AGREEMENT

Between

THE TOWN OF VERNON

and

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES

LOCAL 818 OF COUNCIL #4

AFL-CIO

July 1, 2012 - June 30, 2015

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PREAMBLE

This Agreement is entered into by and between the Town of Vernon, hereinafter referred to as the "Town" and Local 818 of Council 4, American Federation of State, Country and Municipal Employees, AFL-CIO, hereinafter referred to as the "Union".

ARTICLE 1. RECOGNITION

The Town recognizes the Union as the sole and exclusive bargaining representative for the purposes of collective bargaining in matters of wages, hours of employment and other conditions of employment for all Supervisory employees of the Town of Vernon who work in the Department of Public Works, excluding the Director of Public Works and all others excluded by the Act. This recognition is granted pursuant to the certification issued by the Connecticut State Board of Labor Relations as Decision #3472, Case No. ME-18,564 issued on March 7, 1997.

ARTICLE 2. UNION SECURITY

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. The deduction shall be made by the Finance Officer at his/her convenience. 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 2.1

All employees in the bargaining unit shall, from their date of hire and thereafter as condition of employment, pay dues or service fees as specified by the Secretary of the Union.

Section 2.2

The monthly dues remittance to the Union will be accompanied by a list of names of employees from whose wages dues deductions have been made.

Section 2.3

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 2.1.

Section 2.4

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 maintained by the Union and shall not contain any material that is derogatory of the Town Administration.

Section 2.5

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. Any additional copies of this Agreement must be furnished at the expense of the party desiring them.

ARTICLE 3. MANAGEMENT RIGHTS

Section 3.1

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, frequency and standards of inspections, size of the workforce, number of days and hours in the work day and work week for all employees, 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 3.2

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, deceased or discontinued and to introduce and change and operate new or improved methods and procedures; to vary the work load due to better methods; to set the standards of quality and quantity of work and to subcontract work as it has in the past.

Section 3.3

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.

Section 3.4

It is agreed that except as specifically delegated, abridged, granted or modified by this Agreement, all the rights, powers and authorities the Town had prior to signing this Agreement are retained by the Town and remain the exclusive right of management.

ARTICLE 4. PROBATIONARY PERIOD

All employees shall be considered probationary during the first six (6) calendar months of employment. During this probationary period, the employee shall not obtain seniority rights to this Agreement and such probationary employee will be subject to discipline/discharge by the Town without recourse or access to the grievance/arbitration provisions of this Agreement. Upon successful completion of their probationary period an individual employee's seniority shall be retroactive as of the commencement of his/her employment.

ARTICLE 5. SENIORITY

Section 5.1

The Town shall prepare a list of employees showing their seniority in length of service with the Town in position covered by this Agreement and deliver the same to the Union President at a mutually agreed upon date. Unless the Union files a grievance concerning the list within thirty (30) days of receipt of same the list will be presumed to be correct for all purposes of this Contract. Upon completion of their probationary period, new employees shall be added to the list.

Section 5.2

When a vacancy exists or a new position is created and the Town decides to fill the position or vacancy, the employee with the highest departmental seniority who applies for the position or vacancy will be given an opportunity to fill the position or vacancy provided the employee is qualified to do the job as determined by the Director of Public Works. If the employee is unable to perform the job as determined by the Director of Public Works within forty-five (45) days of assuming the position, the employee will return to his/her previous position.

If the most senior employee who applies for the position does not get the job or does not complete his/her probationary period, the Director of Public Works may look to applicants outside of the bargaining unit to fill the position.

In the event of a layoff the following procedure will be followed:

a. temporary employees will be laid-off first followed by,

b. part-time employees followed by,

c. probationary employees followed by;

d. employees with the least bargaining unit seniority within classification. An employee who is laid-off or whose position is eliminated shall bump the least senior employee in the same classification. If there is no such employee, the employee may bump an employee in a lower classification previously held by the employee within the bargaining unit provided he can perform the job.

Section 5.4

Employees will lose their seniority for the following reasons

a. discharged for just cause;
b. resignation;
c. retirement;

d. voluntarily quit;
e. layoff for more than three hundred sixty-five (365) days;
f. failure to return to work from an authorized leave of absence;
g. failure to return to work within ten (10) days from recall; and
h. holding another job while on an authorized leave of absence.

ARTICLE 6. HOURS OF WORK AND OVERTIME

Section 6.1

The basic work week/work day for employees in the bargaining unit shall be eight and one half (8 ½) hours a day, five (5) days a week with one half (½) hour off for unpaid lunch.

Section 6.2

The present schedule is Monday through Friday, 7:00 a.m. to 3.30 p.m. The Refuse/Recycling Supervisor is scheduled to work from April 1 to November 1, 6:00 a.m. to 2:30 p.m.

These schedules shall not be deemed a guarantee by the Town nor in anyway restrict the Town from scheduling or making changes in the schedule or starting time.

Section 6.3 Overtime

Employees will be required to work overtime when requested. Non-exempt employees (Road Foreman) will be paid time and one half (1 ½) for those hours worked in excess of eight (8) hours in any one day or forty (40) hours in any one (1) work week. In addition, these employees will be paid time and one half (1 ½) for all worked performed on Saturday.

Non-exempt employees (Road Foreman) will receive double time for all work performed on Sunday and all work performed on holidays plus their regular holiday pay.

Section 6.4 **Overtime-Buildings and Grounds Supervisor, Refuse/Recycling Supervisor, Vehicle Maintenance Supervisor**

All employee positions in this Section are exempt and exempt employees will be required to work overtime when required. Exempt employees will receive one (1) hour off for each hour worked beyond the normal schedule provided such work is authorized by the Town Administrator. Compensatory time shall be taken at the mutual convenience of the employee and the Director of Public Works. In case of conflict, the Director of Public Works shall have final authority. Compensatory time off shall not accumulate to more than five (5) working days. Employees will not be paid for unused compensatory time.

Section 6.5

When a non-exempt employee is called in for work outside his/her regularly scheduled working hours, he/she shall be paid a minimum of four (4) hours at the applicable overtime rate. In addition, for snowplowing such employees will receive a one (1) hour call in time. Up to but not exceeding 5 bargaining unit employees, who may be exempt or non-exempt, as part of their job duties, shall be reachable by phone thus requiring them to be "on call." Effective July 1, 2009, those "on call" employees will receive a bi-weekly stipend of $57.70, to be paid monthly, for their on call responsibilities. Effective July 1, 2011, this bi-weekly stipend for those "on call" employees will be increased to $73.60, to be paid monthly.

ARTICLE 7. HOLIDAYS

Section 7.1

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

New Years Day	Labor Day
Martin Luther King Day	Columbus Day
President's Day	Veteran's Day
Good Friday	Thanksgiving Day
Memorial Day	Friday Following Thanksgiving
Independence Day	Christmas Day

Section 7.2

One (1) floating holiday to be individually observed by the employee, and mutually agreed upon by the Town and the employee in advance of the holiday.

Section 7.3

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 mutually agree in writing to a different schedule.

Section 7.4

In order to be eligible for holiday pay, an employee must work his/her last scheduled shift preceding the holiday and his/her first scheduled shift following the holiday. Failure to meet this requirement will result in the forfeiture of the holiday pay.

Section 7.5

When a holiday occurs during an employee's regular vacation, the holiday shall not be charged against an employee's vacation time.

ARTICLE 8. VACATION

Section 8.1

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 Continuos Service

1 year 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	25 days*

* Only applies to employee hired before July 1, 2009

July 1st will be used to determine the amount of vacation due to an employee. Vacation earned in one fiscal year must be used by the end of the next fiscal year. Employees may not accumulate or carry over unused vacation days except as set forth in Section 8.2. In addition, an employee may not exchange unused vacation time for equivalent payment.

Section 8.2

Vacation Leave Accumulation: Subject to the recommendation of the Department Head and approval of the Town Administrator, employees may carry over a maximum of five (5) vacation days. Such vacation days may be used as sick days. Employees will

never have more than five (5) vacation days carried over. Such days may not be used to enhance the value of the employee's pension.

Notwithstanding any language to the contrary in this Section 8.2, employees hired prior to July 1, 2009 and in the bargaining unit or who transfer to the bargaining unit may keep all vacation days they have accumulated to date. These days must be used before the employee's retirement from employment with the Town of Vernon.

Section 8.3

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.

ARTICLE 9. LEAVE PROVISIONS

Section 9.1

Sick leave allowance will be earned by each regular, full-time employee at the rate of one (1) day for each full calendar month of service.

Section 9.2

Sick leave earned in any month of service shall be available at any time during the subsequent month. Further, sick leave shall continue to accumulate during leaves of absence with pay and during the time employees are on authorized sick leave or on vacation.

Section 9.3

The Department Head may request a doctor's note with regard to any request for sick leave and an employee may use up to three (3) days of his/her twelve (12) sick days per year for illness for a member in the immediate family.

Section 9.4

Any employee who is employed in the bargaining unit as of July 1, 1997 shall maintain the following benefits for sick days:

a. Such an employee 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. All days to be paid at the fixed pay rate of $161.44 per day as of June 30, 1997 as specified in the Town Administrator's memorandum dated August 14, 1997 and attached to this Agreement as Appendix F.

b. In the event of his/her death, the employee's unused accumulated sick pay, up to a maximum one hundred eighty (180) days, shall be paid at the employee's rate of pay as of June 30, 1997 (See Appendix F) to the beneficiary designated by said employee in writing and retained in his/her personnel file. In the event said employee file does not have a beneficiary in writing prior to his/her death, the Town shall pay said money to the spouse, if any, if said spouse is not alive, to the child(ren) of said deceased employee. In the event no designation in writing is made and the employee has neither spouse nor child(ren), the pay shall be given to the estate of the deceased employee.

c. An employee who terminates employment in the Town services in good standing shall be paid fifty (50%) percent of accumulated sick days, not to

exceed ninety (90) days, at the employee's rate pay as of June 30, 1997 (See Appendix F).

d. Nothing herein shall be construed so as to prohibit an employee from requesting additional paid sick leave from the Town Administrator in exceptional cases. The refusal to grant such request shall not be subject to the grievance and arbitration provisions of this agreement.

Any employee who is hired into the bargaining after July 1, 1997 and before July 1, 2009 shall maintain the following benefits for sick days:

a. Such an employee who retires from the Town service shall be paid for one hundred percent (100%) of accumulated sick leave, to a maximum of ninety (90) days. All days to be paid for at the fixed rate of $228.00 per day. In the event of the death of the employee, his/her spouse and/or minor children shall be paid for one hundred percent (100%) of accumulated sick leave to a maximum of ninety (90) days at the fixed rate of $228.00 per day.

b. Such an employee who terminates employment with the Town in good standing shall be paid for one hundred percent (100%) of accumulated sick leave to a maximum of ninety (90) days at the fixed rate of $228.00 per day.

c. All unused sick leave may be accumulated up to one hundred and eighty (180) days. Sick days accumulated beyond ninety (90) days may be used by the employee for his or her own illness but will not be paid for or become the basis for compensation when the employee leaves the employ of the Town of Vernon.

d. Nothing herein shall be construed so as to prohibit an employee from requesting additional paid sick leave from the Town Administrator in exceptional cases. The refusal to grant such request shall not be subject to the grievance and arbitration provisions of this agreement.

Any employee hired after July 1, 2009 into the bargaining unit shall maintain the following benefits for sick days:

a. All unused sick leave may be accumulated up to ninety (90) days.

b. Such an employee who retires from the Town service shall be paid for one hundred percent (100%) of accumulated sick leave, to a maximum of thirty (30) days. Sick days will be paid out at the fixed rate of $228.00 per day. In the event of the death of the employee, his/her spouse and/or minor

children shall be paid for one hundred percent (100%) of accumulated sick leave to a maximum of thirty (30) days at the fixed rate of $228.00 per day.

c. Accumulated sick leave paid at the time of retirement or death will not be added to the employee's pension calculation when the employee leaves his/her employment with the Town.

d. Nothing herein shall be construed so as to prohibit an employee from requesting additional paid sick leave from the Town Administrator in exceptional cases. The refusal to grant such request shall not be subject to the grievance and arbitration provisions of this agreement.

Section 9.5

Any employee receiving workers' compensation will not receive any additional payment from the Town. An employee may, at their discretion, use some or all of his/her annual twelve (12) sick days to supplement their workers' compensation benefits, but in no event will the workers' compensation payment and sick days exceed the employee's regular weekly earnings.

Section 9.6 Military Leave

The Town shall comply with applicable federal and state law with regard to military leave.

Section 9.7 Union Leave

One (1) member of the bargaining unit shall be allowed to attend official Union convention or conference without loss of pay for up to three (3) days per year. Permission to attend such conferences or conventions will not be unreasonably withheld. In all cases, requests to use such Union leave must be given to the Director of Public Works at least thirty (30) days in advance of the convention and/or conference.

Section 9.8 Personal Leave

The Town may, at its discretion, grant an employee a personal leave of absence, without pay, for legitimate reasons, provided, however, no such leave shall be granted for the purpose of engaging in other employment. Personal leave shall generally not exceed thirty (30) days.

The Town Administrator, after consultation with the employee's supervisor, shall make the decision on whether or not to grant the requested leave of absence. Such decision will not be subject to the grievance/arbitration provisions of this Agreement.

Section 9.9 Bereavement Leave

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, grandchild, grandparent, mother-in-law, father-in-law or other relative living in the immediate household. Any regular, full-time employee who has completed his/her probationary period shall be granted one (1) day of leave, with pay by the Town Administrator for death of the following relatives of the employee: aunt, uncle, niece, nephew or cousin.

Section 9.10 Personal Days

Employees whose normal work week is twenty (20) hours or more are entitled to three (3) personal days with pay each year to attend to personal business which cannot be conducted outside the normal work week. Requests for a personal day shall be made in writing, approved by the Department Head and submitted to the Town Administrator at least twenty-four (24) hours in advance of the scheduled day of leave. Approval of personal days shall be granted unless such approval would jeopardize necessary staff requirements. Personal days may not be accrued.

ARTICLE 10. GRIEVANCE PROCEDURE

Section 10.1

A grievance is a dispute which arises under this Agreement between an employee and the Employer.

Step1: Within ten (10) days after the employee knew or should have known of the cause of the grievance an employee having a grievance and/or his Union steward shall take it up with the Director of Public Works. The Director of Public Works shall provide a written answer to the employee and/or his Union steward within ten (10) days after the presentation of the grievance in Step 1.

Section 10.2

Step 2: If the grievance is not settled in Step 1, the grievant and/or his/her Union steward may within ten (10) days after receipt of the answer in Step 1 be presented to Step 2 by the employee. The grievance will be presented at this Step to the Town Administrator and/or his designee and he/she shall render his decision in writing within ten (10) days after the presentation of the grievance in this Step 2.

Section 10.3

Anything to the contrary herein not withstanding, a grievance regarding a discharge, must be presented at Step 2 in the first instance within ten (10) days of the discharge.

Section 10.4

All time limits refer to work days in this Article. Any disposition of a grievance from which no appeal is taken within the time limits specified herein, will be deemed

resolved and shall not thereafter be considered subject to the grievance and arbitration provisions of this Agreement. All time limits in this Article may be extended by written mutual agreement of the parties.

Section 10.5

A grievance not timely appealed to the next Step shall be deemed resolved in favor of the opposing side.

Section 10.6

No more than one (1) steward of the Union shall be designated by the Union for the purpose of adjusting grievances and shall be afforded no more than one (1) hour a week without loss of pay to conduct such business. No more than a maximum of two (2) employees, including a steward or Union official, will be permitted to attend meetings to adjust grievances and such employees shall be afforded a reasonable amount of time to discuss grievances. No more than two (2) members of the bargaining unit will be paid to attend contract negotiations without loss of pay.

ARTICLE 11. ARBITRATION

Section 11.1

In the event any grievance has not been settled through the foregoing grievance procedure, the Union and/or Town shall have the right to submit the grievance to the State Board of Mediation and Arbitration. Such request for arbitration must be received by the State Board of Mediation and Arbitration within twenty (20) calendar days from receipt of the decision from Step 2 of the grievance procedure. A copy of such request for arbitration shall be sent by certified mail to the Town and/or the Union as the case may be.

Section 11.2

In any arbitration involving a discharge, the Town, at its discretion, may require that the grievance be submitted to the American Arbitration Association and an arbitrator chosen in accordance with the procedures of the American Arbitration Association. If a discharge case is submitted to the American Arbitration Association, the Town agrees to pay all arbitration fees and its own representation fees. The Union will pay for its representation fees.

Section 11.3

The arbitration shall have no power to modify, add to, amend or delete any of the terms or provision of this Agreement. The arbitrator shall not be entitled to substitute his/her judgement for that of the Town and shall be limited to the expressed terms of this Agreement.

Section 11.4

The arbitrator shall be limited to deciding the specific issue placed before him/her and the specific language alleged to be misapplied or misinterpreted and shall have no authority to establish wage rates.

The decision of the arbitrator shall be binding on the Town, Union and aggrieved employee or employees. Expenses for arbitration shall be borne equally by the Employer and the Union.

ARTICLE 12. DISCHARGE AND DISCIPLINE

Section 12.1

Discipline, including discharge, shall be for cause only.

Any employee who is being questioned concerning an incident or action which the employee reasonably believes may subject him/her to disciplinary action has the right upon his/her request to have a member of the Union present.

Section 12.2

When the Town deems it appropriate, it will follow a progressive disciplinary procedure. Such procedure to include four (4) steps: verbal warning, written warning, suspension and discharge. The parties, however, recognize that not all discipline can be progressive in nature and whether or not progressive discipline is followed by the Town depends upon the nature of the events for which discipline is being imposed.

ARTICLE 13. JURY DUTY

Any regular employee who works twenty (20) or more hours per week shall be granted a leave of absence with pay for required jury duty. The employee shall continue to receive his/her regular pay, but shall submit to the Town any jury fees, except travel or meal allowance. The employee shall give to the Town Administrator a certified record of jury attendance from the Clerk of Court.

ARTICLE 14. NO DISCRIMINATION

The parties agree that they will not discriminate against any employee because of his/her race, color, religion, sex, national origin, disability or age. The parties further agree that there will be no discrimination because of an employee's membership in the Union.

ARTICLE 15. 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 a complete and entire agreement between the parties.

ARTICLE 16. TOWN VEHICLES

If an employee is supplied with a Town vehicle, such vehicle may be taken home at night, on weekends, holidays and other such appropriate occasions. This vehicle is to be used for non-personal use including transportation to and from work and for other job related duties outside the employee's normal working hours. The Town will comply with all applicable Internal Revenue Service Rules and Regulations.

ARTICLE 17. EVALUATIONS

Section 17.1

Employees in the bargaining unit will be evaluated annually by the Director of Public Works or by his designee and such evaluation will not be used as a sole basis for any disciplinary action toward the employee.

Section 17.2

Members, due to their supervisory status, would be eligible for additional compensation under a merit pay plan. The following are the guidelines for the plan:

a. The maximum amount that each individual may be eligible for annually is $600.

b. There would be two levels of the awards: the first level for the category of being overall "very good," for $300; and the next level, overall "outstanding" for $600.

c. In each category, the department head would recommend the awarding of such merit pay annually and the Town Administrator would have the authority to approve or reject said recommendation.

d. The program would begin upon the establishment of mutual expectations with the performance evaluations and annually thereafter. The awards would actually be determined based on the period of performance from the previous year.

e. If an individual is not satisfied with the department head's evaluation, the individual may appeal that evaluation to the Town Administrator. The Town Administrator or his/her designee will meet with the employee and the department head. The Town Administrator's decision, based upon the information gathered at this meeting, will be final.

f. The Town will provide the Union with the criteria which will be utilized in recommending and awarding merit pay.

g. Announcement of the Merit Pay Award(s) shall be done once annually by the Town Administrator.

h. The Union agrees not to grieve an alleged violation of this section.

ARTICLE 18. NO STRIKE

The Union agrees that all employees included in this Agreement will not collectively, concertedly or individually engage in or participate, directly or indirectly, in any strike, sympathy strike, slowdown or work stoppage during the term of this Agreement. The Union further agrees that it shall make every effort to prevent such activities on the part of any employees covered by this Agreement and if any employee engages in such conduct they shall be subject to immediate discipline up to and including discharge.

ARTICLE 19. INSURANCE

Section 19.1

Employees shall contribute to a Section 125 IRS plan the following share amounts in accordance with Section 19.4 of this contract:

Year	Town HMO* see 19.4 F	Town HSA
July 1, 2012-June 30, 2013	10%	4%
July 1, 2013-June 30, 2014	10%	7%
July 1, 2014-June 30, 2015	10%	10%

Section 19.2

If the employee waives his/her right to health insurance the Town will give back twenty-five (25%) percent of the premium cost to the employee. Twelve and one half (12 ½%) percent in December and twelve and one half (12 ½ %) percent in June. 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.

Section 19.3

The Town shall provide and pay for life insurance in the amount of $40,000.00 and $80,000 accidental death and dismemberment.

Section 19.4

In order for an employee to be eligible to participate in the insurance plan, employee must work forty (40) hours per week.

A. Effective January 1, 2013, employees may choose medical coverage through a Town sponsored Health Savings Account ("HSA"). Plan details are set forth in Appendix B (prescription plan) attached hereto. The annual deductible shall be $2,000 individual account/$4000 two-person and family accounts. The deductible contribution to the HSA shall be as follows:

First Year: Town 70% / Employee 30%
Second Year: Town 60% / Employee 40%
Third Year: Town 50% / Employee 50%

B. On July 1 of each year the Town shall make the requisite contribution into each employee's account regardless of the balance in said account. In the first year of this agreement, the Town's contribution shall be made on January 1, 2013.

C. The Town shall provide Anthem Blue Cross and Blue Shield Full Service Dental Care. Dental riders shall be available in accordance with Appendix E attached hereto.

D. Employees shall contribute the following premium cost of the HSA and Anthem Blue Cross Blue Shield Full Service Dental Care:
   a. First year: 4%
   b. Second year: 7%
   c. Third year: 10%

   Any medical or dental premium contributions, and any deductible contributions, shall be made on a pre-tax basis. The Town shall pay any group administrative costs charged by the carrier in connection with integrated HSA account management. Any fees associated with an HSA bank deposit account will be the responsibility of each employee.

E. The Town shall contribute the additional deductible contribution made upon notification that an employee is changing status from an individual account to a two person or family account. An employee shall reimburse the Town for any excess deductible contribution made during any fiscal year when the employee's status changes from two person or family account to an individual account.

F. *Employees who are age 65 or older have the option of remaining on the Town's current HMO plan:

   The Town HMO plan will have the following payments:

G. Office visits preventative $10
H. Office visits $10
I. Inpatient $200
J. Emergency $50
K. Outpatient $50
L. Dependent rider 19/23
M. 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 B-1, entitled Managed Prescription Program 3-Tier.

The Town may change carriers, provided the level of benefits and administration of the plan 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 carrier providing the benefits is no longer in business or has been merged or been acquired by another carrier, the parties will meet to discuss alternative coverage. Such cost shall not exceed the cost of the previous insurance plan provided to the employees. If a change in insurance is to take place, an insurance committee shall be established and will include one (1) member of the bargaining unit.

Section 19.6

The Town will establish an Employee Assistance Program (EAP).

ARTICLE 20. PENSION

Section 20.1

The Town will continue in effect the existing pension plan presently covering bargaining unit members as of July 1, 1997 with the following changes:

1. Effective January 1, 2006, five (5) years cliff vesting.

2. Effective July 1, 2009, the monthly benefit rate becomes two and twenty hundredths percent (2.20%) of average monthly earnings times credited service to a maximum of thirty-five (35) years and a maximum of seventy percent (70%).

3. Average monthly earnings based on highest three (3) consecutive years.

4. Effective January 1, 2006, the employee contribution rate becomes seven (7.0) percent pre-tax Section 414 h2.

5. Normal retirement age will follow rule 85 for all employees in the bargaining unit as of July 1, 2009.

6. Employees hired after July 1, 2009 must meet the requirements of rule 85 plus be at least fifty-eight (58) years of age.

7. Three (3) year cap on annuitant spouse option.

8. Employees who become members of the bargaining unit subsequent to January 1, 2010 are not eligible for the defined benefit pension plan set forth herein. Such employees will be eligible for a Town 457(b) plan, and will be automatically enrolled in the plan. The Town will contribute 2% of the employee's base wages of all employees who elect to participate in the 457(b) plan upon their hire and do not elect to opt out of the plan. If an employee contributes 7.5% or more of his or her base wages to a 457(b) plan, the Town will contribute and additional 2% for a total contribution of 4% of the employee's annual base wages to the plan. Vesting schedule same as defined benefit pension plan.

9. Employees hired prior to January 1, 2010 are not eligible to participate in the 457(b) plan to which the Town makes any contribution.

ARTICLE 21. WAGES

Upon ratification of this contract, the Town will pay a seven-hundred fifty dollar ($750.00) signing bonus, which will not be added in base wages.

The Town will increase all bargaining unit employees' wages in the following amounts on the following dates:

Year 1	July 1, 2012 – 6/30/2013	1.25%
Year 2	July 1, 2013 – 6/30/2014	1.50%
Year 3	July 1, 2014 – 6/30/2015	2.00%

See Appendix A

The Town reserves the right to set wages for new employees hired after July 1, 2001 within the following pay range in the respective classification:

	Per hour	Per hour
Foreman:	$18.11	$20.79
Supervisors:	$41,984.00	$53,046.00

NOTE: Current employees salaries may not be within these ranges per Dan Sullivan 1/7/99.

ARTICLE 22. LONGEVITY

In recognition for continuous employment with the Town, employees shall be paid in the second paycheck in December the following amounts:

10 years of service:	$250.00 annually
15 years of service:	$325.00 annually
20 years of service:	$400.00 annually
30 years of service:	$475.00 annually

Longevity continues for existing employees but will be removed for all new employees to the bargaining unit hired after 7/1/97.

ARTICLE 23. PAYROLL

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

ARTICLE 24. SAFETY AND HEALTH

Section 24.1

Road Foreman will be required to wear a uniform in accordance with the existing policy.

Section 24.2

A credit of two hundred ($200.00) dollars will be provided by the Town for all bargaining unit employees towards the purchase of safety shoes and similar equipment authorized by the Town as soon as possible during the first quarter of each fiscal year.

Section 24.3

All employees will receive two hundred-fifty ($250.00) dollars annual meal allowance payable the second week of November.

Section 24.4

The Town will provide free of charge to the employees, medical injections for the prevention and treatment of certain diseases including poison ivy, flu, and diphtheria. Hepatitis-B and tetanus.

Section 24.5

Safety helmets shall be supplied and must be worn by any employee working in hazardous location in accordance with applicable safety regulations.

Section 24.6

The Town will pay for physicals required for a CDL, when said physical is not covered or paid for by insurance. This shall also include any co-pays, if applicable.

ARTICLE 25. TRAINING

In its discretion, the Town may provide release time and reimbursement for employees for course/seminars which are job related. In order to receive release time and/or reimbursement under this Section, an employee must receive prior written approval from the Director of Public Works or his/her designee. Any decision made by

the Director of Public Works or his/her designee under this Section shall not be subject to the grievance and/or arbitration procedure of this Agreement.

ARTICLE 26. ENTIRE AGREEMENT

Section 26.1

The agreement expressed herein in writing, constitutes the entire agreement between the parties and no practice or oral statement shall add to or supersede any of its provisions.

Section 26.2

The parties acknowledge that during the bargaining for this Agreement, each had unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from the area of collective bargaining and that the parties after the exercise of that right and opportunity, are set forth in this Agreement.

ARTICLE 27. SAVINGS CLAUSE

If any Section, sentence, Clause or phrase of this Agreement shall be held for any reason to be inoperative, void or invalid by a court of final jurisdiction, the validity of the remaining portions of this Agreement shall not be affected thereby, it being the intention of the parties in adopting this Agreement that no portion thereof or provisions therein shall become inoperative or fail by reason of the invalidity of any other portion or provision, and the parties do hereby declare that they would have severally approved of and adopted the provisions contained herein separately and apart from the other. The

parties agree to immediately negotiate a substitute for the invalidated Article, Section sentence, clause or phrase.

ARTICLE 28. DURATION

This Agreement will become effective upon its signing and shall remain in effect through June 30, 2015 and from fiscal year to fiscal year thereafter unless said party notifies the other by registered or certified mail, return receipt requested no later one hundred twenty (120) days before the expiration of the Agreement they wish to negotiate a new Agreement. Upon receipt of such notice, the parties shall meet as soon as possible to negotiate such changes.

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.

FOR THE TOWN OF VERNON

George F. Apel
Mayor

John Ward
Town Administrator

FOR LOCAL 818 OF COUNCIL 4
AFSCME, AFL-CIO

Jeff Schambach
President, Local 818

Laurie Webster
Staff Representative
AFSCME, Council 4, AFL-CIO

In order for the Town's signatories to give full effect and force to the Agreement, this Agreement must be ratified by the Vernon Town Council.

Apendix A - Wages

EFFECTIVE DATE	GRADE/RANK OR PAYBAND	DESCRIPTION	INCREASE	STEP/LEVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
07/01/2012	01	**Road Foreman**	1.25%	1	30.52	244.18	1,220.88	63,485.76
07/01/2013	01		1.50%	1	30.98	247.84	1,239.20	64,438.40
07/01/2014	01		2.00%	1	31.60	252.80	1,263.98	65,726.96
07/01/2012	02	**Recycling Supervisor**	1.25%	1	32.62	260.95	1,304.74	67,846.48
07/01/2013	02		1.50%	1	33.11	264.86	1,324.31	68,864.12
07/01/2014	02		2.00%	1	33.77	270.16	1,350.80	70,241.60
07/01/2012	02	**Vehicle & Equipment Maintainance Supervisor**	1.25%	2	34.84	278.72	1,393.58	72,466.16
07/01/2013	02		1.50%	2	35.36	282.90	1,414.48	73,552.96
07/01/2014	02		2.00%	2	36.07	288.55	1,442.77	75,024.04
07/01/2012	03	**Lead Roads Foreman**	1.25%	1	31.90	255.22	1,276.10	66,357.20
07/01/2013	03		1.50%	1	32.38	259.05	1,295.24	67,352.48
07/01/2014	03		2.00%	1	33.03	264.23	1,321.14	68,699.28

Town HMO

ConnectiCare

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 *(Maximum does not include Plan deductible or Benefit Deductible)*	None		$10,000 per Member $30,000 per Family	
Out-of-Pocket Maximum *(Maximum includes Plan Deductibles and Coinsurance Maximum only. Benefit Deductibles are not included)*	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 (Complete blood count and Urinalysis)	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 (one exam per year when provided by an Optometrist or Ophthalmologist)	$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible
Hearing Screenings (one exam every 24 months)	$10 Copayment per visit	100% after Copayment	50% after Plan Deductible	50% after Plan Deductible

Town HMO

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

Town HMO

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

Town HMO

OTHER SERVICES				
Home Health Services	No Member cost up to the visit maximum; then no coverage	100% up to 200 visits per year	25% after $50 Benefit Deductible up to the visit maximum; then no coverage	75% after $50 Benefit 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.

Benefit are Subject to Department of Insurance Approval

ConnectiCare®

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) No Member cost after Plan Deductible (Ambulatory Services Outpatient) No Member cost after Plan Deductible (Inpatient Hospital)	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
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

ConnectiCare®

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 heath 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.

APPENDIX B-1

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	

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.

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.

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.

B133 Rev. 10/00

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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.

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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 bot 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 of 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.

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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 of 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.

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APPENDIX F

TOWN OF VERNON

14 PARK PLACE, VERNON, CONN. 06066
Telephone (203) 872-8591

OFFICE OF TOWN ADMINISTRATOR

To: Terri Krawczyk, Town Clerk

From: Paul R. Mazzaccaro, Town Administrator

Date: August 14, 1997

Re: Agreement with AFSCME Local 818 of Counsel #4 AFL-CIO

Attached please find an original copy of the agreement between the Town and AFSCME Local 818 of Counsel #4 AFL-CIO, effective July 1, 1997 through June 30, 2001, for your files.

Also, I am requesting that you keep this memo as a permanent record as it confirms agreements (section 9.4) made with members of the bargaining unit referenced above.

For Albert LaVoie, Ronald Heim, Jim Banis, Michael Taft, Ronald Levesque, and Steve Orlowski, all of these employees shall be credited with one hundred eighty (180) days of sick leave valued at their rate of pay as of June 30, 1997 (and noted below). This sick leave will be banked until such time as the employee terminates in good standing or retires.

If such employee terminates in good standing shall be paid fifty (50%) percent of the one hundred eighty (180) days will be added to the employee's W-2 wages. If such employee retires, the one hundred eighty (180) days will be added to the employee's W-2 wages.

Rates of pay at June 30, 1997 is as follows:

Jim Banis - $51,500.80 yearly
Ron Heim - $44,865.60 yearly
Albert LaVoie - $47,902.40 yearly
Ron Levesque - $20.18 per hour/ $41,974.40 yearly
Steve Orlowski - $20.18 per hour/ $41,974.40 yearly
Michael Taft - $20.18 per hour/ $41,974.40 yearly

Town of Vernon:

By: Paul R. Mazzaccaro
Paul R. Mazzaccaro, Town Administrator

Personally appeared, Paul R. Mazzaccaro, Signer of the foregoing instrument, and acknowledged the same to be his free act and deed as Town Administrator of the Town of Vernon, before me.

Terri A. Krawczyk
Notary Public

TERRI A. KRAWCZYK
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 2001

APPENDIX F

SUPERVISOR UNION LOCAL 818

NEW CONTRACT EFFECTIVE 7/1/97

EMPLOYEES AT INCEPTION OF THIS CONTRACT WILL BANK THEIR SICK TIME AND THE RATE WILL BE FROZEN AT THE JUNE 30, 1997 WAGE RATES.

AT TERMINATION: EMPLOYEE WILL RECEIVE 50% (90 SICK DAYS)
AT RETIREMENT: EMPLOYEE WILL RECEIVE 100% (180 SICK DAYS)

EMPLOYEES WHO ARE EFFECTED ARE AS FOLLOWS:

JIMMIE BANIS	24.76 PER HR/198.08 PER DAY 180 DAYS = $35,654.40
ALBERT LAVOIE	23.03 PER HR/184.24 PER DAY 180 DAYS = $33,163.20
RONALD LEVESQUE	20.18 PER HR/161.44 PER DAY 180 DAYS = $29,059.20
STEPHEN ORLOWSKI	20.18 PER HR/161.44 PER DAY 180 DAYS = $29,059.20
MICHAEL TAFT	20.18 PER HR/161.44 PER DAY 180 DAYS = $29,059.20

NOTE: RONALD HEIM RETIRED 1/99 WITH 180 SICK DAYS AT 21.57 PER HR AS PER CONTRACT.

REPLACEMENT WAS STEPHEN ORLOWSKI ALREADY IN THE CONTRACT.

REPLACEMENT FOR STEPHEN ORLOWSKI IS GEORGE FETKO FROM LABORERS UNION.

GEORGE FETKO RATE AS OF 2/14/99 18.9005 PER HR/151.20 PER DAY
BANK _____DAYS AS OF 2/14/99
SUPERVISORS UNION NOW IN EFFECT.

2/19/99

C: DS Personnel Files