

AGREEMENT

BETWEEN

THE TOWN OF VERNON

-AND-

**DEPARTMENT OF PUBLIC WORKS CLERICALS
REPRESENTED BY
AMERICAN FEDERATION OF STATE, COUNTY AND
MUNICIPAL EMPLOYEES, LOCAL 1303-401 OF COUNCIL 4,
AFL-CIO**

JULY 1, 2012- JUNE 30, 2016

TABLE OF CONTENTS

	<u>Page #</u>	
Article I.	Recognition	1
Article II.	Management Rights	1
Article III.	Union Security	2
Article IV.	Probationary Period	3
Article V.	Hours of Work and Overtime	4
Article VI.	Wages	5
Article VII.	Seniority	6
Article VIII.	Holidays	7
Article IX.	Vacations	8
Article X.	Leave Provisions	11
Article XI.	Insurance	13
Article XII.	Pension	16
Article XIII.	Discipline and Discharge	18
Article XIV.	Grievance Procedure	19
Article XV.	Training	21
Article XVI.	Payroll	21
Article XVII.	Safety	22
Article XVIII.	Past Practice	22
Article XIX.	Duration	22
Appendix A	Wages	
Appendix B	Evaluation Form	
Appendix C	Insurance Documents	
Appendix D	Managed Prescription Program	

ARTICLE I. RECOGNITION

The Town recognizes the Union as the sole and exclusive bargaining agent for the purposes of the collective bargaining on matters of wages, hours of employment and other conditions of employment for the all secretarial, clerical and dispatch employees of Town of Vernon Department of Public Works who work more than 120 days a year.

ARTICLE II. MANAGEMENT RIGHTS

Section 2.0

The direction of the working forces, including the right to hire, promote, demote, discipline and terminate employees for just cause and to determine and make changes in job content, in the frequency and standards of inspections and in the size of the workforce, to establish, distribute, modify and enforce reasonable rules of employee conduct and employee manuals of operating procedures and safety regulations and to investigate all matters relating to Town operations, citizen relations, employee conduct and the right to layoff employees because of lack of work or other legitimate reasons are rights exclusively vested in the Town.

Section 2.1

The Town retains the right to control, determine and change the manner and extent to which the Town's facilities and properties shall be located, operated, increased, decreased or discontinued and to introduce and change and operate new or improved methods and procedures, to vary the work load due to better methods, and to set the standards of quality and quantity of work and to subcontract work.

Section 2.2

The Town has the right to enforce rules and regulations now in effect, including safety rules, and can issue new rules and regulations, provided such rules and regulations are not

arbitrary and capricious and a copy of such rules and regulations will be given to the Union and the employees.

ARTICLE III. UNION SECURITY

Section 3.0

The Town agrees to deduct dues from each paycheck as specified by the Secretary of the Union from the wages of all Town employees covered by this Agreement. A signed card authorizing the deduction will be provided to the Finance Officer on behalf of each employee for whom deductions are to be made.

Section 3.1

All employees in the bargaining unit shall, from the date of this Agreement or from the date of their employment with the Town, whichever is later, become and remain members of the Union in good standing in accordance with the by-laws of the Union during the term of this Agreement as a condition of employment, subject to the Seniority Provisions of this Agreement.

Section 3.2

The Town will remit the dues to the Union each pay period, accompanied by a list of names and addresses of employees from whose wages dues deductions have been made.

Section 3.3

The Union agrees to hold the Town harmless from any and all damages arising from the making of authorized deductions or from compliance by the Town with the Union security provisions of Section 3.1.

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Section 3.4

The Town agrees that there will be no lockout of any employee or employees during the life of this Agreement. The Union and the employees agree that during the life of this Agreement they will not authorize, support or participate in any strike.

Section 3.5

At least one (1) bulletin board shall be reserved at an accessible place in the Department for the exclusive use of the Union for the posting of official Union notices or announcements. The bulletin board shall be provided and maintained by the Union.

Section 3.6

The Town shall provide the Council 4 representatives with five (5) signed copies of this Agreement at the time of signing. The Town agrees to provide one (1) copy of the Agreement to individual employees upon request. New employees shall be supplied with a copy of the Agreement at the time of hire.

ARTICLE IV. PROBATIONARY PERIOD

Section 4.0

All employees shall be considered probationary during the first six (6) calendar months of employment. The Town, as a matter of right, may extend the probationary period for an additional ninety (90) days in individual cases. During this probationary period the employees shall not obtain seniority rights in this Agreement and such probationary employee will be subject to discipline or discharge by the Town without recourse or access to the grievance/arbitration provisions of this Agreement. At the successful completion of the probationary period the seniority shall be retroactive with the commencement of employment.

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Section 4.1

Current unit members that transfer to another position will have a six (6) month trial period at the end of which either the employee can be returned to his/her original position by the employee's own request or that of the Town.

ARTICLE V. HOURS OF WORK AND OVERTIME

Section 5.0

Unless otherwise agreed to by the parties in writing, the basic work day for employees in the bargaining unit will be eight and one half (8 ½) hours a day, five (5) days a week with one half (1/2) hour off for unpaid lunch. This schedule shall not be deemed a guarantee by the Town that any particular number of hours of work will be available nor in any way restricting the Town from scheduling, from making changes in the schedule or starting time.

Section 5.1

Employees will be required to work overtime when requested. Employees will be paid time and one half for those hours worked in excess of eight hours in a day and/or forty (40) hours in any one (1) work week. Employees will be paid time and one half for those hours worked on Saturdays and double time for all hours worked on Sundays and recognized holidays.

Section 5.2

Employees who are required to perform work for overtime purposes between the hours of 6:00 PM and 6:00 AM shall receive payment for meals upon presenting a valid receipt of up to fifteen dollars (\$15.00).

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ARTICLE VI. WAGES

Section 6.0

Effective and retroactive to July 1, 2012, all employees shall be compensated pursuant to the attached Wage Appendix (Appendix A). Employees hired after July 1, 2009 shall be compensated at ninety percent (90%) of the rates of pay listed in Appendix A for one calendar year. After one calendar year, the employees shall be compensated at ninety-five percent (95%) of the rates of pay listed in Appendix A. After two calendar years, the employee shall be compensated at the rates of pay listed in Appendix A.

Section 6.1

- a. Effective July 1, 2012, all wage rates in effect on June 30, 2012 shall be increased by one and a quarter percent (1.25%).
- b. Effective July 1, 2013, all wage rates in effect on June 30, 2013 shall be increased by one and a half percent (1.5%). The positions of Administrative Clerk II and Clerk Dispatcher shall be paid \$500 added to the base salary prior to the calculation of the general wage increase.
- c. Effective July 1, 2014, all wage rates in effect on June 30, 2014 shall be increased by two percent (2.0%). The positions of Administrative Clerk II and Clerk Dispatcher shall be paid \$500 added to the base salary prior to the calculation of the general wage increase.
- d. Effective July 1, 2015, all wage rates in effect on June 30, 2015 shall be increased by two percent (2%).

Section 6.2 – Merit Bonus

The Town will annually review each employee's performance using a copy of the evaluation form agreed to by the parties and attached hereto as Appendix B.

For each year of this contract, employees who receive a satisfactory performance per their annual evaluation, will be eligible for a merit bonus of seven hundred and fifty dollars (\$750.00)

to be paid on December 1 and a merit bonus of seven hundred and fifty dollars (\$750.00) to be paid on June 1 of the fiscal year the employee earned the bonus.

In the event an employee suffers the loss of a performance bonus, evaluations may be grieved but not arbitrated. Merit bonuses do not become part of an employee's base salary.

ARTICLE VII. SENIORITY

Section 7.0

The Town shall prepare a list of employees showing their seniority in length of service with the Town covered by this Agreement and deliver the same to the Union President at a mutually agreed upon date.

Section 7.1

All vacancies and new positions may be posted both internally and externally (outside the bargaining unit) simultaneously. All applications shall be reviewed during the same period of time. The Town Administrator or his/her designee shall hire the best-qualified candidate. If the Administrator or his/her designee determines that all factors considered for filing the vacancy or new position are equal between more than one candidate, the most senior current employee in the unit shall be given the position. The Town Administrator or his/her designee will notify the Union President of any new hires in the bargaining unit.

Section 7.2

In the event of a layoff, the following procedure shall be followed:

- A. Temporary employees, doing bargaining unit work, will be laid off first followed by:
- B. Part time employees followed by:
- C. Probationary employees within classification followed by:

- D. Within classifications, the employee with the least seniority first, provided that the more senior employee has the ability to perform the available work. The employee in the classification where the layoff takes place has bumping rights to a position in another classification within the bargaining unit which pays the same or less wages, based upon bargaining unit seniority, provided that the employee exercising bumping rights based upon seniority has the ability to perform the available work.

Section 7.3

The Town Administrator shall give written notice to the Mayor, to the Union President, and to all employees to be affected by a proposed layoff of the proposed layoff and the reasons thereof, at least seven (7) calendar days before the effective day.

Section 7.4

Full time employees who have been laid off shall be entitled to be recalled by the Town for the period of six (6) months starting with the date of the layoff. Laid-off full-time employees within classification with the most seniority shall be rehired first provided that he/she has the ability to perform the available work. No new employees shall be hired in these classifications until all laid-off employees in those classifications who are able to perform the work have been rehired. Seven (7) days written notification by the Town to the last known address of the employee shall be sufficient notification.

ARTICLE VIII. HOLIDAYS

Section 8.0

The following holidays will be observed with a day off with pay for the employees who have completed their probationary period:

New Years Day
Martin Luther King Day
President's Day
Good Friday
Memorial Day
Independence Day

Labor Day
Columbus Day
Veteran's Day
Thanksgiving Day
Friday After Thanksgiving
Christmas Day
One (1) Floating Holiday

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Section 8.1

When the holiday falls on a Saturday it will be observed on the preceding Friday. When the holiday falls on a Sunday it will be observed on the following Monday. The parties may agree in writing to a different schedule.

Section 8.2

In order to qualify for holiday pay, an employee must work the full scheduled workday immediately preceding and following the holiday unless on legitimate paid leave. Failure to meet these requirements will result in forfeiture of the holiday pay.

Section 8.3

A floating holiday must be scheduled in advance with the employee's supervisor.

ARTICLE IX. VACATIONS

Section 9.0

Each full-time employee, who has completed his/her probationary period covered by this Agreement, shall be entitled to the following vacation pay at their base rate of pay determined by the length of his/her continuous employment with the Town on the following basis:

Length of Continuous Service	Earned Vacation Leave
6 months	5 days
1 year	5 days
2 years up to but not including 5 years	10 days
5 years up to but not including 12 years	15 days
12 years up to but not including 20 years	20 days
20 years and over* Only applies to employees hired on or before 7/1/09	25 days

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Section 9.1

Vacation Leave Accumulation—Subject to the recommendation of the Department Head and the approval of the Town Administrator, eligible employees may carry over a maximum of five (5) earned vacation days from one (1) year to the next and accumulate vacation leave up to the following maximum limits:

Up to but not including 5 years	15 days
5 years up to but not including 12 years	20 days
Over 12 years of service	25 days

Effective July 1, 2011, the maximum number of carryover days from one anniversary year to the next shall be fifteen (15).

Section 9.2

Pro-rata and accumulated vacation pay shall be paid to an employee at their then current wages in the event he/she terminates in good standing with the Town and/or retires from his/her service with the Town provided fourteen (14) days notice of such termination or retirement has given in writing to the Town.

Effective July 1, 2010, accumulated vacation pay shall not be paid to an employee in the event he/she terminates employment with the Town and/or retires from his/her service with the Town, unless management denies the employee's request to use his/her vacation time. Any carried over vacation time request that has been denied by management shall be paid to an employee at their then current wages in the event he/she terminates in good standing with the Town and/or retires from his/her service with the Town provided fourteen (14) days notice of such termination or retirement has given in writing to the Town.

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In the event of the death of an employee, his/her pro-rata and accumulated vacation pay shall be paid at their then current wages to the beneficiary designated by said employee in writing and retained in his/her service folder. In the event said employee has failed to designate a beneficiary in writing prior to his/her death, the Town shall pay said pay to the spouse of the employee, if any, and if said spouse is not alive, to the children of said deceased employee. In the event no designation in writing is made, and the employee has neither a spouse nor children, the pay shall be given to the estate of the deceased employee.

Effective July 1, 2010, unused vacation leave, including accumulated vacation leave, paid at the time of retirement, death or termination will not be added to the employee's pension calculation when the employee leaves his/her employment with the Town.

Section 9.3

Schedule of Vacation—On or before March 15th, employees shall submit a vacation schedule request to their Department Head. An employee may not take vacation leave of less than one-half (1/2) his/her normal work day.

The Department Head will determine the annual vacation schedule, taking into consideration the desire of the employee, the needs of the department, and the best interests of the Town. Wherever possible, the request of the employee shall be granted. A conflict in scheduling vacation leave among employees will be resolved by the Department Head on the basis of seniority in Town service. Any employee who does not submit a vacation schedule request by March 15 shall forfeit any seniority claim for vacation priority.

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ARTICLE X. LEAVE PROVISIONS

Section 10.0

Sick leave will be earned by each regular, full-time employee at the rate of one (1) day for each full calendar month of service for a total of twelve (12) days during the calendar year.

Section 10.1

Sick leave may be used in the following cases:

- a. personal illness or physical incapacity;
- b. enforced quarantine of the employee in accordance with public health regulations;
- c. to meet medical and dental appointments or for other sickness prevention measures when such appointments cannot be made outside the employee's normal working hours provided the department head is notified at least three (3) business days in advance on which the absence occurs, however such prior notice is not required when the leave is medically necessary; and
- d. illness or physical incapacity of the employee's father, mother, sister, brother, wife, husband, child, grandparent or other relative living in the immediate household, requiring the employee's personal attention and resulting from causes beyond the employee's control, to a maximum of three (3) days per year.

Section 10.2

The Town Administrator or designee may request a doctor's note with regard to any sick leave more than three (3) working days in a row.

Section 10.3

An employee shall report to his/her immediate supervisor no later than one (1) hour before the beginning of his/her work assignment that he/she will be absent from work due to

illness or injury and the anticipated date of return to work, to receive sick pay. In cases of prolonged incapacitations, the employee shall arrange with his/her supervisor a schedule for periodic progress reports. In cases where a relief employee is required, the incapacitated employee shall make every effort to notify his/her immediate supervisor of the absence at the earliest possible time in order to give the Town sufficient time to assign a replacement. Nothing in this section shall preclude the payment of sick leave to an employee who cannot comply with the provisions of this section due to extenuating circumstances.

Section 10.4

Any employee hired prior to July 1, 2009 may accumulate up to one hundred eighty (180) days of sick leave. Any employee hired prior to July 1, 2009 who retires from the Town service shall be paid for one hundred percent (100%) of accumulated sick leave, to a maximum of one hundred eighty (180) days payable at the employee's rate of pay on July 1, 2009. In the event of the death of the employee, his/her spouse and/or minor children or estate if the employee does not have a spouse or minor children shall be paid for one hundred percent (100%) of accumulated sick leave.

Section 10.5

Any employee hired prior to July 1, 2009 who terminates employment with the Town in good standing shall be paid for fifty percent (50%) of accumulated sick leave not to exceed ninety (90) days payable at the employee's rate of pay on July 1, 2009.

Section 10.6

Any employee hired after July 1, 2009 may accumulate up to a maximum of ninety (90) days of sick leave. Said employees shall receive a fixed amount of one hundred sixty dollars (\$160.00) for each unused sick day, up to a maximum of thirty (30) sick leave days upon death,

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retirement or termination after seven years of employment in good standing with the Town of Vernon.

Section 10.7

Any employee receiving Workers' Compensation will not receive any additional payment from the Town. An employee may, at his/her discretion, use some or all of his/her accumulated sick days to supplement the Workers' Compensation benefits, but in no event will the Workers' Compensation payments and sick days exceed the employee's regular weekly earnings.

Section 10.8

Any regular, full-time employee who has completed his/her probationary period shall be granted up to three (3) days of leave with pay by the Town Administrator for death in the immediate family. The immediate family includes: father, mother, sister, brother, wife, husband, child, grandparent or other relative living in the immediate household. One day of leave shall be granted for the death of the following relatives, including in-laws: aunts, uncles, nieces and nephews or cousins.

Section 10.9

The Town will provide each employee with three days of personal leave per year. There is no accumulation of personal leave for employees.

ARTICLE XI. INSURANCE

Section 11.0

The Town may change carriers provided the level of benefits and administration of the plans is no lesser than the current insurance benefits. Prior to making any change the Town shall notify the Union so the changes can be reviewed prior to implementation. In the event that the insurance provider merges or is taken over by another carrier, the parties agree that the substitute

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insurance coverage shall be the coverage that is offered by the new carrier for approximately the same cost of the previous insurance plan. Such cost shall not exceed the cost of the previous insurance plan provided to employees.

Section 11.1

Through June 30, 2013, employees will have the option of participating in the Town HMO as depicted in Appendix C, attached.

Effective 7/1/09, the Town HMO plan will have the following payments:

- a. Office visits preventative \$10
- b. Office visits \$10
- c. Inpatient \$200
- d. Emergency \$50
- e. Outpatient \$50
- f. Dependent rider 19/23
- g. Prescriptions - Retail up to 34 days and Mail Order up to 100 days: \$5 generic, \$25 Listed Brand Name, \$40 Non-Listed Brand Name, with no cap, in accordance with Appendix D, entitled Managed Prescription Program 3-Tier, implemented as soon as administratively possible.

Effective July 1, 2013, employees under the age of sixty-five (65) shall be provided a Town sponsored High Deductible Health Plan with a Health Savings Account (“HSA”). Plan details are set forth in Appendix D attached hereto. The annual deductible shall be \$2,000 individual account/\$4000 two-person and family accounts. The deductible contribution to the employee’s HSA shall be as follows:

- July 2013: Town 70% / Employee 30%
- July 2014: Town 60% / Employee 40%
- July 2015: Town 50% / Employee 50%

Employees not eligible to participate in a Health Savings Account shall have the option of remaining in the Town HMO plan.

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Section 11.2

Insurance Premium Shares. Employees shall contribute to a Section 125 IRS plan the following share amounts:

	Town HMO *	Town HD/HP
July 1, 2012-June 30, 2013	10%	
July 1, 2013-June 30, 2014	10%	5%
July 1, 2014-June 30, 2015	10%	9%
July 1, 2015-June 30, 2016	10%	10%

*If inegible to participate in the HD/HP.

Section 11.3

The Town will continue to offer the employees Dental Rider Package A, B, C and D at the employee's own expense.

Section 11.4

During the open enrollment period, an employee may voluntarily elect to waive, in writing, the coverage specified in Section 11.1, and shall receive an annual payment of:

- A. One thousand fifty dollars (\$1050.00) for waiving single coverage;
- B. One thousand six hundred dollars (\$1600.00) for waiving two person coverage; and
- C. Two thousand two hundred dollars (\$2200.00) for waiving family coverage.

Employees who take advantage of this provision would receive half of the payment in April and the other half of the payment in October of each year. Employees who waive their right to coverage and subsequently lose coverage may re-enroll. The employee shall reimburse the Town any stipend paid on a pro-rata basis. This waiver will not be available for employees who have health insurance paid by the Town of Vernon through their spouse or any other family member.

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Section 11.5

The Town shall provide and pay for group term life insurance in the amount of forty thousand dollars (\$40,000) and accidental death and dismemberment in the amount of eighty thousand dollars (\$80,000).

Section 11.6

In order for an employee to be eligible to participate in the insurance plans, employee must work a minimum of twenty (20) hours a week.

Section 11.7

An open enrollment period shall be provided annually for a two-week period prior to July 1 of each year for purposes of choosing health care coverage.

Section 11.8

The Town will provide an employee assistance program (EAP) available to all employees covered by this Agreement.

ARTICLE XII. PENSION

Section 12.0

The employee pension plan of the Town of Vernon dated September 19, 1995, as administered through the Travelers Companies, Group Annuity Contracts GR-467 and GR-14239, and through Prudential Retirement & Investment Services, Inc. Group Annuity Contract IN-16490, is hereby made a part of this Agreement including any plan amendments made by this Agreement for the members of Local 1303-401, Department of Public Works Administrative Clerk, Administrative Secretary and Clerk/Dispatcher, and excludes any plan amendments made by or on behalf of any other employee group.

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Section 12.1

The current pension plan shall be modified as follows, with all other provisions remaining as they are as of June 30, 2004:

- i. Normal retirement date:
Effective June 30, 2000—Age 62 and ten years of service
- ii. Benefit:
Effective July 1, 1999, 1.85% of average monthly earnings times years of service to a maximum of thirty (30) years.
Effective July 1, 2006, two percent (2.00%) of average monthly earnings times years of service to a maximum of thirty (30) years.
- iii. Earnings Definition:
Five years
- iv. Vesting:
10 year cliff vesting
- v. Early retirement:
10 years early with 10 years service
- vi. Employee contribution level:
7.5% of wages, pre-tax
- vii. Interest on employee contributions:
6%, posted each January 1st
- viii. No employee hired prior to July 1, 2009 may participate in the Defined Contribution plan set forth in Section 12.2.

Section 12.2

Employees who become members of the bargaining unit subsequent to July 1, 2009 are not eligible for the Defined Benefit (pension) Plan set forth in Section 12.1. Such employees will be automatically enrolled in the Town Defined Contribution Plan (*The Town plans to administer the defined contribution plan through a 457(b) plan*), provided employees will have the option to opt-out of the plan. The Town will contribute 2% of the employee's base wages for all employees who participate in the Defined Contribution Plan. If an employee contributes 7.5% or more of his or her wages to the Defined Contribution Plan, the Town will contribute an additional 2% for a total contribution of 4% of the employee's annual base wages to the plan. The Town will establish the Town Defined Contribution Plan as soon as administratively possible. Vesting schedule for the plan will follow the same schedule as the Defined Benefit (pension) plan in Section 12.1.

Section 12.3

Employees who separate from service for good cause and meet the requirements for retirement may continue to participate in the group insurance coverages with the employee paying the full cost of said coverage. Failure of the employee to pay the premium in a timely fashion will result in the immediate termination of such coverage. Upon the employee attaining eligibility for Medicare, the employee will no longer be eligible for the coverage detailed in this section.

ARTICLE XIII. DISCIPLINE AND DISCHARGE

Section 13.0

Discipline, including discharge, shall be for just cause. Any employee who is being questioned concerning an incident or action which the employee reasonably believes may subject

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him/her to disciplinary action has the right upon his/her request to have a member of the Union present.

Section 13.1

Under normal circumstances the Town will generally follow a progressive disciplinary procedure. Such procedure shall include three (3) steps: written warnings, suspension and discharge. The parties, however, recognize that not all discipline can be progressive in nature and whether or not progressive discipline is to be followed by the Town depends upon the nature of the events for which discipline is being imposed.

Section 13.2

Copies of all disciplinary action taken under this article shall be given to the Union.

ARTICLE XIV. GRIEVANCE PROCEDURE

Section 14.0

Grievances arising out of matters covered by this Agreement and disputes and consultations, or any questions arising out of the employer-employee relationship, will be processed in the following manner at the request of either party.

Section 14.1

Step One— The employee and/or his/her representative shall present to the employee's Department Director all the facts pertaining to the grievance. In order to be valid, a grievance must be filed in writing within fifteen (15) working days of the event that gives rise to the grievance, and the complaint must state the section of the Agreement that is alleged to have been violated, if applicable, and to state the remedy being sought. The Department Director shall adjust the grievance at once or notify the employee and/or his/her representative of his/her decision within seven (7) working days from the day the grievance is presented.

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Section 14.2

Step Two— If the grievant and his/her representative, if represented, are not satisfied with the decision rendered, he/she or his/her representative may submit the grievance in writing to the Town Administrator or his/her designee within five (5) working days from the date of the Department Director's response. The Town Administrator or his/her designee shall within ten (10) working day of receipt of the grievance meet with the concerned parties to review the facts; and shall submit his/her decision to the complainant and his/her representative, if represented, within five (5) working days thereafter.

Section 14.3

Step Three— If the grievance shall not have been disposed of to the satisfaction of the aggrieved and if it concerns the interpretation and application of any of the provisions of this Agreement, either the Town or the Union may submit it to the Connecticut State Board of Mediation and Arbitration within twenty (20) working days, with notice to the other party, and the decision rendered by the arbitrator or arbitrators shall be final and binding on the parties. The arbitrator(s) shall be bound and shall apply only terms of this Agreement and shall not add to, delete from or modify this Agreement in any way. The decision of the arbitrator(s) shall be in writing and in accordance with the rules and regulations of the State Board of Mediation and Arbitration. The arbitrator(s) shall arbitrate only one (1) grievance at a time unless otherwise agreed by the Town and Union. If the services of the State Board of Mediation and Arbitration are not available, an arbitrator shall be selected by mutual agreement with the fees and expenses of the arbitrator(s) borne equally by the Town and the Union.

Section 14.4

Time extensions beyond those stipulated in this grievance procedure may be arrived at by the mutual agreement of the Town and Union. Such extensions must be requested within the original time limits for action. Grievance not appealed to the next step within the specified time limits or valid extensions thereof shall be considered settled as per the decision of the previous step.

Section 14.5

Employees and the Union shall have the right and choice of representation whenever either individual employees or the Union desires representation. The Town shall have the right and choice of representation whenever desired.

Section 14.6

Officers and/or stewards of the Union shall be designated by the Union for the purpose of adjusting grievances and/or contract negotiations and shall be afforded the necessary amount of time without loss of pay to conduct such business. No more than a maximum of one (1) Union official will be designated to attend meetings for adjusting grievances.

ARTICLE XV. TRAINING

In its discretion, the Town may provide release time and reimbursement for courses/seminars, which are job related. In order to receive release time and/or reimbursement under this Article, an employee must receive prior written approval from the Town Administrator or his/her designee.

ARTICLE XVI. PAYROLL

The Town reserves the right to have the payroll period changed to bi-weekly. If the Town goes to a bi-weekly payroll period the Union will be given thirty (30) days notice.

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ARTICLE XVII. SAFETY

During the first quarter of each fiscal year, the Town will provide the Clerk/Dispatcher a vendor check in the amount of \$100.00 to provide OSHA approved work shoes to be purchased annually at a place of the employee's choosing. Provided, however, that if the Town chooses an approved vendor for all employees who are entitled to OSHA approved work shoe allowance to obtain OSHA approved work shoes, the Clerk/Dispatcher will obtain his/her pair of work shoes from such Town approved vendor in lieu of receiving the \$100.00 vendor check.

ARTICLE XVIII. PAST PRACTICE

This Agreement, upon ratification, supersedes and cancels all prior practices and Agreements, whether written or oral, unless expressly stated to the contrary herein and constitutes the complete and entire Agreement between the Parties.

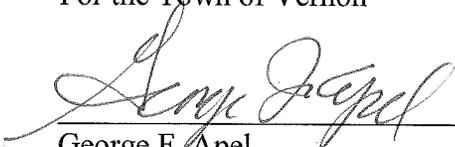
ARTICLE XIX. DURATION

This Agreement shall be effective as of the first day of July 2012 and shall remain in full force and effect through the thirtieth day of June 2016.

IN WITNESS WHEREOF, the Town and the Union have caused this Agreement to be signed by their duly authorized representative on the day and year noted below.

Signed this 19 day of June, 2013 at Vernon, Connecticut.

For the Town of Vernon

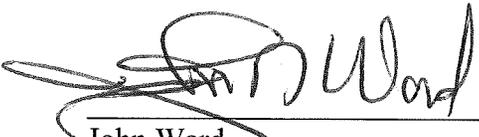


George F. Apel
Mayor

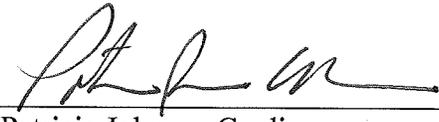
For the Union



Anne-Marie Carlson
Local 1303.401, President



John Ward
Town Administrator



Patricia Johnson Cardin
AFSCME, Council 4

Wage Appendix A

	1-Jul-12	1-Jul-13	1-Jul-14	1-Jul-15
Admin Clerk I N-1A	17.53	17.79	18.15	18.51
Admin Clerk II N-1A Clerk Dispatcher	22.07	22.64	23.34	23.81
Admins Secrty N-5A	24.26	24.62	25.11	25.61



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Financials, Revenue & Citizen Services and Human Capital Management



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dmaselek

TOWN OF VERNON
SALARY TABLES

PG 1
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EFF. DATE	GROUP/BU	GRADE/RANK	DESCRIPTION	PAY BASIS	FREQUENCY	CALC	PERIODS	HRS/	HRS/	DAYS/	HRS/	DAYS/	USE
							DAY	PERIOD	PERIOD	PERIOD	YEAR	YEAR	PCT

07/01/2012	DPW3 PUBLIC WOR	N-1A	ADMIN. CLERK I	H HOURLY	W WEEKLY	02	52.0000	8.00	40.00	5.00	2080.00	260.00	N
Change was made by 1.2500%													
No Dollar amount used.													
STEP/LEVEL		PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY							
00		0.0000	.0000	0.0000	0.00	0.00			0.00				
01		0.0000	.0000	0.0000	0.00	0.00			0.00				
02		0.0000	.0000	0.0000	0.00	0.00			0.00				
03		0.0000	.0000	0.0000	0.00	0.00			0.00				
04		0.0000	.0000	0.0000	0.00	0.00			0.00				
05		0.0000	.0000	0.0000	0.00	0.00			0.00				
06		0.0000	15.7758	126.2060	631.03	32,813.56			0.00				
07		0.0000	16.6523	133.2180	666.09	34,636.68			0.00				
08		0.0000	17.5287	140.2300	701.15	36,459.80			0.00				

07/01/2012	DPW3 PUBLIC WOR	N-4A	ADM CLK II/DISP H	HOURLY	W WEEKLY	02	52.0000	8.00	40.00	5.00	2080.00	260.00	N
Change was made by 1.2500%													
No Dollar amount used.													
STEP/LEVEL		PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY							
00		0.0000	.0000	0.0000	0.00	0.00			0.00				
01		0.0000	.0000	0.0000	0.00	0.00			0.00				
02		0.0000	.0000	0.0000	0.00	0.00			0.00				
03		0.0000	.0000	0.0000	0.00	0.00			0.00				
04		0.0000	.0000	0.0000	0.00	0.00			0.00				
05		0.0000	.0000	0.0000	0.00	0.00			0.00				
06		0.0000	19.8669	158.9360	794.68	41,323.36			0.00				
07		0.0000	20.9706	167.7640	838.82	43,618.64			0.00				
08		0.0000	22.0743	176.5940	882.97	45,914.44			0.00				

07/01/2012	DPW3 PUBLIC WOR	N-5A	ADMINS. SECRTY H	HOURLY	W WEEKLY	02	52.0000	8.00	40.00	5.00	2080.00	260.00	N
Change was made by 1.2500%													
No Dollar amount used.													
STEP/LEVEL		PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY							
00		0.0000	.0000	0.0000	0.00	0.00			0.00				
01		0.0000	.0000	0.0000	0.00	0.00			0.00				
02		0.0000	.0000	0.0000	0.00	0.00			0.00				
03		0.0000	.0000	0.0000	0.00	0.00			0.00				
04		0.0000	.0000	0.0000	0.00	0.00			0.00				
05		0.0000	.0000	0.0000	0.00	0.00			0.00				
06		0.0000	21.8377	174.7020	873.51	45,422.52			0.00				
07		0.0000	23.0509	184.4080	922.04	47,946.08			0.00				
08		0.0000	24.2641	194.1120	970.56	50,469.12			0.00				

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TOWN OF VERNON
SALARY TABLES

EFF. DATE	GROUP/BU	GRADE/RANK	DESCRIPTION	PAY BASIS	FREQUENCY	CALC	PERIODS DAY	HRS/ DAY	HRS/ PERIOD	DAYS/ PERIOD	HRS/ YEAR	DAYS/ YEAR	USE PCT
07/01/2013	DPW3 PUBLIC WOR N-1A		ADMIN. CLERK I	H HOURLY	W WEEKLY	02	52.0000	8.00	40.00	5.00	2080.00	260.00	N
Change was made by 1.5000%													
No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	.0000	0.0000	0.00	0.00
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	16.0124	128.1000	640.50	33,306.00
07	0.0000	16.9020	135.2160	676.08	35,156.16
08	0.0000	17.7916	142.3320	711.66	37,006.32

07/01/2013	DPW3 PUBLIC WOR N-4A	ADM CLK II/DISP H HOURLY	W WEEKLY	02	52.0000	8.00	40.00	5.00	2080.00	260.00	N
Change was made by 1.5000%											
\$500 added to base prior to 1.5% added											

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	.0000	0.0000	0.00	0.00
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	20.3845	163.0760	815.38	42,399.76
07	0.0000	21.5169	172.1360	860.68	44,755.36
08	0.0000	22.6494	181.1960	905.98	47,110.96

07/01/2013	DPW3 PUBLIC WOR N-5A	ADMINS. SECRETY H HOURLY	W WEEKLY	02	52.0000	8.00	40.00	5.00	2080.00	260.00	N
Change was made by 1.5000%											
No Dollar amount used.											

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	.0000	0.0000	0.00	0.00
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	22.1653	177.3220	886.61	46,103.72
07	0.0000	23.3967	187.1740	935.87	48,665.24
08	0.0000	24.6281	197.0240	985.12	51,226.24

32

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TOWN OF VERMON
SALARY TABLES

PG 3
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EFF. DATE	GROUP/BU	GRADE/RANK	DESCRIPTION	PAY BASIS	FREQUENCY	CALC	PERIODS	HRS/ DAY	HRS/ PERIOD	DAYS/ PERIOD	HRS/ YEAR	DAYS/ YEAR	USE PCT
07/01/2014	DPW3 PUBLIC WOR	N-1A	ADMIN. CLERK I	H HOURLY	W WEEKLY	02	52.0000	8.00	40.00	5.00	2080.00	260.00	N
Change was made by 2.0000%													
No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	.0000	0.0000	0.00	0.00
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	16.3327	130.6620	653.31	33,972.12
07	0.0000	17.2400	137.9200	689.60	35,859.20
08	0.0000	18.1474	145.1800	725.90	37,746.80

07/01/2014	DPW3 PUBLIC WOR	N-4A	ADM CLK II/DISP	H HOURLY	W WEEKLY	02	52.0000	8.00	40.00	5.00	2080.00	260.00	N
Change was made by 2.0000%													
\$500 was added to base prior to 2% added													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	.0000	0.0000	0.00	0.00
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	21.0129	168.1040	840.52	43,707.04
07	0.0000	22.1803	177.4420	887.21	46,134.92
08	0.0000	23.3477	186.7820	933.91	48,563.32

07/01/2014	DPW3 PUBLIC WOR	N-5A	ADMINS. SECTRY	H HOURLY	W WEEKLY	02	52.0000	8.00	40.00	5.00	2080.00	260.00	N
Change was made by 2.0000%													
No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	.0000	0.0000	0.00	0.00
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	22.6086	180.8680	904.34	47,025.68
07	0.0000	23.8647	190.9180	954.59	49,638.68
08	0.0000	25.1207	200.9660	1,004.83	52,251.16

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TOWN OF VERNON
SALARY TABLES

PG 4
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EFF. DATE	GROUP/BU	GRADE/RANK	DESCRIPTION	PAY BASIS	FREQUENCY	CALC	PERIODS	HRS/ DAY	HRS/ PERIOD	DAYS/ PERIOD	HRS/ YEAR	DAYS/ YEAR	USE PCT
07/01/2015	DPW3 PUBLIC WOR	N-1A	ADMIN. CLERK I	H HOURLY	W WEEKLY	02	52.0000	8.00	40.00	5.00	2080.00	260.00	N
Change was made by 2.0000%													
No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	.0000	0.0000	0.00	0.00
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	16.6593	133.2740	666.37	34,651.24
07	0.0000	17.5848	140.6780	703.39	36,576.28
08	0.0000	18.5103	148.0820	740.41	38,501.32

07/01/2015 DPW3 PUBLIC WOR N-4A ADM CLK II/DISP H HOURLY W WEEKLY 02 52.0000 8.00 40.00 5.00 2080.00 260.00 N
Change was made by 2.0000%
No Dollar amount used.

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	.0000	0.0000	0.00	0.00
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	21.4332	171.4660	857.33	44,581.16
07	0.0000	22.6240	180.9920	904.96	47,057.92
08	0.0000	23.8147	190.5180	952.59	49,534.68

07/01/2015 DPW3 PUBLIC WOR N-5A ADMINS. SECRETY H HOURLY W WEEKLY 02 52.0000 8.00 40.00 5.00 2080.00 260.00 N
Change was made by 2.0000%
No Dollar amount used.

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	.0000	0.0000	0.00	0.00
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	23.0608	184.4860	922.43	47,966.36
07	0.0000	24.3419	194.7360	973.68	50,631.36
08	0.0000	25.6231	204.9840	1,024.92	53,295.84

** END OF REPORT - Generated by Dawn Maselek **

PERFORMANCE REVIEW - NON-EXEMPT PERSONNEL

Appendix B

EMPLOYEE NAME:	DEPARTMENT:
POSITION TITLE:	REVIEW DATE:
SUPERVISOR'S NAME:	DATE ASSIGNED TO POSITION:

EVALUATION FACTORS:	PERFORMANCE EVALUATION (Check One)				
	Out- standing (5)	Superior Above Ave. (4)	Average Satisfactory (3)	Below Average (2)	Unsatis- factory (1)
<u>MAJOR DUTIES VS. ACCOMPLISHMENTS</u>	—	—	—	—	—
<u>JOB KNOWLEDGE</u> (Understanding duties)	—	—	—	—	—
<u>INITIATIVE</u> (Self starting)	—	—	—	—	—
<u>ACCURACY & NEATNESS OF WORK</u>	—	—	—	—	—
<u>DEPENDABILITY</u> (Conscientious, thoroughness)	—	—	—	—	—
<u>PERSONAL QUALITIES</u> (Personality, integrity)	—	—	—	—	—
<u>COMMUNICATIONS</u> (Oral and written)	—	—	—	—	—
<u>ALERTNESS</u> (Grasp instructions, changes))	—	—	—	—	—
<u>COOPERATION</u> (Working with others))	—	—	—	—	—
<u>ATTENDANCE</u> (Absenteeism, tardiness)	—	—	—	—	—
OVERALL PERFORMANCE RATING (AVE.)	—	—	—	—	—

EVALUATION RATING DEFINITIONS:

- (5) Outstanding - Excels in all areas.
- (4) Superior - Excels in most areas.
- (3) Average - Meets requirements, occasionally excels.
- (2) Below Average - Occasionally meets standards, needs to improve.
- (1) Unsatisfactory - Poor performance, needs immediate improvement.

AREAS TO BE STRENGTHENED:

230

PERFORMANCE EVALUATION - NON-EXEMPT PERSONNEL Appendix B

EVALUATION FACTORS:

- | | |
|------------------------------|--|
| Job Knowledge | Understanding major aspects of job duties, completes work assignments on schedule, makes few errors, adequacy of skills and knowledge for doing the job. |
| Initiative | Self starting, act independently in self confident manner, sense of responsibility, earnestness in seeking increased responsibility. |
| Accuracy and Neatness | Quality of finished work, thoroughness, neatness. |
| Dependability | Conscientious, job done with minimum supervision, punctual, relied upon, completes assignments on time. |
| Personal Qualities | Personality, integrity, attitude. |
| Communications | Clear and concise oral and written communications, presents ideas persuasively, courteous, helpful. |
| Alertness | Grasp instructions and changes quickly. |
| Cooperation | Willingness to work with others harmoniously, accepts supervision, easy to work with. |
| Attendance | Faithful in coming to work daily and conforming to work hours (absenteeism and tardiness). |

PERFORMANCE PROGRESS - Since Last Evaluation: (Check One)

Improved Little or No Change Regressed First Evaluation

EVALUATION REVIEWED By: (Supervisor's Signature)	DATE:
REVIEWED WITH EMPLOYEE BY: (Immediate Supervisor)	DATE:
THIS EVALUATION HAS BEEN REVIEWED BY ME: (Employee's Signature)	DATE:



FlexPOS-CNT-HSA-2000I/4000F-05-Combined Open Access Contract Year Benefit Summary

Open Access High Deductible Health Plan (HDHP) for use with a Health Savings Account (HSA)

This is a brief summary of benefits. Refer to your ConnectiCare Insurance Company, Inc Certificate of Coverage for more information. The Certificate of Coverage will prevail for all benefits, conditions, limitations and exclusions. All benefits described below are per Member per Contract year. All benefit limits/maximums are listed in the Plan pays column of this summary and have a combined maximum for In- and Out-of-Network services. A Referral from your Primary Care Provider is not required.

The Individual Deductible applies if you have coverage only for yourself and not for any Dependents. The Family Deductible applies if you have coverage for yourself and one or more Eligible Dependents. In addition, if you have family coverage, any applicable copayment, coinsurance or cost share maximums will apply until the total is met for the family, without regard to how much any one family member has met.

Personalized for: Town & BOE of Vernon - Vernon Town Union Employees

	IN-NETWORK		OUT-OF-NETWORK	
Contract Year Plan Deductible (Deductible is combined for In- and out-of-network health services and prescription drugs)	\$2,000 per Individual \$4,000 per Family		\$2,000 per Member \$4,000 per Family	
Coinsurance Maximum (Maximum does not include Deductibles)	None		\$2,000 per Member \$4,000 per Family	
Out-of-Pocket Maximum (Maximum includes Plan Deductible, Coinsurance Maximum for health services and prescription drug copayments)	\$2,500 per Individual \$5,000 per Family		\$4,000 per Member \$8,000 per Family	
Out-of-Network Reimbursement	Not Applicable		Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.	
Lifetime Maximum Benefit	Unlimited		Unlimited	
PREVENTIVE SERVICES	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Adult Physical Exam	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Infant / Pediatric Physical Exam	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Gynecological Preventive Exam	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Preventive Laboratory Services (Complete blood count and Urinalysis)	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Baseline Routine Mammography	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible

PREVENTIVE SERVICES	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Annual Routine Mammography	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Annual Routine Vision Exam (one exam per year when provided by an Optometrist or Ophthalmologist)	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Hearing Screenings (one exam every 24 months)	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
OUTPATIENT SERVICES				
Primary Care Provider Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Specialist Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Gynecological Office Services	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Maternity Care Office Services	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Allergy Testing (Unlimited)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Laboratory Services (includes services performed in a Hospital or laboratory facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Non-Advanced Radiology (includes services performed in a Hospital or radiology facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Advanced Radiology (includes services for MRI, PET and CAT scan and nuclear cardiology performed in a Hospital or radiology facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Outpatient Rehabilitative Therapy (includes services combined for physical, speech, and occupational therapy and chiropractic services) (Unlimited)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Retail Clinic	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
EMERGENCY / URGENT CARE				
Walk-In Centers	No Member cost after Plan Deductible	100% after Plan Deductible	Same as In-Network Benefit	Same as In-Network Benefit

EMERGENCY / URGENT CARE				
Emergency Room	No Member cost after Plan Deductible	100% after Plan Deductible	Same as In-Network Benefit	Same as In-Network Benefit
Ambulance Services	No Member cost after Plan Deductible	100% after Plan Deductible	Same as In-Network Benefit	Same as In-Network Benefit
HOSPITAL SERVICES				
Inpatient Hospital Services, Including Room & Board	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Ambulatory Services (Outpatient) (includes services performed in a Hospital or ambulatory facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Skilled Nursing and Rehabilitation Facilities	No Member cost after Plan Deductible up to the visit maximum; then no coverage	100% after Plan Deductible up to 120 days per year	20% after Plan Deductible up to the visit maximum; then no coverage	80% after Plan Deductible up to 120 days per year
MENTAL HEALTH SERVICES				
Inpatient Mental Health Services (including inpatient acute, residential and partial hospitalization programs)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Inpatient Alcohol and Substance Abuse Treatment (including inpatient acute, residential and partial hospitalization programs)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Outpatient Mental Health, Alcohol and Substance Abuse Treatment (including office visits, professional services provided in the home and intensive outpatient treatment programs)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
OTHER SERVICES				
Durable Medical Equipment Including Prosthetics and Disposable Medical Supplies (No Member cost for wigs prescribed by an oncologist for a Member suffering hair loss as a result of chemotherapy or radiation therapy to a calendar year maximum of \$500)	No Member cost after Plan Deductible	20% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Diabetic Equipment and Supplies	No Member cost after Plan Deductible	80% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible

OTHER SERVICES				
Infertility (Infertility benefits outlined in the Certificate Of Coverage are unlimited, with no age or cycle restrictions)	No Member cost after Plan Deductible (Office visit)	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
	No Member cost after Plan Deductible (Ambulatory Services Outpatient)			
	No Member cost after Plan Deductible (Inpatient Hospital)			
Nutritional Counseling (Limit 3 visits per year)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Home Health Services	No Member cost after Plan Deductible up to the visit maximum; then no coverage	100% after Plan Deductible up to 200 visits per year	20% after Plan Deductible up to the visit maximum; then no coverage	80% after Plan Deductible up to 200 visits per year

Important Information

- If you have questions regarding your Plan, visit our website at www.connecticare.com or call us at (860) 674-5757 or 1-800-251-7722.
- Many services require that you obtain our Pre-Certification or Pre-Authorization prior to obtaining care prescribed or rendered by Non-Participating providers. A Benefit Reduction will apply if you do not obtain Pre-Authorization for these specified services. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- For mental health, alcohol, and substance abuse services call 1-888-946-4658 to obtain Pre-Authorization.
- We track benefits internally and do not provide Members with a regular update of benefits that have been used. Members should keep a record of benefits they use to determine when they reached their benefit limit. Members will be responsible for paying in full any services rendered after the limit is reached.
- All benefit limits/maximums are combined for In-Network and Out-of-Network unless indicated otherwise.
- Out-of-Network cost shares are reimbursed at the Maximum Allowable Amount. Members are responsible to pay any charges in excess of this amount. Please refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- If you are a Massachusetts resident, please refer to your *Amendatory Rider for Massachusetts Mandated Benefits* for additional details of your mandated benefits.
- If you are a Massachusetts resident, this plan along with Pharmacy services meets Massachusetts Minimum Creditable standards for 2012.
- Your Plan is Insured by ConnectiCare Insurance Company, Inc.

Benefits are Subject to Department of Insurance Approval

DX



FlexPOS Copayment Prescription Drug Plan for Use with Health Savings Account (HSA) Benefit Summary

This is a brief summary of your prescription drug benefits. Refer to your Prescription Drug Rider or consult with your benefits manager for more information. The Prescription Drug Rider and the Certificate of Coverage will prevail for all benefits, conditions, limitations and exclusions. All Benefits described below are per Member per **Contract year**.

Personalized for: Town & BOE of Vernon - Vernon Town Union Employees

PRESCRIPTION DRUGS				
Covered prescription drugs through retail Participating Pharmacies or our mail order service. Your Plan includes the following: Mandatory Drug Substitution, Tiered Cost-Share Program, and Voluntary Mail Order Program.				
	IN-NETWORK		OUT-OF-NETWORK	
Contract Year Plan Deductible (combined for In- and Out-of-Network prescription drug benefits)	\$2,000 Individual \$4,000 Family The Contract Year Deductible can be reached by any combination of covered Health Services or covered prescription drug services. If you have a Family coverage, then covered Health Service covered prescription drugs will be applied to the Family Plan Deductible until the total amount is met without regard to which family member uses the benefits.		\$2,000 Individual \$4,000 Family The Contract Year Deductible can be reached by any combination of covered Health Services or covered prescription drug services. If you have a Family coverage, then covered Health Service covered prescription drugs will be applied to the Family Plan Deductible until the total amount is met without regard to which family member uses the benefits.	
Out-of-Pocket Maximum (The Maximum includes the Plan Deductible, Coinsurance Maximum for health services and prescription drug copayments)	\$2,500 Individual \$5,000 Family		\$4,000 Individual \$8,000 Family	
Out-of-Network Reimbursement	Not Applicable		Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.	
RETAIL PHARMACY (up to a 34-day supply per prescription)	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Tier 1 drugs	\$7 Copayment per 34 day supply after Plan Deductible	100% after Plan Deductible and Copayment	20% after Plan Deductible	80% after Plan Deductible
Tier 2 drugs	\$15 Copayment per 34 day supply after Plan Deductible	100% after Plan Deductible and Copayment	20% after Plan Deductible	80% after Plan Deductible
Tier 3 drugs	\$35 Copayment per 34 day supply after Plan Deductible	100% after Plan Deductible and Copayment	20% after Plan Deductible	80% after Plan Deductible

MAIL ORDER PHARMACY (up to a 100-day supply per prescription)	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Tier 1 drugs	\$14 Copayment per 100 day supply after Plan Deductible	100% after Plan Deductible and Copayment	Not a covered benefit	Not a covered benefit
Tier 2 drugs	\$30 Copayment per 100 day supply after Plan Deductible	100% after Plan Deductible and Copayment	Not a covered benefit	Not a covered benefit
Tier 3 drugs	\$70 Copayment per 100 day supply after Plan Deductible	100% after Plan Deductible and Copayment	Not a covered benefit	Not a covered benefit

Additional Information

- Under this program covered prescription drugs and supplies are put into categories (i.e., tiers) to designate how they are to be covered and the Members Cost-Share. The placement of a drug or supply into one of the tiers is determined by the ConnectiCare Pharmacy Services Department and approved by the ConnectiCare Pharmacy & Therapeutics Committee based on the drugs or supplies clinical effectiveness and cost, not on whether it is a Generic Drug Or Supply or Brand Name Drug Or Supply.
- Generic Drugs can reduce your out-of-pocket prescription costs. Generics have the same active ingredients as Brand Name Drugs, but usually cost much less. So, ask your doctor or pharmacist if a Generic alternative is available for your prescription. Also, remember to use a Participating Pharmacy. Most pharmacies in the United States participate in our network. To find one, visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722.
- Amounts paid by Members because they must pay a price difference for a Brand Name Drug do not count towards meeting any Deductible, Coinsurance, Copayment, or Pharmacy Coinsurance Maximum.
- Certain prescription drugs and supplies require Pre-Authorization from us before they will be covered under the Prescription Drug Rider. You should visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722 to find out if a prescription drug or supply requires Pre-Authorization.
- Always remember to carry your ConnectiCare ID Card.
- If you are a Massachusetts resident, please refer to your Amendatory Rider for Massachusetts Mandated Benefits for additional details of your benefits.



FlexPOS-CAL-10-10-0-200A-03 Open Access Calendar Year Benefit Summary

This is a brief summary of benefits. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information. The Certificate of Coverage will prevail for all benefits, conditions, limitations and exclusions. All benefits described below are per Member per Calendar year. All benefit limits/maximums are listed in the Plan pays column of this summary and have a combined maximum for In- and Out-of-Network services. A Referral from your Primary Care Provider is not required.

Personalized for: Town & BOE of Vernon - Vernon Town \$10

	IN-NETWORK		OUT-OF-NETWORK	
Calendar Year Plan Deductible	None		\$5,000 per Member \$15,000 per Family	
Coinsurance Maximum <i>(Maximum does not include Plan deductible or Benefit Deductible)</i>	None		\$10,000 per Member \$30,000 per Family	
Out-of-Pocket Maximum <i>(Maximum includes Plan Deductibles and Coinsurance Maximum only. Benefit Deductibles are not included)</i>	None		\$15,000 per Member \$45,000 per Family	
Out-of-Network Reimbursement	None		Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.	
Lifetime Maximum Benefit	Unlimited		Unlimited	
PREVENTIVE SERVICES	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Adult Physical Exam	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Infant / Pediatric Physical Exam	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Gynecological Preventive Exam	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Preventive Laboratory Services <i>(Complete blood count and Urinalysis)</i>	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Baseline Routine Mammography	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Annual Routine Mammography	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Annual Routine Vision Exam <i>(one exam per year when provided by an Optometrist or Ophthalmologist)</i>	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Hearing Screenings <i>(one exam every 24 months)</i>	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible

DX

OUTPATIENT SERVICES				
Primary Care Provider Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Specialist Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Gynecological Office Services	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Maternity Care Office Services (Copayment for initial visit only)	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Allergy Testing (Unlimited)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Laboratory Services (includes services performed in a Hospital or laboratory facility)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Non-Advanced Radiology (includes services performed in a Hospital or radiology facility)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Advanced Radiology (includes services for MRI, PET and CAT scan and nuclear cardiology performed in a Hospital or radiology facility)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Outpatient Rehabilitative Therapy (includes services combined for physical, speech, and occupational therapy and chiropractic services) (Unlimited)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Retail Clinic	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
EMERGENCY / URGENT CARE				
Walk-In Centers	\$10 Copayment per visit	100% after Copayment	\$10 Copayment per visit	100% after Copayment
Urgent Care Centers	\$25 Copayment per visit	100% after Copayment	\$25 Copayment per visit	100% after Copayment
Emergency Room (Copayments waived if admitted)	\$50 Copayment per visit	100% after Copayment	\$50 Copayment per visit	100% after Copayment
Ambulance Services	No Member cost	100%	No Member cost	100%
HOSPITAL SERVICES				
Inpatient Hospital Services, Including Room & Board	\$200 Copayment per admission	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible

DC

HOSPITAL SERVICES				
Ambulatory Services (Outpatient) (includes services performed in a Hospital or ambulatory facility)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Skilled Nursing and Rehabilitation Facilities	No Member cost up to the visit maximum; then no coverage	100% up to 120 days	50% after Plan Deductible up to the visit maximum; then no coverage	50% after Plan Deductible up to 120 days
MENTAL HEALTH SERVICES				
Inpatient Mental Health Services (including inpatient acute, residential and partial hospitalization programs)	\$200 Copayment per admission	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Inpatient Alcohol and Substance Abuse Treatment (including inpatient acute, residential and partial hospitalization programs)	\$200 Copayment per admission	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Outpatient Mental Health, Alcohol and Substance Abuse Treatment (including office visits, professional services provided in the home and intensive outpatient treatment programs)	\$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
OTHER SERVICES				
Durable Medical Equipment Including Prosthetics and Disposable Medical Supplies (No Member cost for wigs prescribed by an oncologist for a Member suffering hair loss as a result of chemotherapy or radiation therapy to a calendar year maximum of \$350)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Diabetic Equipment and Supplies	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible
Infertility (Infertility benefits outlined in the Certificate Of Coverage are unlimited, with no age or cycle restrictions)	\$10 Copayment per visit (Office visit) No Member cost (Ambulatory Services Outpatient) \$200 Copayment per admission (Inpatient Hospital)	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Nutritional Counseling (Limit 3 visits per year)	No Member cost	100%	50% after Plan Deductible	50% after Plan Deductible

PC



FULL DENTAL PLAN

The Full Dental Plan covers diagnostic, preventive and restorative procedures necessary for adequate dental health.

COVERED SERVICES INCLUDE:

- Oral Examinations 1/36 months
- Periapical and bitewing x-rays 1/Year
- Topical fluoride applications for members under age 19- 2/Year
- Prophylaxis, including cleaning, scaling and polishing – 2/Year
- Relining of dentures
- Repairs of broken removable dentures
- Palliative emergency treatment
- Routine fillings consisting of silver amalgam and tooth color materials; including stainless steel crowns (primary teeth)*
- Simple extractions **
- Endodontics-including pulpotomy, direct pulp capping and root canal therapy (excluding restoration)

* Payment for an inlay, onlay or crown will equal the amount payable for a three-surface amalgam filling when the member is not covered by Dental Amendatory Rider A.

** Payment for a surgical extraction or a hemisection with root removal will equal the amount payable for a simple extraction when the member is not covered by the Dental Amendatory Rider A.

ACCESSING BENEFITS:

Participating Dentists Benefits

When a member receives care from one of over 1,800 Participating Dentists, he or she simply presents his or her identification card showing dental coverage. The dentist bills us directly for all covered services.

For dental care provided by a Participating Dentist, we will pay the lesser of the dentist's usual charge or the Usual, Customary and Reasonable Charge as determined by us. The dentist accepts our reimbursement as full payment and may not bill the member for any additional charges.

Non-Participating Dentists Benefits

For covered dental services provided by a Non-Participating Dentist, in or out of Connecticut, we pay the lesser of the dentist's charge or the applicable allowance for the procedure, as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross Blue Shield Full Dental Plan. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.



DENTAL AMENDATORY RIDER A ADDITIONAL BASIC BENEFITS

In addition to the services provided under your dental program, the following additional basic benefits are provided:

- ◆ Inlays (not part of bridge)
- ◆ Onlays (not part of bridge)
- ◆ Crown (not part of bridge)
- ◆ Space Maintainers
- ◆ Oral Surgery consisting of fracture and dislocation treatment, diagnosis and treatment of cyst and abscess, surgical extractions and impaction
- ◆ Apicoectomy

The dental services listed above are subject to the following qualifications:

We will pay for individual crowns, inlays and onlays only when amalgam or synthetic fillings would not be satisfactory for the retention of the tooth, as determined by us.

We will not pay for a replacement provided less than five (5) years following a placement or replacement which was covered under this Rider. We will not pay for individual crowns, inlays or onlays to alter vertical dimension, for the purpose of precision attachment of dentures, or when they are splinted together for any reason.

If the member is not covered by Dental Amendatory Rider C (Prosthodontics) we will pay for the following types of crowns, inlays or onlays, but only when there is clinical evidence that amalgam or synthetic fillings would not be satisfactory for the retention of the tooth:

- ◆ One tooth on either side or two teeth on one side of a replacement for missing teeth, as part of a fixed bridge.
- ◆ No benefits will be provided for the tooth replacements.
- ◆ Space maintainers – payment will be made for devices to preserve space due to premature loss of primary teeth, but not for interceptive orthodontic devices. Payment will be made for up to two devices per member per lifetime.



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DENTAL AMENDATORY RIDER A ADDITIONAL BASIC BENEFITS

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross & Blue Shield will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as fully payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentists Benefits

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider A. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.



DENTAL AMENDATORY RIDER B PROSTHODONTICS

The following prosthetic services are provided under Dental Amendatory Rider B:

- ◆ Denture, full and partial
- ◆ Bridges, fixed and removable
- ◆ Addition of teeth to partial dentures to replace extracted teeth

The dental services listed above are subject to the following qualifications:

Anthem Blue Cross & Blue Shield of Connecticut will pay for standard procedures for prosthetic services as determined by us. For fixed bridges, we will pay for the replacement of missing teeth and for one tooth on either side or two teeth on one side of the replacement. We will not pay for a denture or bridge replacement, which is provided less than five years following a placement or replacement, which was covered under the contract. We also not pay for crowns splinted together for any reason.

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross & Blue Shield of Connecticut will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentist Benefits

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider A. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.



DENTAL AMENDATORY RIDER C PERIODONTICS

Periodontal services consisting of:

- ◆ Gingival curettage
- ◆ Gingivectomy and gingivoplasty
- ◆ Osseous surgery, including flap entry and closure
- ◆ Mucogingivoplastic surgery
- ◆ Management of acute infection and oral lesions

The maximum benefit we will provide for periodontal services per person per year is \$500.00.

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross & Blue Shield of Connecticut will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in the Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentists Benefits

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider C. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.



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DENTAL AMENDATORY RIDER D ORTHODONTICS

The following Orthodontic services are provided:

Handicapping malocclusion for a member under age 19, consisting of the installation of orthodontic appliances and orthodontic treatments concerned with the reduction or elimination of an existing malocclusion through the correction of malposed teeth.

The maximum amount payable for orthodontic services is \$1000.00 per member per lifetime.

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross & Blue Shield of Connecticut will pay the lesser of fifty percent of the dentist's usual charge or sixty percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentists Benefits

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider A. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.

Town of Vernon
Managed Prescription Program, 3-Tier
Benefits at a Glance

How to Use the 3-Tier Managed Prescription Program

The 3-Tier Managed Prescription Program (“Program”) has three (3) different levels (or “tiers”) of copayments, depending on the type of prescription drug you purchase (*see the chart below for details*). Your copayments will be lower when you use generic or brand-name medications that are on our list of preferred prescription drugs. The medications on this list are selected for their quality, safety and cost-effectiveness. You will still have coverage for brand-name drugs that are not on the list, but your copayment will be higher.

Talk to your provider about using generic drugs or listed brand-name drugs. It is a simple way to save out-of-pocket expenses.

Copayments and Day Supplies

- You will be responsible for **one (1) copayment** when purchasing up to **34 days supply** of any prescription drugs from a retail pharmacy.
- You’ll be responsible for **one (1) copayment** when purchasing up to **100 days supply** of maintenance prescription drugs through the mail-service program.

Generic Drugs Have the Lowest Copayment

Your HMO or PPO Copayment:

Type of Prescription Drug Covered		Any	Maintenance
Number of Allowed Refill Supply (subject to state and federal restrictions)		Retail < 34 Days	Mail > 31 Days < 100 Days
Tier 1: Generic drugs	The term “generic” refers to a prescription drug that is not protected by a trademark. It is required to meet the same bioequivalency test as the original brand-name drug.	\$ 5	\$ 5
Tier 2: Listed brand-name drugs	The term “listed brand-name” refers to a brand-name prescription drug that is on the Program list of preferred prescription drugs.	\$ 25	\$ 25
Tier 3: Non-listed brand-name drugs	The term “non-listed brand-name” refers to a brand-name prescription drug that is not on the Program list of preferred prescription drugs.	\$ 40	\$ 40
Annual Maximum – HMO	Per member per calendar year-	Unlimited	
Annual Maximum – PPO	Per member per calendar year-	\$5,000	

APPENDIX D

Town of Vernon

Managed Prescription Program, 3-Tier

Benefits at a Glance

Generic Substitution

Prescriptions will be filled with the generic equivalent when there is one available. Generic equivalents contain the same active ingredients and subject to the same, rigid FDA standards for quality, strength and purity as their brand-name counterparts. The brand name of a medication is the product name under which it is advertised and sold. Using generic, “preferred” drugs helps control costs for you and your plan while still providing you with the medications you need to stay healthy.

Exception: If your doctor indicates “Dispense as Written,” you will receive the brand-name drug, and you will be responsible for the applicable listed brand or non-listed brand copayment.

Note: If your doctor does *not* indicate “Dispense as Written,” and you choose the brand drug, you will be responsible for the applicable listed brand or non-listed brand-name copayment as well as the difference in cost between the generic and listed brand or non-listed brand name drug.

Preferred Drug Step Therapy

The Program will offer and the employees will make every effort to use clinically interchangeable, generic drug alternatives in certain categories as a first line therapy before non-preferred drugs are used. Such categories of maintenance drugs include: ace inhibitors, beta blockers, NSAIDS, gastrointestinal, osteoporosis, sleep medication and intranasal steroids, etc.; with the antidepressants expressly excluded from the preferred drug step therapy. A Coverage Review Request by members, comprising trial and failure of preferred drug therapy, will be offered to be covered for non-preferred drugs.

Retail Refill Allowance

Members can use retail for non-maintenance drugs with no restrictions, subject to copayments specified in the Program. Non-maintenance drugs are defined as those taken on a short-term basis, i.e. usually fewer than 34 days – e.g. an antibiotic used to treat a strep throat.

Members may use retail for maintenance prescription drugs only two (2) times before the penalty will apply. Maintenance medications are defined as those taken regularly for an ongoing condition – e.g. medications used to treat high blood pressure. Members will be contacted by the Program at each retail refill to utilize the mail order service. At and following the third (3rd) time of retail use for such drugs, a penalty will be charged, equal to five per cent (5%) of the retail cost of such prescription drug and two (2) times the retail copayment for the respective Tier, i.e. \$10 / \$50 / \$80. No penalty will apply if the member utilizes the mail order.

When using the mail order, any medications that are temperature-sensitive for reasons of their sustained potency and effectiveness are shipped in special insulated packages designed to keep the contents at the correct temperature through the delivery process.

APPENDIX D

Town of Vernon

Managed Prescription Program, 3-Tier

Benefits at a Glance

The low copayments for the mail order refill supplies provide an added incentive for the members to use the mail order over retail purchases for maintenance medications.

National Pharmacy Network

Members also have access to a network (currently more than 53,000) retail pharmacies throughout the country.

Non-Participating Pharmacies

Members who fill prescriptions at a non-participating pharmacy are responsible for payment at the time the prescription is filled. Members must submit claims for reimbursement, and payment will be sent to the member. Members who use non-participating pharmacies will pay 20% of the in-network allowance, plus the difference between the Program payment and the pharmacist's actual charge.

Limits and Exclusions

Benefits are limited to no more than a **34-day supply** for covered drugs purchased at a retail pharmacy, and no more than a **100-day supply** for covered maintenance drugs purchased by mail service. All prescriptions are subject to the quantity limitations imposed by state and federal statutes.