OXFORD BOARD OF EDUCATION

And

PHYSICAL AND OCCUPATIONAL THERAPIST EMPLOYEES
LOCAL 1303-477 OF COUNCIL 4
AFSCME, AFL-CIO

LABOR AGREEMENT

July 1, 2016 through June 30, 2019
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INTRODUCTORY CLAUSE

This Agreement made by and between the Oxford Board of Education and Local 1303-477 of the American Federation of State, County and Municipal Employees, AFL-CIO, hereinafter referred to as the Union, in order to increase general efficiency in the School System and to maintain the existing relationship between the Board and its employees and to promote the morale, equal rights, well-being, and security of its employees, the Board and the Union hereby bind themselves into this mutual agreement as follows:

ARTICLE I – RECOGNITION

1.0 The Board of Education hereby recognizes AFSCME Council 4, Local 1303-477, as the sole and exclusive bargaining representative of all licensed physical and occupational therapists working more than nineteen-and-a-half (19.5) hours per week for the purposes of, and with all the rights and privileges as provided by Section 7-467 et seq. of the Connecticut General Statutes.

ARTICLE II – MANAGEMENT RIGHTS

2.0 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 the rights, powers and authority heretofore had by it, and shall have the sole right, responsibility and prerogative of management of the affairs of the Board of Education and direction of the working forces, including, but not limited to those rights provided by Conn. Gen. Stat, 10-220 and the following:

a. To maintain public schools and such other educational activities as in its judgment will serve the interest of the students and Town of Oxford.

b. 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.

c. To discontinue processes or operations or to discontinue their performance by employees in accordance with layoff procedures.

d. To select and to determine the number and types of employees required to perform the Board's operations, and to create, modify and/or eliminate positions accordingly.

e. To employ, assign, transfer, promote or demote employees, or to lay off, furlough, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons when it shall be in the best interests of the Board.
f. To prescribe and enforce reasonable rules and regulations for the maintenance of
discipline and for the performance of work in accordance with the requirements of
the Board, and to discipline employees as determined to be appropriate by the
Board.

2.1 Coverage

In the event of an employee's excused or unexcused absence from work of one week or
longer, the Superintendent or his or her designee may retain contracted services after first
offering such work to qualified bargaining unit members. In no event shall employees be
laid off or suffer a reduction of hours because of such contracting.

ARTICLE III – UNION SECURITY

3.0 All employees shall, as a condition of employment, either become members of the Union
after ninety (90) days of employment or refrain from joining the Union; and, so long as
they remain non-members, pay to the Union a service fee equivalent to the dues
uniformly required of the members. Employees shall, as a condition of employment,
execute in writing, a deduction authorization for the limited purpose of authorizing the
Board to deduct from their wages such dues, service fees and initiation fees fixed and
certified in writing by the Union, which shall be payable by each employee.

3.1 Employee Definition

Hereafter, where the term “employee” is used without further explanation in this
Agreement, it shall mean and include Article I, Section 1.0.

3.2 Dues Deduction

The Board agrees to deduct monthly dues, as certified by the Secretary of the Union,
from the wages of all employees covered by this Agreement. The Union shall save the
Board harmless from any and all claims, demands, suits or judgments arising from the
implementation of this Section.

3.3 Dues

The dues and fees deduction for each bi-weekly payroll will be remitted to the Council #4
office along with an itemized list of employees showing the amount of dues deducted,
addresses and social security numbers of said employees.

ARTICLE IV – SENIORITY

4.0 Seniority

Seniority within the bargaining unit shall be defined as length of continuous service since
the most recent hire with the Oxford Board of Education. A service break of less than 24
months, in the event of layoff, shall not be considered a break in service, though no
seniority will accrue during any such break in service. All future hires into the local shall
have their seniority from the date hired into the local.

4.1 Seniority List

The Board shall prepare a seniority list of bargaining unit employees on an annual basis
and e-mail said list with the salary schedule to the President of the Union, Local 1303-
477. The Board shall also e-mail copies of hire and termination letters to the Union
President as they occur.

ARTICLE V – LAYOFF PROCEDURE

5.0 In the event of a layoff, the following procedure shall apply, provided the employees who
remain after such layoff are qualified to perform the remaining available work. All
temporary and part-time employees working less than nineteen-and-a-half (19.5) hours
per week shall be laid off first. Thereafter, the least senior employee in an affected
classification (i.e. occupational therapist versus physical therapist) shall be laid off first.
The laid off employee shall have the right to fill any bargaining unit which may exist and
which the Board decides to fill, or bump the least senior, junior employee in his or her
therapist classification, provided such employee is qualified for such position. If the laid
off employee has no right to bump and is laid off, he or she shall receive two weeks
notice of said layoff.

5.1 Any employee who has been terminated because of a reduction in force shall have his or
her name placed on a recall list for a period of twenty-four (24) months, commencing
with the effective date of such termination.

5.2 Any employee on a recall list shall receive a certified letter with an offer of
reappointment at least fifteen (15) days prior to the reemployment. The employee shall
accept or reject the appointment in writing within ten (10) days after the above notice is
made. In the event an employee shall reject an appointment or fail to respond within ten
(10) days after the notice is made, then such employee's name shall be removed from said
list and he or she shall have no further rights pursuant to this policy.

5.3 No new employees shall be hired in a job classification until all qualified laid-off
employees from that area have been recalled or declined the opening.

5.4 Employees shall be recalled to their former or comparable (hours, benefits, rates of pay)
position for which they are qualified. Employees shall be offered all positions for which
they are qualified. However, rejection of a position which is not comparable to the
employee's former position shall not be counted against the employee's recall rights. If
an employee rejects a position on the basis that it is not comparable, he or she may not
later grieve or otherwise contest the fact that the Board has filled the position with
someone else.
5.5 It is the responsibility of the employee to keep the Board updated with a current mailing address for purposes of recall.

ARTICLE VI—PROBATIONARY PERIOD

6.0 All newly hired employees shall serve a 90 days-worked probationary period. During such probationary period, newly hired employees may be discharged without recourse to the grievance procedure.

6.1 All benefits and contractual rights under this Agreement shall begin after the initial 90 calendar days of employment unless otherwise indicated in this Agreement.

6.2 Seniority shall accrue from the date of hire if the probationary period is successfully completed.

ARTICLE VII—INSURANCE BENEFITS

7.0 For purposes of this Article employees who are regularly scheduled to work thirty (30) hours or more a week shall be considered full-time employees. Non-probationary employees who are regularly scheduled to work a minimum of twenty (20) hours per week for the duration of the school year shall be eligible for medical and dental benefits in accordance with this Article. Employees regularly scheduled to work twenty (20) or more hours per week but less than thirty (30) hours per week shall be eligible for insurance benefits in accordance with this Article and the following Section 7.4.

7.1 The Board will continue a Section 125 Plan to facilitate tax deductibility of premium copayments.

7.2 Effective at the commencement of the month following execution of this Agreement, the Board of Education shall pay eighty-two percent (82%) of the health insurance premiums on the following:

A. For him/herself and dependents, a High Deductible Health Plan (HDHP) with Health Savings Account (HSA). The HDHP/HSA Plan shall have deductibles of $2,500 for individual coverage and $5,000 for two-person/family coverage. See Appendix A for a description of said plan(s). During the month of December, starting in December 2017 and in each December thereafter, the Board will deposit fifty percent (50%) of the individual or family coverage deductible.

The Board will provide a Health Reimbursement Arrangement (HRA) or comparable plan to the bargaining unit members who are not eligible for the current insurance (HSA).

B. Full service dental with Rider A.
C. The employee shall be responsible for payment of the remaining health insurance premiums. If the employee elects no payroll deduction for insurances, the employee shall have waived his/her right to be covered by the insurances listed above.

7.3 Effective July 1, 2018 the Board of Education shall pay eighty-one percent (81%) of the health insurance premiums on the above-described insurance offerings.

7.4 The Board shall contribute to the cost of insurance listed above, for the employee and family, for employees who are employed less than full-time, the Board’s contribution towards the cost of insurance shall be equivalent to the amount of time the employee works on a weekly basis (e.g., one-half time employee one-half of the cost of the insurances, etc.). Effective upon execution of the Agreement, the Board shall provide for less than full-time employees, eighty-two percent (82%) of the pro-rata premiums set forth in the preceding sentence (e.g., one-half time employee-Board pays eighty-two percent (82%) of one-half of the cost of the insurance). Effective July 1, 2018 said percentage shall change to eighty-one percent (81%). If the employee elects no payroll deduction for insurances, the employee shall have waived his/her right to be covered by the insurances listed above.

7.5. The Board may, with reasonable advance notice to the Union, change insurance carriers or self-insure for all of or some of the aforementioned insurances, provided that such modification substitutes benefits which are substantially equivalent to or better than the benefits in this Agreement when the old and new plans are compared as a whole.

ARTICLE VIII – WORK YEAR

8.0 The work year shall equal the number of student school days in the approved calendar, plus one (1) additional professional learning day (“PLD”), with an additional PLD at the start of the 2018-19 school year. The scheduling of the PLD shall be determined by the Superintendent.

ARTICLE IX – HOLIDAYS

9.0 Employees shall be paid their normal daily wages for the following holidays when any such holiday falls on the employee’s normally scheduled work day (i.e Monday, Tuesday, etc.):

Labor Day
Columbus Day
Thanksgiving Day
Day After Thanksgiving
Christmas Day
New Year’s Eve Day
New Year’s Day
Martin Luther King Day
ARTICLE X – LEAVES OF ABSENCE

10.0 Sick Leave

A. All non-probationary employees shall be entitled to the use of sick leave in accordance with this Article. Sick leave may be used in minimum increments of half-a-day.

B. Employees who work 180 days per year or 5 days per week shall be granted 12 days of sick leave per year. Accrued to 90 days.

C. Employees who work 160 days per year or 4 days per week shall be granted 10 days of sick leave per year. Accrued to 80 days.

D. Employees who work 120 days per year or 3 days per week shall be granted 8 days of sick leave per year. Accrued to 70 days.

E. For purposes of this Article a “sick leave day” shall be defined as being equivalent to the number of hours the employee is regularly scheduled to work on the day in question.

10.1 Personal Leave

A. All non-probationary employees shall be entitled to the use of personal leave in accordance with this Article. Personal leave may be used in minimum increments of half-a-day. Personal leave hours are non-accumulative and shall be forfeited at the end of each school year if not used during such school year.

B. Employees who are regularly scheduled to work thirty (30) or more hours per week shall be entitled to the use of twenty (20) hours of personal leave per school year.

C. Employees who are regularly scheduled to work more than twenty (20) hours more hours per week but less than thirty (30) hours per week shall be entitled to the use of thirteen (13) hours of personal leave per school year.

D. Personal leave hours may only be taken only for the following reasons:

   1. Legal or financial situations that might arise wherein the employee's attendance is required.
2. Marriage (self, children, parents, siblings, siblings of spouse). Only one day will be allowed for each event.

3. Any serious illness or medical situation in the immediate family requiring the presence of the employee.

4. Attendance at high school or college graduation exercises for self, spouse, son or daughter.

5. Birth of child by wife, or adoption of child.

6. Observance of a major religious holiday.

7. Other appropriate personal business that cannot be transacted outside of school hours.

E. Any request for the use of personal leave hours, except in emergency situations, will be filed with the Superintendent or his or her designee, at least 48 hours prior to the time requested; but, in any event, all applications for such leave will be in writing on the prescribed form. The use of personal leave hours shall not be requested as part of a vacation or holiday. In unusual circumstances, where the provisions hereof cannot be met, the Superintendent may waive these conditions.

10.2 Bereavement Leave

A. A leave of absence, not to exceed five (5) consecutive calendar days commencing either on the day of the death or the day immediately following the day of death, shall be granted to any employee who is regularly scheduled to work thirty (30) hours or more per week whose spouse, father, mother, brother, sister, child or grandchild dies. The employee shall be paid their normal wages for all regularly scheduled days of work occurring within the five (5) day bereavement leave period. At the discretion of the Superintendent, this limit may be extended due to extraordinary circumstances.

B. A leave of absence, not to exceed three (3) consecutive calendar days commencing either on the day of the death or the day immediately following the day of death, shall be granted to any employee who is regularly scheduled to work between twenty (20) and thirty (30) hours per week whose spouse, father, mother, brother, sister, child or grandchild dies. The employee shall be paid their normal wages for all regularly scheduled days of work occurring within the three (3) day bereavement leave period. At the discretion of the Superintendent, this limit may be extended due to extraordinary circumstances.

C. Time off to attend the funeral of a mother-in-law or father-in-law of current marriage shall be granted. Such leave shall be with pay and shall not exceed three (3) consecutive calendar days for employees regularly scheduled to work thirty
(30) hours or more per week and two (2) days for employees regularly scheduled to work between twenty (20) and thirty (30) hours per week. The employee shall be paid their normal wages for all regularly scheduled days of work occurring within the applicable bereavement leave period. Due to extenuating circumstances, this limit may be extended at the discretion of the Superintendent.

D. Time off to attend the funeral of an aunt or uncle; sister-in-law, brother-in-law, daughter-in-law, son-in-law of the current marriage; or stepmother, stepfather, or grandparent shall be granted to employees regularly scheduled to work thirty (30) or more hours per week. Such leave shall be with pay, not to exceed one (1) day. Due to extenuating circumstances, this limit may be extended at the discretion of the Superintendent.

E. Any employee may at his or her discretion use available Personal Leave to extend any period of bereavement.

10.3 Jury Duty

Any employee who is called for jury duty shall receive the necessary leave to fulfill this legal obligation. This leave shall not be deducted from an employee's paid time off balance. The employee shall receive a rate of pay equal to the difference between the normal daily rate of pay and the per diem jury fee received, if the latter is less, for the first five days, as required by law.

ARTICLE XI – WAGES

11.0 Effective and retroactive to July 1, 2016, employees shall be paid an hourly wage of $56.90. Effective and retroactive to July 1, 2017 employees shall be paid an hourly wage of $58.32. Effective July 1, 2018 employees shall be paid an hourly wage of $59.78.

11.1 Employees shall be paid through direct deposit at a participating bank or qualified financial institution of the employee’s choice, on a biweekly basis.

ARTICLE XII – GRIEVANCE PROCEDURE

12.0 Purpose

The purpose of the procedure is to secure, at the lowest possible administrative level, equitable solutions to problems which may arise affecting the welfare or working conditions of employees.

12.1 Definition

A grievance shall mean a claim, in writing, that there has been an alleged violation of a specific provision(s) of this Agreement. A valid grievance must be in writing and filed at the first step of the grievance procedure within fifteen (15) working days of the
occurrence which gives rise to the grievance. If said grievance is not filed within fifteen (15) working days after the grievant knew, or should have known of the act or conditions on which the grievance is based, then the grievance shall be considered to be invalid and any new grievance filed to address the same or substantially similar subject shall be deemed invalid as well.

12.2 Procedure

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

1. Step 1 - Responsible Administrator

If a member of the bargaining unit feels that he or she may have a grievance, he or she may first discuss the matter with his or her responsible administrator in an effort to resolve the problem informally.

If resolution is not found, then within fifteen (15) working days of the occurrence giving rise to the grievance, the written grievance shall be submitted to the responsible Administrator by the bargaining unit President. The Administrator shall give his or her answer within fifteen (15) working days of receipt of the written grievance.

2. Step 2 - Superintendent

If the grievance is not resolved by the answer received at Step One, then the grievance may be forwarded by the bargaining unit President to the Superintendent within fifteen (15) working days of the receipt of the answer at Step One. In the event that the Administrator described in Step One is the Superintendent, the grievance shall be submitted directly to the Board of Education within fifteen (15) working days of the receipt of the answer at Step One.

Within fifteen (15) working days of receipt of the grievance by the Superintendent, he/she shall conduct a meeting with the grievant, the unit President or designee, and the responsible Administrator to consider the grievance. The Superintendent must render a decision within fifteen (15) working days of said meeting.

3. Step 3 - Board of Education

If the grievance is not resolved by the answer received at Step Two, then the grievance may be forwarded by the bargaining unit President to the Chairperson of the Board of Education within fifteen (15) working days of the receipt of the answer at Step Two. The Board of Education, or designated subcommittee, shall conduct a meeting on the matter within fifteen (15) working days of receipt of the
grievance, at which time the moving party may present his or her grievance and
the other party may respond. The Board of Education, or designated
subcommittee, shall render its decision within fifteen (15) working days of said
meeting. The decision of the Board of Education, or designated subcommittee
thereof, shall be final and binding unless the Union elects to advance the matter to
arbitration.

4. Step 4 – Arbitration

If the Union is not satisfied with the disposition of a grievance at Level Three, it
may, within fifteen (15) days after the decision of the Board of Education or
within fifteen (15) days after the meeting with the Board of Education submit the
grievance to arbitration and notify the Superintendent of its decision to do so.
The Union may submit the grievance to arbitration by filing a demand for
arbitration with the State Board of Mediation and Arbitration in accordance with
its rules and regulations. The arbitrator(s) shall render an award in writing to both
parties setting forth his or her findings of fact, reasoning and conclusion only on
the issues submitted. The arbitrator(s) shall hear only one grievance at a time.

The arbitrator(s) shall be bound by and must comply with all of the terms of this
Agreement. He/she shall have no power to add to, delete from or modify in any
way any of the provisions of the Agreement. The decision of the arbitrator(s)
shall be final and binding upon the parties. Any and all costs for arbitration shall
be borne equally by the parties.

12.3. Grievances will be heard at times most practical to do so.

12.4 Time Limits

Time limits in the grievance procedure or arbitration may be extended by mutual
agreement. Failure by the bargaining unit President to appeal a grievance to the next
level within the specified time limit shall be deemed to be acceptance of the decision
rendered at that level.

12.6 Both parties agree that proceedings shall be kept confidential. All documents,
communications and records dealing with the processing of a grievance shall be filed
separately from the personnel file of the participants.

ARTICLE XIII – MISCELLANEOUS

13.0 Travel Allowance

Employees shall be reimbursed for all authorized work-related travel in their personal
vehicle at the applicable IRS mileage reimbursement rate.

13.1 Inclement Weather
Employees shall not be paid for lost hours of work as a result of delayed openings, early dismissals or entire work day cancellations caused by inclement weather.

13.2 Pension

The Town of Oxford is a participant in the Municipal Employees Retirement Fund ("MERF"). Employee eligibility in MERF is determined in accordance with Chapter 113 of the Connecticut General Statutes. This Article is included for informational purposes only and this benefit is not subject to the grievance procedure.

13.3 Disciplinary Action

Employees who have successfully completed their probationary period shall not be terminated, suspended or issued a written reprimand without just cause.

ARTICLE XIV – NO STRIKE PROVISION

14.0 During the life of this Agreement, there shall be no strike, including any sympathy strike or action, slowdown, suspension or stoppage of work in any part of the Board’s operation by the employees or employee, nor shall there be any lockout by the Board in any part of the Board’s operation relating to the bargaining unit.

ARTICLE XV – SAVINGS CLAUSE

15.0 Should any Article, section, or portion thereof, of this Agreement be held unlawful and unenforceable by any court of competent jurisdiction, such decision shall apply to only the specific Article, section, or portion thereof directly specified in the decision.

ARTICLE XVI – DURATION

16.0 This Agreement shall remain in full force and effect from July 1, 2016 through June 30, 2019. Negotiations for a successor agreement shall commence as provided for in the Municipal Employee Relations Act, as amended from time to time.

THIS AGREEMENT IS NOT EFFECTIVE OR BINDING UNTIL FULLY EXECUTED BY ALL SIGNATORIES. THE PARTIES SPECIFICALLY UNDERSTAND, RECOGNIZE AND AGREE THAT BOTH THE CHAIRPERSON OF THE OXFORD BOARD OF EDUCATION AND THE OXFORD SUPERINTENDENT OF SCHOOLS MUST EXECUTE THIS AGREEMENT BEFORE IT IS LEGALLY BINDING ON THE BOARD OF EDUCATION. ANY PARTIALLY EXECUTED AGREEMENT SHALL HAVE NO EFFECT AND SHALL NOT BE CONSIDERED AN EXPRESSION OF THE PARTIES’ INTENT UNTIL AND UNLESS IT IS FULLY EXECUTED.
OXFORD BOARD OF EDUCATION

Melissa Cole
Amy Cole, Melissa Cole
Chairman

Date: 12/21/17

Ana Ortiz
Superintendent

Date: 12/21/17

LOCAL 1303-477 OF
COUNCIL #4 AFSCME, AFL-CIO

Carrie Scalco
Carrie Scalco, Union President

Date: 12/19/17

Norris Person, Staff Representative
AFSCME Council 4 AFL-CIO

Date: 12/17/17
Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services  
Coverage Period: 07/01/2017 - 06/30/2019  
Coverage for: Individual + Family | Plan Type: HDHP

Oxford BOE: Lumenos HSA $2500-$5000

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to https://go.anthem.com/en/hsa.asp. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/or call (800) 922-6621 to request a copy.

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<td>What is the overall deductible?</td>
<td>$2,500/single or $5,000/family for In-Network Providers. $2,500/single or $5,000/family for Out-of-Network Providers. Deductible crosses accumulate between in and out of network.</td>
<td>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.</td>
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<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>Yes, Preventive care for In-Network Providers.</td>
<td>This plan covers some items and services even if you haven't yet met the deductible amount. But a copay or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/comparison/preventive-care-benefits/">https://www.healthcare.gov/comparison/preventive-care-benefits/</a>.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don't have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>$4,500/single or $6,850/family for In-Network Providers. $4,500/single or $6,850/family for Out-of-Network Providers. Out of Pocket maximum cross accumulates between in and out of network.</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Certain costs for prescription drugs are not covered, Pre-Authorization Penalties, Premiums, Balance-Billing charges, and Health Care this plan doesn't cover.</td>
<td>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Will you pay less if you use a network provider?</td>
<td>Yes, Century Preferred. See <a href="http://www.anthem.com">www.anthem.com</a> or call (800) 922-6621 for a list of network providers.</td>
<td>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan...</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>In-Network Provider (What You Will Pay)</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% coinsurance</td>
</tr>
<tr>
<td>If you visit a health care provider's office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>0% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>0% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>Lab - Office</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>0% coinsurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X-Ray - Office</td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Tier 1 - Typically Generic</td>
<td>$5/prescription (retail)</td>
</tr>
<tr>
<td></td>
<td>Tier 2 - Typically Preferred Brand &amp; Non-Preferred Generics</td>
<td>$5/prescription (home delivery)</td>
</tr>
<tr>
<td></td>
<td>Tier 3 - Typically Non-PREFERRED Brand and Generic drugs</td>
<td>$3/prescription (retail)</td>
</tr>
<tr>
<td></td>
<td>Tier 4 - Typically Specialty (brand and generic)</td>
<td>$4/prescription (home delivery)</td>
</tr>
</tbody>
</table>

*For more information about limitations and exceptions, see plan or policy document at https://sec-anthem.com/codocs/neo:
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Physician/surgeon fees</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Physician/surgeon fees</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Inpatient services</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Office visits</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Childbirth/delivery professional services</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Childbirth/delivery facility services</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Rehabilitation services</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Vital services</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Skilled nursing care</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Durable medical equipment</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Hospice services</td>
<td>0% coinsurance (You will pay the least)</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
<tr>
<td>If your child</td>
<td>Children's eye exam</td>
<td>No charge</td>
<td>30% coinsurance (You will pay the most)</td>
</tr>
</tbody>
</table>

*For more information about limitations and exceptions, see plan or policy document at https://eoc.anthem.com/eocdps/aso.*
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-Network Provider</td>
<td>Out-of-Network Provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(You will pay the least)</td>
<td>(You will pay the most)</td>
</tr>
<tr>
<td>Dental &amp; eye care</td>
<td>Children's glasses</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Children's dental check-up</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

**Excluded Services & Other Covered Services:**

**Services your plan generally does not cover (Check your policy or plan document for more information and a list of any other excluded services):**

- Cosmetic surgery
- Routine foot care unless you have been diagnosed with diabetes.
- Dental care (adult)
- Weight loss programs
- Long-term care
- Bariatric surgery
- Infertility treatment
- Chiropractic care 50 visits/benefit period.
- Most coverage provided outside the United States: [www.bcbsa.com/bluecardworldwide](http://www.bcbsa.com/bluecardworldwide)

**Other Covered Services (Limitations may apply to these services; This is not a complete list; Please see your plan document):**

- Acupuncture
- Hearing aids
- Private-duty nursing
- Routine eye care (adult)

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Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciln.cms.gov](http://www.cciln.cms.gov). Other coverage options may be available to you, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

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

Does this plan provide Minimum Essential Coverage? Yes
If you don’t have Minimum Essential Coverage for a month, you’ll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes
If your plan doesn’t meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

* For more information about limitations and exceptions, see plan or policy document at [https://evc.anthem.com/encdps/ axiom](https://evc.anthem.com/encdps/ axiom).
About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments, and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

<table>
<thead>
<tr>
<th>Peg is Having a Baby (6 months of open enrollment pre-natal care and hospital delivery)</th>
<th>Managing Joe's Type 2 Diabetes (1 year of routine insulin-nurse care of a well-controlled condition)</th>
<th>Mia's Simple Fracture (emergency room, outpatient room visit and follow-up care)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The plan's overall deductible</strong></td>
<td>$2,500</td>
<td><strong>The plan's overall deductible</strong></td>
</tr>
<tr>
<td><strong>Specialist coinsurance</strong></td>
<td>0%</td>
<td><strong>Specialist coinsurance</strong></td>
</tr>
<tr>
<td><strong>Hospital (facility) coinsurance</strong></td>
<td>0%</td>
<td><strong>Hospital (facility) coinsurance</strong></td>
</tr>
<tr>
<td><strong>Other coinsurance</strong></td>
<td>0%</td>
<td><strong>Other coinsurance</strong></td>
</tr>
</tbody>
</table>

This EXAMPLE event includes services like:
- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasound and blood work)
- Specialist visit (amniocentesis)

| Total Example Cost | $12,236 |

In this example, Peg would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$2,500</td>
</tr>
<tr>
<td>Copayments</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Limits or exclusions</td>
<td>$60</td>
</tr>
</tbody>
</table>

The total Peg would pay is $2,560

This EXAMPLE event includes services like:
- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

| Total Example Cost | $7,406 |

In this example, Joe would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$2,500</td>
</tr>
<tr>
<td>Copayments</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

The total Joe would pay is $2,555

This EXAMPLE event includes services like:
- Emergency room care (including medical supplies)
- Diagnostic tests (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

| Total Example Cost | $1,925 |

In this example, Mia would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$1,925</td>
</tr>
<tr>
<td>Copayments</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
<tr>
<td>Limits or exclusions</td>
<td>$0</td>
</tr>
</tbody>
</table>

The total Mia would pay is $1,925

The plan would be responsible for the other costs of these EXAMPLE covered services.
Language Access Services:

TTY/TDD: 711

Albanian (Shqip): Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjithën tuaj. Për të kontakuar me një përkthyes, telefononi (800) 922-6621

Arabic (العربية): إذا كنت تحتاج إلى مترجم، اتصل بالعنوان على الساحة والمعلومات المتعلقة بالترجمة. وحدة الترجمة (800) 922-6621

Armenian (հայերեն): Եթե ումք պահեստանից հանում հաղթանակ մեկ ոչ, որոնք հանում են տեղական մարմինների հետ, կկարողանում եք համաձայնություն հանումը պայմանագիրով միջազգայունության (800) 922-6621


Bengali (বাংলা): যদি আপনার বিষয়ে এই ফলকে কোনো প্রশ্ন থাকে, তবে আপনার ভাষার প্রক্রিয়া সাধারণ গাড়ির ও অপারেশন অফিসের প্রতি প্রশ্ন করার জন্য (800) 922-6621

Burmese (မြန်မာ): မတော်ကောင်းထားသည့် အားစားများသည် မအများပြည်နယ် အတွင်းရှိ အခြေခံသော အစားအပေါ် အချိန်တွင် အစိတ်အပါအဝင် အချိန်အချိန် အစားအပေါ် အတွင်းရှိ အခြေခံသော အစားအပေါ် အချိန်အချိန် (800) 922-6621

Chinese (中文): 如果您对本文件有任何疑问，您有权使用您的语言免费获得帮助和信息。如需与翻译通话，请致电 (800) 922-6621。

Dinka (Dinka): Na ngú thiiéé né ke de yi thore, ke yin ngú log bê yi koony ku wer seü bê geé yin yin ne thore du ke ciin wéu tiiwé ke piu. Te kor yin ba jam wëne sa yé thok gëyiic, ke yin cal (800) 922-6621

Dutch (Nederlands): Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (800) 922-6621.

Farsi (فارسی): در صورتی که مطلوبی به جای پیام‌های این سنده دارید، این را گفته کنید که اطلاعات و کمک را به عنوان Farsi پذیرفته‌ای به زبان مادر فارسی دیده‌اید. برای کناره‌گیری با یک مترجم غیرحضوری، با شماره (800) 922-6621 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (800) 922-6621.
Language Access Services:

German (Deutsch): Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (800) 922-6621.

Greek (Ελληνικά): Αν έχετε τυχόν αποτελέσματα με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διευθυντή, τηλεφωνήστε στο (800) 922-6621.

Gujarati (ગુજરાતી): તમે હાં કહાણી કરી શકો કે મારે આપને કોઈપણ પ્રશ્ન ને આપવી નહી જુઓ, કોઈપણ પ્રશ્ન જેમ અપની બાજુમાં મદદ અને માધ્યમિક શિક્ષણમાં તમને અધિકાર છે. દુનારમી અથવા વાત 5251 માટે, ડિસેમ્બર (800) 922-6621.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nepòt kesyon sou dokiman sa a, ou gen dwa pou jwenn e ak enfòmasyon nan lang ou gratis. Pou pale ak yon enèpre, rele (800) 922-6621.

Hindi (हिंदी): अगर आपके पास इस दस्तावेज के बारे में कोई प्रश्न है, तो आपको निष्ठुल अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है।

Hmong (White Hmong): Yog das koj muaj lus nung dhab rii ntsaeg cegg daim nanv no, koj muaj cai tao txais kev pab thaiab lus qhia hais ua koj hom lus yam tsiem xam tus nqi. Txawm rau tham nrog tus neeg txhais lus, hu xov wogg rau (800) 922-6621.

Igbo (Igbo): O buy u na j nwere ajuju o buy gbasara akwụkwọ a, i nwere ịkwe enwea enyemaka na ozi n'asụsụ gi na akwụkwọ ịgụọ o buy. Ka gi na okwu okwu gbasara, kpoọ (800) 922-6621.

Ilokano (Ilokano): Nu adasan ka iti aniamaan a saludso panggup iti daytoy a dokumento, adda kargam a makaala ti tulong ken impomasyon babae ti lenguahem nga awan ti bayad na. Tapana makatungtong ti maya nga tagipatarus, awagan ti (800) 922-6621.

Indonesian (Bahasa Indonesia): Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (800) 922-6621.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e Informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (800) 922-6621.

Japanese (日本語): この文書についてにおかなかった点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(800) 922-6621 にお電話ください。
Language Access Services:

Khmer (ខ្មែរ): ប្រការិកប្រារព្ធមួយមន្ត្រីក្រសួងពោជន៍: អ្នកអានអេស្តូវអ៊ីលាហើយអ្នកអាចអោយអ្នកអានអ៊ីលាហើយ។ (800) 922-6621

Kirundi (Kirundi): Ugizo ikibazo ico ari cuose kuri iyi nyandiko, ufeke uburenganzim bwo koronka ubufasha mu ruimi zwawe ata gicirim. Kugira uvugishe umusemuzi, akuru (800) 922-6621.

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 규제에게는 규제가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (800) 922-6621 로 문의하십시오.

Lao (ມີລາວ): ການກ່ຽວກັບມີລາວໃນຄິດ້ານຕ້ອງຄວາມນາໄວ້ນັ້ນ, ແຕ່ວັນທີສອງຢູ່ບໍລິການຂອງພວກເຂົາ ໃຊ້ເຊິ່ງໃຊ້ກ່ຽວກັບໃນເສຍພາຫຼາຍວ່າ. ປະທານທາດກ່ຽວກັບມາດຕະນະໄວ້, ແຕ່ໃນທົ່ວໄປ (800) 922-6621.

Navajo (Diné): Diné náa tóó bichí'ígíí hah太 bíní ydi'di'í k'édí tóó bíchí'ígíí hah too bichí'ígíí hah too bichí'ígíí hah too bichí'ígíí hah too bichí'ígíí hah too bichí'ígíí (800) 922-6621.

Nepali (नेपाली): सन् २००१ साल गणतंत्र राष्ट्रको तिरूस्कृत क्रम प्रतिभा छूना गरे, अपने मायावान, निश्चल सहयोग तथा जनाकारी प्राप्त गर्न पाउने तथा तर्किसर छ। दोभाषीयता कुरा कार्यक्रम लागि, नहीं कल गतेहो (800) 922-6621.

Oromo (Oromiffa): Sanadi kanna wajju waldabaate gafii kaniyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan keetin kaffaldii alla argachuuf mirgaayi qabdaa. Turjamaana dubachuuf, (800) 922-6621 bibilia.


Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoni pod numer (800) 922-6621.

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