2022

Benefits Guide

FARMINGTON PUBLIC SCHOOLS

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FPSEU

Here’s where to find ...

Welcome to your benefits package!

Farmington Public Schools appreciates your commitment to our success. We’re equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan benefits and helpful tips for getting the most value from your benefits options. We understand that you may have questions about your benefits package and we’ll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Any time you have questions about benefits or the enrollment process, you may contact the Business Office. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) available through the Business Office.

A few notes about enrolling in benefits

If you want medical, dental or vision coverage in 2022 for yourself or your family, you must enroll in one of the plan options during the enrollment period. If you need to add or remove coverage for yourself or your dependents, you must wait until the next open enrollment period, unless you have a “qualifying life event” as defined by the IRS.

- Here are some examples of qualifying life events:
- Birth, legal adoption or placement for adoption.
- Marriage, divorce or legal separation.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of spouse or dependent child.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children’s health insurance program.
- Court-ordered change.

The IRS requires that you make changes to your coverage within 31 days of your qualifying life event. You’ll need to provide proof of the event, such as marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.

Please note that Open Enrollment 2022 - 2023 will be from May 18th - June 18th.

Medical benefits

Farmington Public Schools is committed to helping you and your dependents maintain your health and wellness by providing you with access to the highest levels of care. Active Farmington Public School employees are offered a High Deductible Health Plan (HDHP) from Cigna.

If you choose the HDHP, may also be eligible to open a health savings account (HSA). To learn more about HSAs, please see page 7.

HERE ARE SOME TERMS YOU'LL SEE IN THIS GUIDE:

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've paid your plan's deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

COPAY: A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays cannot be included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

DEDUCTIBLE: The amount you pay for healthcare services before your health insurance begins to pay. For example, if your plan's deductible is $1,000, you'll pay 100 percent of eligible healthcare expenses until the bills total $1,000 for the year. After that, you share the cost with your plan by paying coinsurance.

IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You'll pay less when you use in-network providers.

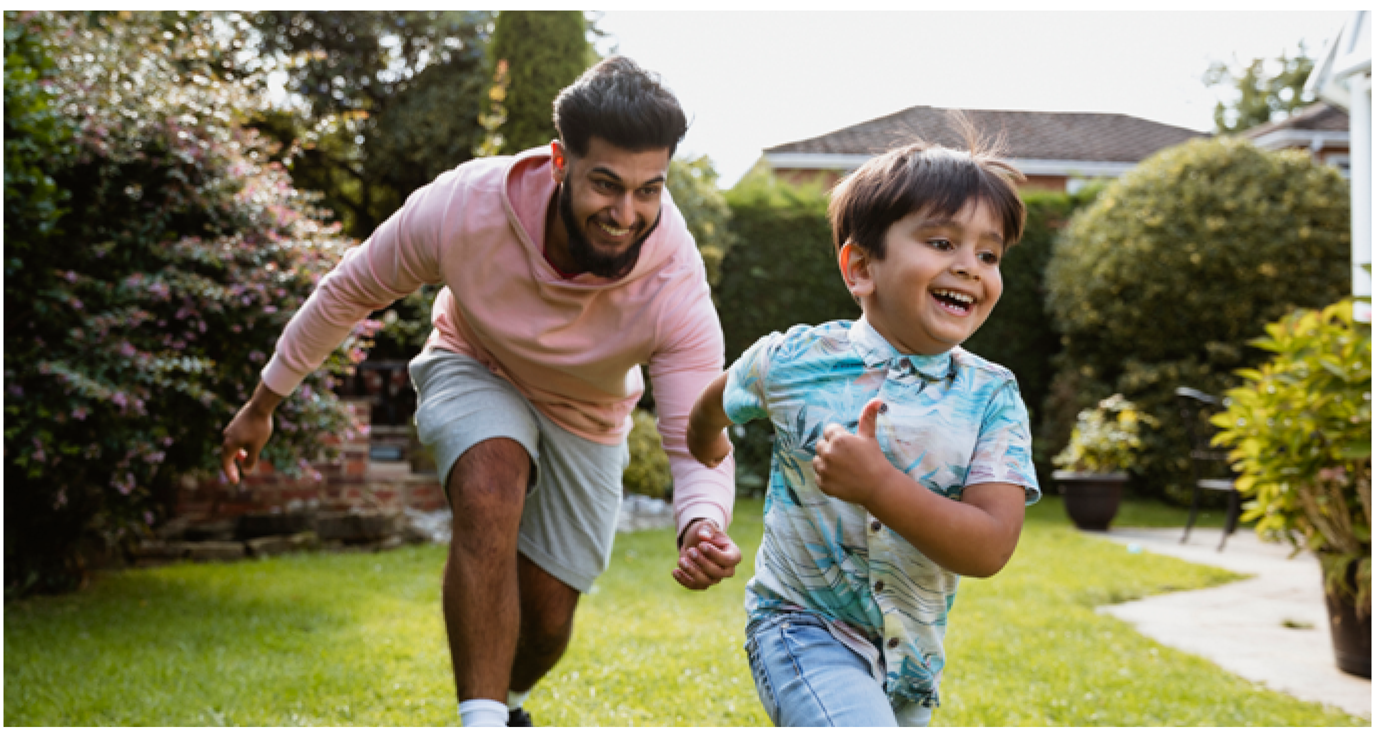
OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the medical plan agreement. You'll pay more when you use out-of-network providers.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

REASONABLE AND CUSTOMARY: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

Medical and prescription drug plan summary

Medical	Century Preferred HSA	
	In-network	Out-of-network
Deductible Employee only Family coverage	 $2,000 $4,000	 $2,000 $4,000
Coinsurance (what the member pays after deductible is reached)	10%	30%
Out-of-pocket maximum (includes deductible) Employee only Family coverage	 $2,375 $4,750	 $4,000 $8,000
Preventive care	100%	30% after ded.
Office visit (PCP and specialist)	10% after ded.	30% after ded.
Emergency room	10% after ded.	30% after ded.
Urgent care	10% after ded.	30% after ded.
Inpatient care	10% after ded.	30% after ded.
Outpatient care	10% after ded.	30% after ded.
Prescription drugs	Employee Pays	
Retail (30-day supply)		
Tier 1 — generics	10% after ded.	30% after ded.
Tier 2 — preferred	10% after ded.	30% after ded.
Tier 3 — nonpreferred	10% after ded.	30% after ded.
Mail order (90-day supply)		
Tier 1 — generics	10% after ded.	Not covered
Tier 2 — preferred	10% after ded.	Not covered
Tier 3 — nonpreferred	10% after ded.	Not covered



Cigna tools

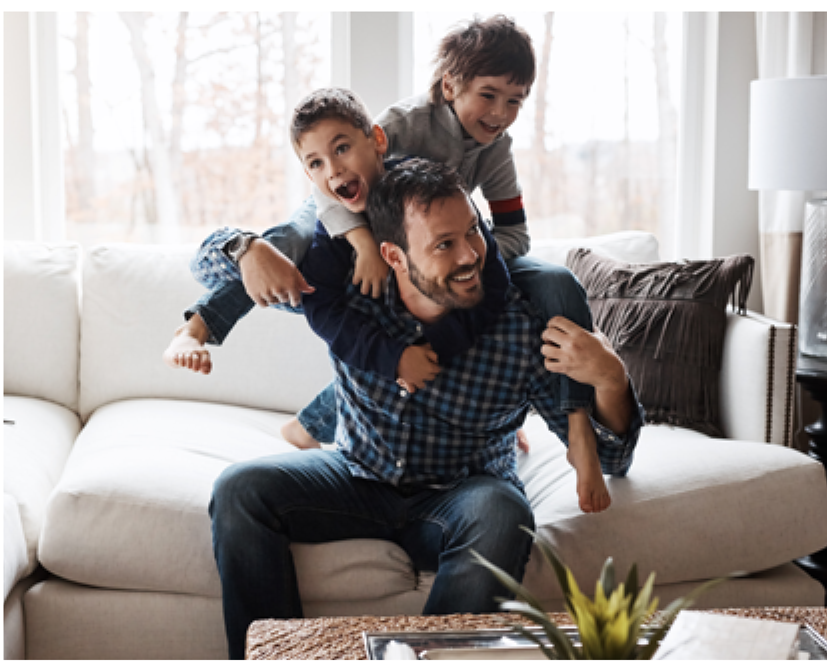
From programs that help improve your health to tools that help manage your health spending, there's so much you can do on **myCigna.com**. And now, it's easier than ever to manage and make the most of your health plan on the myCigna® website and app.

Featured enhancements on myCigna.

- Personalized dashboard
  - The information that matters most to you is right up front when you log in.
- ID cards always accessible
  - View, print and send ID cards from any page.
- Click-to-chat
  - Have an online chat with a Cigna rep to get answers to your questions fast.
- A better way to search for providers and costs
  - Find quality, in-network providers and compare costs based on your needs.
- Coverage details in plain language
  - Plan details are simple, clear and easy to understand.
- Added layer of security to help protect your health information
  - A primary email address is required. Plus, there's a two-step login process.

Not registered yet?

Register today by going to **myCigna.com** or launching the **myCigna app** and selecting "Register Now."



Log in to **myCigna.com** or the myCigna app to explore the enhancements today.

Health savings account (HSA)

Farmington Public Schools sponsors a Health Savings Account (HSA) through Cigna and HSA Bank. The HSA provides employees with the opportunity to put aside pre-tax dollars to pay for current or future medical, prescription drug, dental, and other IRS approved health care expenses. If you enroll in the high-deductible health plan (HDHP), you may be eligible to open an HSA.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

TAX SAVINGS: You contribute pretax dollars to the HSA. Farmington Public Schools will also contribute to your HSA for the 2022-2023 plan year. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

REDUCED OUT-OF-POCKET COSTS: You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you meet your plan's annual deductible.

A LONG-TERM INVESTMENT THAT STAYS WITH YOU: Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds, so your available healthcare dollars can grow over time.

THE OPPORTUNITY FOR LONG-TERM SAVINGS: Save unused HSA funds from year to year –you can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

You are eligible to open and fund an HSA if:

- You are enrolled in the HDHP offered by Farmington Public Schools.
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), flexible spending account (FSA) or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE for Life.
- You have not received Veterans Administration benefits in the past three months.

HSA Bank Debit Card

As your HSA balance grows, you can swipe your debit card to pay for eligible expenses just like a regular credit card. You can even take cash withdrawals from an ATM or request checks. HSA Bank can make payments directly to doctors or hospitals from your HSA by choosing the Automatic Payment feature on **mycigna.com**. With a tax-free* HSA through Farmington Public Schools with Cigna and HSA Bank, you decide how and when to use the money.

***HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states.**

Health savings account (HSA)

IMPORTANT! How much you can deposit into an HSA in 2022

- Under age 55 (and not enrolled in Medicare):
  - Up to $3,650 for individual coverage in the 2022 calendar year.
  - Up to 7,300 for family coverage in the 2022 calendar year.
- Age 55 or older (and not enrolled in Medicare):
  - The maximum contribution increases by $1,000 (considered a “catch-up” contribution).
  - Up to $4,600 for individual coverage.
  - Up to $8,200 for family coverage.
- Farmington Public Schools employer contributions count toward the annual HSA contribution limits, so you need to carefully plan how much you’ll contribute annually to avoid excess contributions.

2022-2023 Farmington Public Schools contributions

- Employee-only coverage: Farmington Public Schools will contribute $1,000 to your HSA.
- Family coverage: Farmington Public Schools will contribute $2,000 to your HSA.

*Employer HSA contributions will be made twice a year. 50% on September 1st and 50% on February 1st. Mid-year hire contributions will be pro-rated.

Dependent Care Flexible Spending Account (FSA)

Day care can be a big expense. A dependent care flexible spending account (FSA) can help provide big savings. It lets you set aside money before taxes to pay for things like day care, summer day camp and other dependent care expenses.

Who's eligible?

To qualify for a dependent care FSA:

- You and your spouse must work or attend school full-time
- Your child must be under age 13 or a tax-eligible dependent who can't care for him or herself

You don't need to be enrolled in a health plan to participate in a dependent care FSA.

How it works

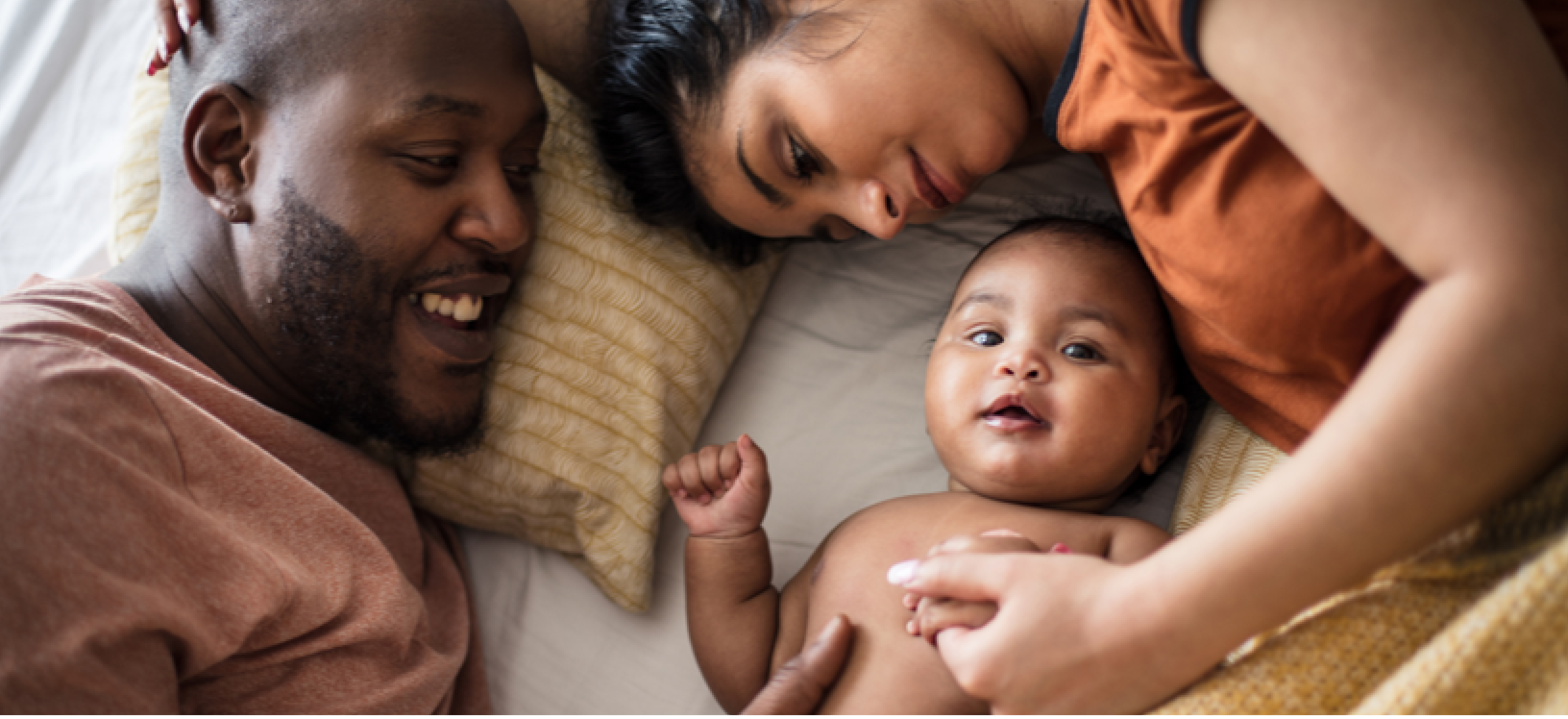
- Choose how much you want to set aside eachyear (up to $5,000 per year). That money is divided equally and taken out of each paycheck
- Pay for your dependent care expenses using your regular funds
- Submit a claim for your eligible dependent care expenses
- Get the money back from your dependent care account

What exactly does "pretax" mean?

When you get a paycheck, you pay income tax and Social Security. When you put money into a dependent care FSA, it lowers the amount of money in your paycheck which means you'll pay less money in taxes. These savings are considered a "pretax advantage."

Is it right for me?

If you know you're going to have a certain amount of dependent care expenses next year, a dependent care FSA is right for you. Use last year's records as a guide. The IRS states you can contribute a maximum of $5,000 per year. However, your employer may set a lower maximum contribution. You'll want to put aside as much money as you think you'll need for a year. But remember, the IRS states that you lose any money you don't use at the end of the year. So plan carefully.



Dependent Care FSA (Continued)

Getting your money back

Once you pay for an eligible dependent care expense, it's easy to get your money back from your dependent care FSA. All you have to do is submit a claim. The fastest way to submit a claim is online. Here's how it works.

1. Visit **myCigna.com**
2. Go to forms center
3. Click on online reimbursement and follow the simple directions

To make things even quicker and more convenient, visit Manage my Profile on **myCigna.com**. Within Manage my Profile you can easily opt for "direct deposit" and have your reimbursement directly deposited into your bank account. You can also set up your account for alerts and notifications, where Cigna will send you emails to keep you informed on your account and the status of your reimbursement requests.

Double your savings

You can use a dependent care FSA and a traditional FSA to get even more savings on eligible child-related items, such as:

Dependent care FSA

- Day care centers
- Preschool
- Au pair agency fees
- Summer day camp
- In-home day care

Cigna Dental Plan

View covered services, claim status or your account balance, find a dentist, update your information, and much more at **mycigna.com**.

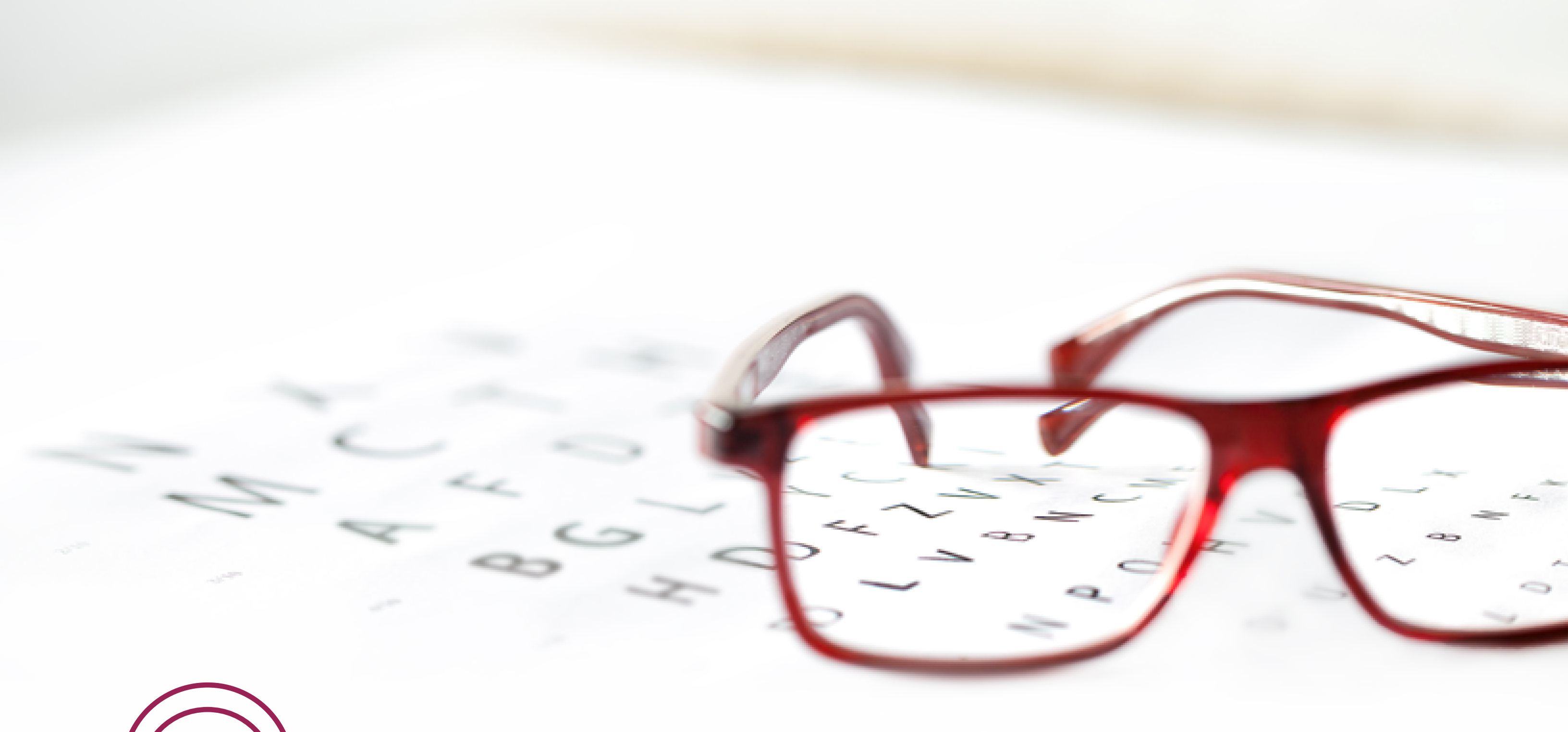
Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Farmington Public Schools offers employees a Cigna Dental PPO plan.

To see a current provider directory, please visit **mycigna.com**.

	In-Network	Out-of-Network
Annual Deductible (individual/family)	$0/$0	$0/$0
Annual plan maximum (per member per calendar year)	Unlimited	Unlimited
Diagnostic and preventive		
▪ Oral evaluations ▪ X-rays: routine and non-routine ▪ Cleanings, twice a year ▪ Fluoride treatment to age 25 ▪ Space maintainers: non-orthodontic ▪ Emergency Care to Relieve Pain ▪ Sealants: per tooth	100%	100%
Basic Restorative		
▪ Restorative: fillings ▪ Endodontics: minor and major ▪ Oral Surgery: minor and major ▪ Anesthesia: general and IV sedation ▪ Repairs: bridges, crowns and inlays, dentures ▪ Denture Relines, Rebases and Adjustments	100%	100%
Major Restorative		
▪ Inlays and Onlays ▪ Prosthesis Over Implant ▪ Crowns: prefabricated stainless steel/resin ▪ Crowns: permanent cast and porcelain	50%	50%
Periodontics		
▪ Periodontics: minor and major ▪ Calendar Year Maximum: $500	50%	50%



Cigna Vision Plan

As an employee of Farmington Public Schools, you have the opportunity to enroll in Vision Insurance through Cigna. To locate a participating network eye care doctor or location, visit **mycigna.com**.

OUT-OF-NETWORK — If you choose to, you may instead receive covered benefits outside of the Cigna network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

Coverage	In-Network	Out•of -Network	Frequency Period
Exam Copay	$5	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to $45	12 months
Materials Copay	$25	N/A	24 months
Eyeglass Lenses Allowances: (one per frequency period)			
Single Vision	Covered 100% after copay	Up to $32	24 months
Lined Bifocal	Covered 100% after copay	Up to $55	24 months
Lined Bifocal	Covered 100% after copay	Up to $65	24 months
Lenticular	Covered 100% after copay	Up to $80	24 months
Contact Lenses Allowances: (one pair or single purchase per frequency period)			
Elective	Up to $110	Up to $98	24 months
Therapeutic	Covered 100%	Up to $210	24 months
Frame Retail Allowance: (one per frequency period)			
Frame	Up to $120	Up to $66	24 months

Contacts

Medical, Dental and Vision Services

Cigna

Customer Service: 800.997.1654
Dental services: 800.244.6224
General website: **mycigna.com**

Health Savings Account

HSA Bank

Member services: 800.244.6224
General website: **mycigna.com**

Dependent Care Flexible Spending Account

Cigna

General website: **mycigna.com**

FINAL NOTES

This summary of benefits is not intended to be a complete description of Farmington Public Schools's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Farmington Public Schools maintains its benefit plans on an ongoing basis, they reserve the right to terminate or amend each plan in its entirety or in any part at any time.

For questions regarding the information provided in this overview, please contact the Business Office.

Frequently Asked Questions

Do I have to contribute?

- No, individuals are not required to make any contributions into their HSA. Please consult Banking Materials for account fees and requirements.

Can lump sum contributions be made to my HSA?

- Yes, but remember that total employer and employee contributions cannot exceed the Federal Maximum HSA deposit limits. Any contribution over the Federal Limits will be treated as an excess contribution and subject to tax and potential penalty.

Can others make contributions on my behalf?

- Yes! Other individuals may make contributions into your HSA. Such additional contributions are also subject to the stated Federal Limits. Please consult the Banking Materials for contribution methods available to individuals and your tax advisor for tax advice.

Are there fees associated with the HAS Account?

- Yes, as with many bank-established accounts, there are account fees. Fees will vary based on how you decide to use your HSA.

Who “owns” the funds in the HSA?

- Any funds in the account, including the funds contributed by Enfield, are owned by the member. Unused balances may be rolled over to subsequent years.

How do I access funds in my HSA?

- You will have access to funds in your HSA via a check book. Refer to Banking Materials for any applicable banking fees.

If I incur qualified medical expenses, am I required to use the money in my HSA?

- No, you may choose to use non-tax advantaged funds. There is no requirement to use the monies in your HSA for your qualified medical expenses. Monies in your HSA are owned by you and will roll over annually.

- At a future date you may decide to reimburse yourself with HSA funds for qualified expenses that were incurred after your initial enrollment date in the HDHP plan. Please consult your tax advisor for tax advice.

How does the Family Deductible work?

- For purposes of the HDHP, the full Family deductible must be met before the health plan assumes any coverage. In Enfield’s case, the plan will not provide coverage until one or any combination of family members incur deductible expenses equal to $4,000.

Prior to meeting my deductible, am I paying the full provider price or the carrier’s negotiated discount?

- For In-Network services, HDHP members are provided with the carrier’s network negotiated discounted pricing. Out-of-Network providers are not required to comply with the carrier’snegotiated pricing schedules and member reimbursement will be subject to approved “reasonable and customary” pricing.

How are prescription drug claims processed?

- You pay for prescription drugs as you would for any other service, and these costs are subject to the annual deductible. In-Network pharmacies will process the claim at the point of sale. If you have not yet met the annual deductible, the cost of the prescription -- up to the annual deductible -- will be required before the prescription will be dispensed. If the deductible has been met you will pay the coinsurance amount.

Please keep in mind that you are not eligible to receive or make tax advantaged contributions to a Health Savings Account, if:

- YOU, the employee, are collecting Social Security benefits
- YOU, the employee, are enrolled in Medicare (at a minimum Part A)
- YOU, the employee, are not enrolled in a qualified HDHP

IMPORTANT - Active employees approaching age 65 who are not collecting Social Security benefits, can choose to decline Medicare Part A so that you remain eligible to receive and make pre-tax contributions into your Health Savings Account.

- If you are collecting Social Security benefits when you become eligible for Medicare, you will automatically be enrolled in Part A.

Something to keep in mind: If you enrolled in Medicare after you turn age 65, you will be enrolled in Medicare 6 months retroactive to your enrollment date. Thus, you should stop HSA contributions 6 months prior to enrolling in Medicare if enrolling after you turn age 65.

Not eligible to receive or make tax advantaged contributions to a Health Savings Account, if:

- YOU, the employee, have secondary coverage under your spouse and it is a Copay Plan
- YOU, the employee, currently have Tricare Military Benefits
- YOU, the employee, have VA (Veteran) benefits and have utilized them (3) months prior to the effective date of the H S A being opened. Unless VA benefits are due to a disability, then regulation does not apply.
- EITHER you, the employee, and/or your spouse have an open and active General Purpose Flexible Spending Account (FSA). A Limited Purpose FSA is permitted to be open which covers Dental and Vision ONLY.
- IMPORTANT – In Publication 969 (irs.gov) it states that if you are NOT claiming your dependent as a Tax Dependent the IRS does not allow you to use your tax advantaged HSA dollars to pay for those dependent's claims.

*We recommend that you speak to your tax attorney if you have further questions.

I am on Medicare or will be Eligible for Medicare

- Medicare coverage would constitute other non-HDHP coverage and thus make the member ineligible to make contributions to an HSA.

- Unused HSA Funds contributed prior to Medicare enrollment may still be used tax free to pay for qualified medical expenses.

- Unused HSA Funds contributed prior to Medicare enrollment may still be used for non-qualified expenses. Tax would apply but the penalty is waived for those over 65 years of age.

What services are covered as preventive and not subject to the medical plan deductible?

- Annual In-Network preventive exams including screenings, immunizations and other services to detect medical conditions in advance. Screening examples include: Cholesterol screenings, Preventive Colonoscopy, Preventive Mammography. See Preventive handout for a more complete listing.

- Note: Screenings (i.e. Colonoscopy and Mammography) performed for diagnostic purposes (when symptoms present) would apply to the plan deductible and coinsurance.

- Note: Out-of-Network preventive services are subject to the plan deductible and co-insurance.

- Note: Diabetic Supplies and Prescriptions are subject to the plan deductible and co-insurance.

If I elect the HDHP plan, can I also be covered by another traditional (non-HDHP) plan (e.g. my spouse's copay PPO plan)?

- No, remember there are two components to the HDHP plan. The High Deductible Health Plan (HDHP), and the tax advantaged bank account or HSA. While there are no regulations that limit your ability to have dual coverage with the HDHP, Federal regulations will not allow tax advantaged contributions into an HSA if you have any coverage that does not meet the HDHP requirement. For 2022, qualified HDHPs must have a minimum annual single deductible of $1,400 and a minimum annual family deductible of $2,800.

- Note: Contributions to an HSA while enrolled in a qualified HDHP are owned by the individual and can be used in the future regardless of your or your dependents health plan status. Additionally, you can use monies in your HSA for tax dependents even if they are covered under a non-qualified Health Plan. Potential tax and penalties could apply if used for non-qualified expenses.

- Note: A spouse's enrollment in their employer's Flexible Spending Plan may be considered other insurance.

- The rules above apply to Health and Drug coverage only, Tradition Dental and Vision plan coverage is allowed and is not required to meet the HDHP requirement.

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

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