized and generic medications are lowercase

Blood pressure related

(continued)

quinapril-HCTZ
ramipril
Sorine (sotalol)
Sotylize
Sular (nisoldipine)
Taztia XT (diltiazem)
telmisartan
telmisartan-amlodipine
telmisartan-HCTZ
Tenoretic (chlorthalidone-atenolol)
Tenormin (atenolol)
terazosin
Tiazac (diltiazem)
timolol
Toprol XL (metoprolol succinate)
trandolapril
trandolapril-verapamil ER
valsartan
valsartan-HCTZ
Vecamyl
Verelan (verapamil)
Verelan PM (verapamil)
Ziac (bisoprolol-HCTZ)

Blood thinner related

Aggrenox
(aspirin-dipyridamole ER)
Brilinta
cilostazol
Coumadin (warfarin)
dipyridamole
Durlaza
Effient
Eliquis
Integrilin (eptifibatide)
Jantoven (warfarin)
Plavix (clopidogrel)
Pradaxa
prasugrel
Savaysa
Xarelto
Zontivity

Cholesterol related

atorvastatin
Caduet (amlodipine-atorvastatin)
Colectid (colestipol)
ezetimibe-simvastatin
fenofibrate
Fibricor (fenofibric acid)

fluvastatin ER
fluvastatin
Lipofen (fenofibrate)
Lopid (gemfibrozil)
lovastatin
Lovaza (omega-3 acid ethyl esters)
Niacor
Niaspan (niacin ER)
pravastatin
Prevalite
Questran (cholestyramine)
Questran Light (cholestyramine)
rosuvastatin
simvastatin
Tricor (fenofibrate)
Triglide
Triklo
Trilipix (fenofibric acid)
Vascepa
Welchol
Zetia (ezetimibe)

Diabetes related

*Log in to the **myCigna** website
or check your plan materials
to learn more about how your
plan covers diabetes-related
preventive medications.*

ACTOplus met
(pioglitazone-metformin)
ACTOplus met XR
ACTOS (pioglitazone)
alogliptin
alogliptin-metformin
alogliptin-pioglitazone
Amaryl (glimepiride)
Avandia
Basaglar
Bydureon
Byetta
chlorpropamide
Cycloset
Diabetic Supplies (i.e. lancets,
syringes, urine test, alcohol pads)
Duetact (pioglitazone-glimepiride)
Farxiga
glipizide-metformin
Glucophage (metformin)
Glucophage XR (metformin)
Glucotrol (glipizide)
Glucotrol XL (glipizide)
Glucovance (glyburide-metformin)

glyburide
Glynase (glyburide micronized)
Glyset (miglitol)
Glyxambi
Humalog
Humulin
Janumet
Janumet XR
Januvia
Jardiance
Levemir
OneTouch test strips and meters
Ozempic
Prandin (repaglinide)
Precose (acarbose)
QTERN
repaglinide-metformin
Riomet
Soliqua
Starlix
SymlinPen
Synjardy
Synjardy XR
tolazamide
tolbutamide
Tresiba
Trulicity
Xigduo XR
Xultophy

Osteoporosis related

alendronate sodium
Atelvia (risedronate)
Binosto
Boniva (ibandronate)
etidronate
Evista (raloxifene)
Forteo
Fosamax (alendronate)
Fosamax Plus D
Miacalcin (calcitonin-salmon)
Tymlos

Prenatal vitamins

*All prescription-strength prenatal
vitamins are considered preventive.*

*Check your plan materials for
formulary placement of branded
prenatal vitamins.*



* State laws in Texas and Louisiana require health insurance plans to cover medications at current benefit levels until the plan renews. This means that if a medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, the plan can't make these changes until the plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.

** U.S. Food and Drug Administration (FDA) website, "Facts About Generic Drugs." Last updated 06/28/16.

Cigna reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms: OK - HP-APP-1 et al (CHLIC); TN - HP-POL43/HC-CER1V1 et al (CHLIC), GSA-COVER, et al (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.



Using Your HSA

What can I pay for using my HSA?

- Acupuncture
- Alcohol & drug treatment
- Ambulance costs
- Anesthesia
- Artificial limbs and teeth
- Automobile modifications for handicapped
- Bandages
- Birth control pills
- Braille books and magazines
- Chiropractic care
- Christian Science practitioners
- Contact lens and solutions
- Co-pays
- Corrective eye surgery
- Crutches
- Dental fees, including exams & cleanings
- Dental implants
- Diagnostic tests
- Eye examinations
- Eyeglasses including prescription sunglasses and reading glasses
- Fertility enhancement
- Guide dogs (purchase, training and maintenance)
- Hearing aids and batteries
- Hospital services
- Inpatient therapy
- Periodontal fees
- Insulin Injections
- Laboratory fees
- Long-term care insurance (restrictions apply)
- Medical insurance premiums while unemployed
- Medicare coverage
- Mental/nervous treatment
- Nursing care
- Obstetrical expenses
- Organ transplants
- Orthodontic treatment (restrictions apply)
- Oxygen and equipment
- Prescription drugs
- Premiums for COBRA continuation
- Psychiatric care
- Smoking-cessation programs
- Telephone for the deaf
- Transportation for medical care
- Vaccinations
- Walkers
- Weight loss treatments (restrictions apply)
- Wheelchairs
- X-rays

Can I pay Insurance Premiums with my HSA?

You can pay for certain long-term care insurance premiums, Medical insurance premiums while unemployed, and COBRA continuation premiums.

What is not covered under my HSA?

- Cosmetic Surgery and procedures
- Diaper services
- Domestic help fees
- Electrolysis
- Swimming or dancing lessons, even if recommended by a doctor
- Over-the-counter drugs (to alleviate illness or injury)
- Personal use items
- Physical or massage therapy for general health
- Premiums for Medigap
- Liposuction
- Marriage counseling
- Maternity clothes
- Over-the-counter products for general health (such as vitamins, toothpaste, lotion)
- Funeral expenses
- Health insurance premiums
- Homeopathic items
- Illegal operations and treatments
- Teeth whitening

Effective January 1, 2011 over-the-counter purchases are no longer permitted without a prescription.



About Your Flexible Spending Accounts (FSA)

Limited Purpose FSA & Dependent Care Flexible Reimbursement Accounts

Plan Administration:	American Benefits Group
Eligibility:	All active full-time and part-time employees who work at least 20 hours per week or more. If you have an HSA, then you are not eligible to enroll in the medical portion of the FSA. You may use your FSA for limited purpose expenses. See Limited Purpose FSA Publication 501 for details.
Reimbursement Accounts:	A Limited Purpose FSA and dependent reimbursement account, also called a Flexible Spending Account (FSA), is a way for you to put money aside BEFORE TAXES to be reimbursed to you when you have eligible Limited Purpose FSA or daycare expenses for yourself, your spouse and all dependents claimed on your tax return. There are two separate reimbursement accounts for you to consider. You have the option of either selecting a Medical Reimbursement Account to help cover out-of-pocket Limited Purpose FSA, dental or vision expenses, a Dependent Care Reimbursement Account, which will reimburse you for daycare expenses or you may choose to participate in both accounts. The following tax savings illustration shows you just how you save money by using these accounts.

Employee Tax Saving Illustration / Reimbursement Accounts		
Weekly Earnings	Without Accounts \$400.00	With Accounts \$400.00
Account Deposit (Before Taxes)	\$0	\$10 Medical \$100 Daycare
Taxable Wages	\$400.00	\$290.00
Taxes: Federal 15% / FICA		
7.65%		
State 5%	\$110.60	\$80.19
Expense (After Tax)	\$110.00	\$0
Net Take Home Pay	\$179.40	\$209.81
Weekly Savings	N/A	\$30.41
Annual Savings	N/A	\$1,581.32

Contribution Amounts:	Annual Minimum: The minimum annual contribution to both of these accounts is \$100.
	Annual Maximum: The Limited Purpose FSA Account annual maximum contribution is \$2,500. The Dependent Care Account is set by the IRS at \$5,000 if you are a single parent or are married, filing jointly; \$2,500 if you are married, filing separately.

It is recommended that you be conservative in projecting your future expenses. By law, any money left in the account is forfeited at the end of the plan year. "Use It or Lose It"

Please see the following page for a listing of eligible expenses.
Due to IRS regulations, if you fund an HSA you may not also participate in the medical portion of an FSA. (limited purpose)



Using Your FSA

Limited purpose health care FSA at-a-glance

If you participate in the HSA Plan and participate in a health savings account, you can only enroll in the limited purpose health care FSA, not the standard health care FSA.

The limited purpose health care FSA allows you to reimburse yourself for eligible dental and vision expenses.

Dental and vision expenses are also eligible under your health savings account, but you cannot claim the same expenses on both accounts.

You cannot submit medical, prescription drug, or over-the-counter medication expenses to your limited purpose health care FSA for reimbursement — those expenses are eligible only for reimbursement from your health savings account.

If you have both an HSA and a limited purpose health care FSA...	Can you use your HSA?	Can you use your limited purpose health care FSA?
Medical expenses you incur, such as your deductible and coinsurance costs	Yes	No
Prescription drug expenses you incur	Yes	No
Over-the-counter (OTC) medication expenses	Yes, with doctor's prescription	No. Some over-the-counter medications for dental care may be eligible for reimbursement.
Dental expenses, such as visits to the dentist and orthodontia (unreimbursed expenses only)	Yes	Yes
Vision expenses, such as eyeglasses and contact lenses.	Yes	Yes

What is not covered under my FSA?

- Cosmetic Surgery and procedures
- Diaper services
- Domestic help fees (for nonmedical services)
- Electrolysis
- Funeral expenses
- Health insurance premiums
- Homeopathic items
- Illegal operations and treatments
- Liposuction
- Marriage counseling
- Maternity clothes
- Over-the-counter products for general health (such as vitamins, toothpaste, lotion)
- Over-the-counter drugs (to alleviate illness or injury)
- Personal use items
- Physical or massage therapy for general health
- Premiums for Medigap
- Swimming and dancing lessons, even if recommended by a doctor
- Teeth whitening
- Medical/Rx expenses covered under your health plan/HSA

**Over-the-counter purchases not permitted without a prescription.
(effective January 1, 2011)**

**Refer to the IRS Publication 501 available online at
www.irs.gov/pub/irs-pdf/p502.pdf for a complete list.**



Dental Insurance

You have the option of two dental plans: Base or Buy Up. Your election cannot be switched until your next open enrollment period. You can seek services from any dentist; however, if you choose to see an in network dentist you may pay less out of your pocket. Remember that both plans will pay up to the 90th percentile of the reasonable and customary charge. Your dental services will fall under one of four categories: Preventive, Basic, Major, or Orthodontic. Each category has a different level of coverage. Please refer to the schedule of dental procedures located in your benefit summary from The Standard. This can be found in your Open Enrollment packet.

BENEFIT	AETNA	
	BASE OPTION (LOW)	BUY UP OPTION (HIGH)
Calendar Year Deductible	\$25 Individual \$75 Family	\$25 Individual \$75 Family
Preventive Services	100%	100%
Basic Services	90%	100%
Major Services	0%	60%
Annual Maximum	\$1,500	\$1,500
PREVENTIVE SERVICES DO NOT APPLY TO ANNUAL MAXIMUM		
Orthodontics	Not Covered	50%
Orthodontics Lifetime Maximum	N/A	\$1,500
Rollover	Included	Included*

* An employee who elects the **Either Plan** has the opportunity to rollover and bank a portion of the unused annual maximum to be used in future years. Please see the Aetna benefit summary in your enrollment kit for details.

Premium Per Pay Period (12)

Base Tier		Buy Up Tier	
Employee Only	\$ 7.35	Employee Only	\$ 26.60
Employee + 1	\$18.08	Employee + 1	\$ 43.94
Family	\$ 27.51	Family	\$ 79.61



Life, AD&D Insurance & Voluntary Life



LIFE / AD&D INSURANCE

You will receive both life and accidental death and dismemberment coverage equal to \$50,000. Benefits are reduced by 35% at age 65 and by 50% at age 70. Your benefits will terminate upon retirement or at end of employment.

Avon Old Farms School pays for your life and accidental death and dismemberment insurance in full.



LONG TERM DISABILITY

Long Term Disability pays you 60% of your pre-disability monthly income, to a maximum monthly benefit of \$9,000. Benefit payments begin once you have satisfied a 180 day benefit waiting period. Payments will continue as long as you qualify as disabled under the terms of the policy, or up to your normal Social Security retirement age.

Avon Old Farms School pays for your long term disability insurance in full.



VOLUNTARY LIFE

Voluntary Life Insurance can be purchased for you, your spouse, and eligible children. The coverage is available at group rates and through payroll deduction. Please keep in mind that in order to enroll a spouse and/or child(ren), you must enroll yourself.

As an employee, you can buy insurance in increments of \$10,000, to a maximum amount of \$500,000.

For your spouse, you can buy insurance in increments of \$10,000 equal to 100% of employee coverage, up to \$100,000.

For your child(ren), you can buy \$10,000.

The benefit of your voluntary life insurance reduces by 35% at age 65 and by 50% at age 70.

Please see rate table in the Standard booklet for costs.



Retirement

AVON OLD FARMS SCHOOL RETIREMENT PLANS

Faculty and Administration Retirement Plan:

Employees who are regularly scheduled to work at least 20 hours per week and who have worked 1000 hours will be enrolled automatically once they are eligible. Avon Old Farms School will make a contribution to the plan equal to 15% of your total compensation up to the maximum social security wage base and 5% thereafter.

Supplement Retirement Account (SRA):

The Supplemental Retirement Account (SRA) plan is a voluntary plan offered to employees who are regularly scheduled to work at least 35 hours per week. You may participate in salary deferrals on the first of the month following employment, provided you have attained age 21.

Employee contributions are made through payroll deduction on a before tax basis. Plan earnings grow tax deferred until retirement. You may contribute a percentage of your salary or a specific dollar amount each pay period, up to \$18,500 in 2018. In addition, individuals age 50 or older may make an additional pre-tax “catch up” contribution of up to \$6,000 in 2018.

Investments:

Your Retirement Plan is offered by TIAA-CREF. You have numerous investment options to choose from. The investment portfolio provides a mix of mutual funds to match different comfort levels of risk and expectations of investment return. You may change your investment mix as often as you would like by calling TIAA-CREF at 1-800-842-2733 or logging into your account on their website www.tiaa-cref.org.

Vesting:

You are always 100% vested in both employer contributions and your own contributions in both plans.

Administrator:

TIAA-CREF

See Human Resources for a summary plan description and an enrollment kit which outlines all available choices, or go online at www.tiaa-cref.org or **TIAA-CREF** at 1-800-547-7754.



Contact Information

Coverage/Carrier	Phone	Website
MEDICAL		
Cigna	1-866-494-2111	www.connecticare.com

Simsbury Bank	1-800-754-4238	www.simsburybank.com
----------------------	----------------	--

DENTAL

AETNA	1-877-238-6200	www.aetnadental.com
--------------	----------------	--

TRAVEL ASSISTANCE PLAN

UnitedHealthcare Global	1-800-527-0218	https://members.uhcglobal.com/standard/standard1.aspx
--------------------------------	----------------	---

EMPLOYEE ASSISTANCE PROGRAM

The Standard	1-888-293-6948	www.eapbda.com
---------------------	----------------	--

Contact	Phone	Email
Ryan Friedman Partner May, Bonee & Clark	860-430-3700	rfriedman@mayboneeclark.com