

AGREEMENT

Between

THE TOWN OF VERNON

and

**THE PROFESSIONAL EMPLOYEES
REPRESENTED BY
LOCAL 818 OF COUNCIL 4,
AFSCME, AFL-CIO**

July 1,2009- June 30,2012

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TABLE OF CONTENTS

<u>ARTICLE</u>	<u>SUBJECT</u>	<u>PAGE NUMBER</u>
	Preamble	1
I	Recognition	1
II	Union Security	1
III	Management Rights	2
IV	Probationary Period	2
V	Hours of Work and Overtime	3
VI	Seniority	4
VII	Holidays	6
VIII	Vacations	7
IX	Leave Provisions	8
X	Grievance Procedure	12
XI	Arbitration	13
XII	Discipline and Discharge	14
XIII	Jury Duty	14
XIV	No Discrimination	14
XV	Town Vehicles	15
XVI	Evaluations	15
XVII	No Strike / No Lockout	15
XVIII	Insurance	16
XIX	Pension	18
XX	Wages	20
XXI	Payroll	21
XXII	Safety and Health	21
XXIII	Training	22
XXIV	Savings Clause	22
XXV	Tuition and Fee Reimbursement	22
XXVI	Duration	23
Appendix A	List of Eligible Employees Under Sick Leave Provisions	
Appendix B	Town of Vernon Performance Evaluation Form (Exempt and Non-Exempt)	
Appendix C	Medical HMO & PPO and Dental Plan Documents	
Appendix D	Managed Prescription Program	
Appendix E	Salary Ranges	

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PREAMBLE

This Agreement, together with its attached appendices, is between the Town of Vernon, hereinafter referred to as the "Town" and Local 818 Professionals of Council 4, AFSCME, AFL-CIO, hereinafter referred to as the "Union."

ARTICLE I **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 Professional employees of the Town of Vernon excluding the Town Clerk, Public Works Employees and Director of WPCA, and all others excluded by this Act. This recognition is granted pursuant to the certification issued by the Connecticut State Board of Labor Relations in Case ME-18,707.

ARTICLE II **UNION SECURITY**

Section 2.0

The Town agrees to deduct equal dues or service fees with 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 Office on behalf of each employee for whom the deductions are to be made. The equal service fees remittance to the Union will be accompanied by a list of names of employees **from** whose wages dues deductions have been made. These lists and dues shall be remitted not later than the last day of the month in which the deductions have been made.

The Town shall provide the Union President with a current **list(s)** of names, addresses, job classification, grade, annual salary and date of hire by September 30th of each year. Additionally, the Town shall notify the Union in writing, when there is a new hire or retirement within the bargaining unit.

Section 2.1

All employees in the bargaining unit shall, as a condition of employment, pay dues or service fees as specified by the Secretary of the Union.

Section 2.2

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 Article II.

Section 2.3

Two (2) bulletin boards shall be reserved at an accessible place for the exclusive use of the Union for the posting of official Union notices or announcements. The Union reserves the right to choose which buildings will be used. The parties will mutually agree upon a location within said buildings. The bulletin boards shall be maintained by the Union and shall not contain any material that is derogatory of the Town Administration.

Section 2.4

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 for each current member of the Union to the Union President for distribution by the Union President. 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 III
MANAGEMENT RIGHTS

Section 3.0

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, citizens 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 3.1

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; to set the standards of quality and quantity of work.

Section 3.2

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 IV
PROBATIONARY PERIOD

Section 4.0

All new 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, but shall be subject to all other provisions of this Agreement, except as specifically stated herein, and such probationary period employee will be subject to disciplineldischarge by the Town without recourse or access to the grievancel arbitration provisions of this Agreement, as long as the disciplineldischarge is not done in an arbitrary or capricious manner. Upon **successful** completion of their probationary period an individual employee's seniority shall be retroactive as of the commencement of **his/her** employment.



ARTICLE V
HOURS OF WORK AND OVERTIME

Section 5.0

The basic work week for **full** time permanent employees in the bargaining unit shall be a uniform thirty-five (35) or forty (40) hours per week depending upon the classification the employee is in with a standard work week of Monday to Friday. Department Heads shall normally work the schedule of their respective departments, but shall work any additional hours required, as directed by the Town Administrator.

Section 5.1

The basic work day for employees on a thirty-five (35) hour schedule shall be seven (7) hours and one (1) hour for lunch. The basic work day for employees on a forty (40) hour schedule shall be eight (8) hours and one-half (1/2) hour for lunch. All employees are entitled to a ten (10) minute rest period during each half of the daily schedule as time actually worked, which may be combined into one (1) twenty (20) minute period, with the approval of the employee's immediate supervisor.

These schedules shall not be deemed a guaranty by the Town nor in any way restrict the Town from scheduling or **making** changes in the schedule or starting time. In the event the Town desires to make such changes **from** the present schedule, it shall negotiate with the Union a minimum thirty (30) days prior to such change.

Section 5.2- Overtime

Employees will be required to work overtime when requested, however, the Town agrees to make reasonable efforts to **notify** employees of the need for overtime in advance. Non-exempt employees (hourly) will be paid straight time for the first five (5) hours worked beyond thirty-five (35) hours, time and one-half (1-1/2) for those hours worked in excess of forty (40) hours in any one (1) work week, or for all hours worked in excess of eight (8) hours in one (1) day. In addition, these employees will be paid time and one half (1-1/2) for all work performed on Saturday and double (2) time for all work performed on Sunday and holidays.

Exempt employees (salaried) will receive one (1) hour off for each hour worked over the normal work schedule to a maximum of ten (10) days, provided such work is authorized by the Town Administrator or **his/her** designee. Compensatory time shall be taken at the mutual convenience of the employee and **his/her** immediate supervisor. Compensatory time off shall accumulate to a maximum of ten (10) days in any one fiscal year. Failure to use accumulated compensatory time by June 30 of the current fiscal year will result in forfeiture of said time. No employee may use more than eight (8) hours of compensatory time in any ten (10) day period.

Section 5.3

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 three (3) hours at the applicable rate.

ARTICLE VI SENIORITY

Section 6.0

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. Unless the Union files a grievance concerning the list within thirty (30) days of receipt of same, the list shall be presumed to be correct for all purposes of the Agreement. Upon completion of their probationary period, new employees shall be added to the list. Seniority for employees hired after signing this Agreement shall have seniority as defined as last date of hire for this bargaining unit for purposes of Articles 6.3 and 6.4.

Section 6.1

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 Mayor or his designee shall hire the best qualified candidate. If the Mayor or his designee determines that all factors considered for filling the vacancy or new position are equal between more than one candidate, the most current senior employee in the unit shall be given the position.

Section 6.2

All vacancies and new positions covered by this Agreement shall be posted for a minimum period of five (5) working days.

Copies of the job posting listing the **person(s)** bidding for the job shall be sent to the Union President at the end of the posting period. The Union President shall be notified in writing once an individual has been awarded a position in accordance with this Article.

Section 6.3

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. Employees will be laid off based upon the seniority and skill and ability to perform the available work.

The Town shall give written notice to the Union President, and to all employees to be affected by a proposed layoff of the proposed layoff and the reasons therefore, at least fourteen (14) **working** days before the effective date thereof.

Section 6.4

Employees will lose seniority for the following reasons:

- A. Discharge for just cause;
- B. Resignation;
- C. Retirement;
- D. Voluntary quit;
- E. Layoff for more than eighteen (18) months;
- F. Failure to return to work **from** an authorized leave of absence;
- G. Failure to return to work within ten (10) working days of recall;
- H. Holding another job, without the Town Administrators written approval while on an authorized leave of absence. Any denial by the Town will not be subject to **grievance/arbitration**.
- I. Absent without authorized leave.

Section 6.5

Employees who have been laid off shall be entitled to be recalled by the Town for a period of eighteen (18) months starting with the date of the layoff. Laid off employees within classification with the most seniority shall be rehired first provided that **he/she** has the qualifications to perform the work available. No new employees shall be hired, until all laid off employees who are qualified for the work have been rehired. Ten (10) working days written notification by the Town to the last known address of the employee shall be **sufficient** notification.

Section 6.6

The President of the Union shall have super-seniority in the event of a layoff.



ARTICLE VII
HOLIDAYS

Section 7.0

The following holidays will be observed with a day off with pay for all employees, including probationary period employees:

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
Presidents' Day	Veteran's Day
Good Friday	Thanksgiving Day
Memorial Day	Friday following Thanksgiving
Independence Day	Christmas Day

Section 7.1

In addition to Section 7.0, each employee shall individually observe one (1) floating holiday annually, such floating holiday to be mutually agreed upon by the employee and **his/her** immediate supervisor.

Section 7.2

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 7.3

In order to be eligible for holiday pay, an employee must either work **his/her** last scheduled shift preceding the holiday and **his/her first** scheduled shift following the holiday or be on an authorized paid leave. Failure to meet these requirements will result in a forfeiture of the holiday pay.

Section 7.4

When a holiday occurs during an employee's vacation the holiday shall not be charged against an employee's vacation time. Whenever any of these holidays shall occur while an employee is on a formal paid leave of absence, the employee shall receive holiday pay for the day.

ARTICLE VIII
VACATIONS

Section 8.0

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

LENGTH OF CONTINUOUS SERVICE

6 months of service
6 months up to 2 years of service
2 years up to but not including 5 years
5 years up to but not including 12 years
12 years up to but not including 20 years
20 years and over

EARNED VACATION LEAVE

5 days during the 1st year, after 6 mo.
7 days after the 1st year
12 days per year
15 days per year
20 days per year
25 days* per year

*Only applies to employees hired before July 1, 2009

The employee's anniversary date will be used to determine the amount of vacation time due. An employee may not take vacation leave of less than one-half (1/2) **his/her** normal work day.

Section 8.1

Vacation Leave Carry Over: Employees may carry over a maximum number of days based on the schedule below from one (1) anniversary year to the next:

Up to but not including (15) years of service:
Fifteen (15) years of service and over:

Fifteen (15) days carry over
Twenty (20) days carry over

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

Section 8.2

The Town's Department Heads will determine the annual vacation schedule for their respective departments, 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 amongst 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, when requested to by the Department Head, shall forfeit any seniority claim for vacation priority.

Section 8.3

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 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 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.

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.

ARTICLE IX **LEAVE PROVISIONS**

Section 9.0

Effective July 1, 2009, sick leave allowance will be earned by each employee at current wages, at the rate of one (1) day for each full calendar month of service for a total of twelve (12) days during a calendar year. Each employee shall be notified of his/her accumulated sick leave, by letter, once a year until such accumulation is generated on the employees pay stub. Sick leave may be used in units of one-half (1/2) of one (1) working day.

Section 9.1

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

Section 9.2

The Town Administrator or designee may request a doctor's note with regard to any sick leave more than four (4) days in a row. An employee may use up to a maximum of four (4) days per year of accrued sick leave for illness for a member in his/her immediate family. Sick leave may be used for enforced quarantine in accordance with public health regulations. The employee shall report to their immediate supervisor or other designated person no later than one (1) hour after the beginning of his/her work assignment that she will be absent from work due to illness or injury, and the anticipated date of return. Except if she is physically unable to do so.

Section 9.3 – Sick Leave Accumulation and Payout

4. **Accumulation of Sick Leave.** All unused sick leave may be accumulated beyond one hundred eighty (180) days for employees hired prior to April 3, 1998.

Effective January 1, 2010, employees hired prior to April 3, 1998 who have more than one hundred eighty (180) sick leave days shall be capped at their then current sick leave accumulation and shall not be allowed to earn more sick leave than their July 1, 2009 amount listed in Appendix A-1. Sick days accumulated beyond one hundred eighty (180) days may be used by the employee for **his/her** own illness or injury but will not be paid for or become the basis of compensation when the employee leaves the employ of the Town of Vernon.

Effective January 1, 2010, employees hired prior to April 3, 1998, who do not have more than one hundred eighty (180) sick leave days shall continue to accumulate sick leave up to one hundred eighty (180) days (Employees listed in Appendix A-2).

- B. **Sick Leave Payout Upon Retirement.** Employees, upon retirement, shall be paid on the basis of **his/her** current wages, fill compensation for any of **his/her** unused accumulated sick leave, to a maximum of one hundred eighty (180) days.

Effective July 1, 2010, any employee hired prior to April 3, 1998 who is eligible for retirement under the Town of Vernon Retirement Plan upon signing, shall continue to receive fill compensation for any of **his/her** unused accumulated sick leave to a maximum of one hundred eighty (180) days payable at the applicable wage rate effective July 1, 2009. (Affected employees names and dates of hire shall be listed in Appendix A-3).

Effective July 1, 2010, any employee hired prior to April 3, 1998 who is not eligible for retirement under the Town of Vernon Retirement Plan upon signing, shall receive eighty percent (80%) compensation for any of **his/her** unused accumulated sick leave to a maximum of one hundred eighty (180) days payable at the the current rate of pay at the date of retirement. (Affected employees names and dates of hire shall be listed in Appendix A-4).

- . **Sick Leave Payout Upon Death.** In the event of **his/her** death, the employee's unused sick leave, up to a maximum of one hundred eighty (180) days, shall be paid at **his/her** current wages 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 or **child(ren)** the pay shall be given to the estate of the deceased employee.

Effective January 1, 2010, any employee hired prior to April 3, 1998 who is eligible for retirement under the Town of Vernon Retirement Plan upon signing, upon death shall be paid for **his/her** unused accumulated sick leave, to a **maximim** of one hundred eighty (180) days payable at the applicable wage rate effective July 1,2009. (Affected employees names and dates of hire listed in Appendix A-3).

Effective January 1, 2010, any employee hired prior to April 3, 1998 who is not eligible for retirement under the Town of Vernon Retirement Plan upon signing, upon death shall be paid for eighty percent (80%) of **her/her** unused accumulated sick leave, to a maximum of one hundred

eighty (180) days payable at the current rate of pay at the time of death. (Affected employees names and dates of hire listed in Appendix A-4).

- D. Sick Leave Payout Upon Termination In Good Standing.** Employees who terminate their employment with the Town in good standing shall be paid for **fifty (50)** percent of accumulated sick leave at **his/her** current wages not to exceed ninety (90) days.

Effective January 1, 2010, any employee hired prior to April 3, 1998 who is eligible for retirement under the Town of Vernon Retirement Plan upon signing, upon **termination** in good standing, shall be paid for **fifty percent (50%)** of **his/her** unused accumulated sick leave, to a maximum of ninety (90) days payable at the applicable wage rate effective July 1, 2009. (Affected employees names and dates of hire shall be listed in Appendix A-3).

Effective January 1, 2010, any employee hired prior to April 3, 1998 who is not eligible to retire under the Town of Vernon Retirement Plan upon signing, upon termination in good standing shall be paid eighty percent (80%) of **his/her** unused accumulated sick leave, to a maximum of ninety (90) days payable at the current rate of pay at the time of termination. (Affected employees names and dates of hire listed in Appendix A-4).

- E. Sick Leave Accumulation and Payout for Employees Hired After April 3, 1998.** Any employee who is hired after April 3, 1998 may accumulate up to a maximum of ninety (90) sick days. Said employees will be paid for a maximum of thirty (30) days of accumulated sick leave at **his/her** current wages in the following circumstances: (1) Upon retirement; (2) Upon **his/her** death; (3) Upon separation of employment with the Town after seven (7) years of service in good standing.

Effective January 1, 2010, any employee who is hired after April 3, 1998 and before January 1, 2010 may accumulate up to a maximum of one hundred twenty (120) days of sick leave. Said employees will be paid for a maximum of thirty (30) days of sick leave at the applicable wage rate effective July 1, 2009 in the following circumstances: (1) Upon retirement; (2) Upon **his/her** death; (3) Upon separation of employment with the Town after seven (7) years of service in good standing.

- F. Sick Leave Payout for Employees Hired After January 1, 2010.** New employees **hired** after January 1, 2010 shall receive one hundred and eighty dollars (\$180.00) for each unused sick day, up to a maximum of thirty (30) days upon death, retirement or termination after seven (7) years of employment in good standing with the Town.

Section 9.4 – Workers' Compensation & Sick Leave

Any employee out on Workers' Compensation, as distinguished from sick leave, shall mean paid leave to an employee due to an absence from duty caused by an accident or injury that occurred while the employee was engaged in the performance of **his/her** duties. An employee who is eligible for Workers' Compensation under the Workers' Compensation Act shall have their workers' compensation pay supplemented by the Town to one hundred percent (**100%**) of the employee's regular wages, not to exceed **his/her** regular wages, for a period not to exceed three (**3**) months. If an employee is still out on Workers' Compensation **after** the three (**3**) month period, the employee may, at **his/her** discretion, use **his/her** accumulated sick leave to supplement Workers' Compensation benefits up to one hundred percent (**100%**) of **his/her** regular wages.

Section 9.5- Military Leave

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

Section 9.6- Union Leave

Two (**2**) members of the bargaining unit shall be allowed to attend official Union convention or conference without loss of pay for up to a maximum of six (6) days total per year. In all cases, requests to use such Union leave must be given to the Town at least fifteen (**15**) working days in advance of the convention and/or conference. Permission to attend such conferences or conventions will not be unreasonably withheld.

Section 9.7- Leave of Absence without pay

The Town may, at its discretion, grant an employee a leave of absence, without pay, for legitimate reasons, provided, however no such leave shall be granted for the purposes of engaging in other employment, unless approved by the Town Administrator in writing. The Town 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, provided it is not arbitrary and/or capricious. Any accumulated sick leave or carried over vacation leave unused prior to such leave of absence shall be retained to the employee's credit upon return. No benefits, including but not limited to sick leave, vacation leave or earned time are accrued during an unpaid leave of absence.

Section 9.8- Bereavement Leave

Four (**4**) days bereavement leave with pay shall be granted, for all employees, for death in the immediate family of an employee, or the immediate family of **his/her** spouse. Immediate family, for purposes of this Section, is defined as parents, grandparents, spouse, brother, sister, child or grandchild and also any relation or person designated as a beneficiary of life insurance or retirement plan death benefits who is domiciled in the employee's household.

Section 9.9- Personal Days

Employees whose normal work week is thirty five (**35**) hours or more are entitled to three (**3**) personal days with pay each fiscal year to attend to personal business which cannot be conducted outside the normal work week. Requests for a personal day shall be approved by the employee's immediate supervisor and submitted to the Town Administrator and be made at least twenty four (**24**) hours in advance of the scheduled day of leave. Personal days may not be accrued.

Section 9.10- Professional Days

The Town Administrator or designee may authorize a professional leave with pay to employees to attend conferences or take courses of study which will contribute to the employee's ability to serve the Town. The Town Administrator's decision will be final and no **grievances/arbitration** may arise under this section.

Section 9.11- Federal Family Medical Leave

The Town will comply with applicable provisions of the Federal Family and Medical Leave Act (FMLA). Any employee who takes leave under FMLA must have the approval of the Town Administrator and is required to substitute and use all accrued paid leave as all or part of their leave taken under the FMLA. The limitations set forth in Section 9.2 of this Agreement shall not be applicable for purposes of paid leave in accordance with this Section.

Section 9.12- Disability Plan

Effective 1/1/98, the Town will put into effect a long term disability policy for all employees hired after April 3, 1998 at no cost to the employee. The coverage shall be in accordance with the Group Certificate policy Number GLT-24495 from the Hartford Life and Accident Insurance Company dated November 1, 1998 with the modification to the eligible class of employees to include Local 818 Professional of Council 4, **AFSCME** member and a waiting period of ninety (90) days.

ARTICLE X
GRIEVANCE PROCEDURE

Section 10.0

A grievance is a dispute **and/or** disagreement which arises under this Agreement between an employee and the Employer. Any grievance filed must state the section and paragraph of the contract alleged to be violated.

Step 1: Within ten (10) working day, 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 in writing take it up with the Town Administrator. The Town Administrator shall, within ten (10) working days of receipt of the grievance, meet with the employee **and/or** Union Steward to review the facts. The Town Administrator shall provide a written answer to the employee **and/or** his Union steward within seven (7) working days after the presentation of the grievance.

Section 10.1

All time limits refers 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 provision of this Agreement. All time limits in the grievance and arbitration process may be extended by written mutual agreement of the parties.

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Section 10.2

Officers and/or stewards of the Union shall be designated by the Union for the purposes of adjusting grievances and shall be afforded no more than two (2) hours per week without loss of pay to conduct such business. A maximum of one officer and one steward will be allowed, at one time, to attend a meeting with the grievant for adjusting grievances. No more than three (3) members of the bargaining unit shall participate in contract negotiations without loss of pay.

ARTICLE XI ARBITRATION

Section 11.0

In the event any grievance has not been settled through the foregoing grievance procedure, the Union **and/or** Town 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) working days **from** receipt of the decision **from** Step 1 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. The decision rendered by the arbitrator or arbitrators shall be final and binding upon all parties as provided by law. The **arbitrator(s)** shall be bound by and shall apply only the terms of this Agreement and shall not add to, delete from or modify this Agreement in any way. The arbitrator's decision 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.

Section 11.1

In any arbitration involving a discharge, the Town, at its discretion, may require that the grievance be submitted to 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 only pay for its representation fees.

Section 11.2

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

Section 11.3

The arbitrator shall be limited to deciding the specific issue placed before **him/her** and the specific language alleged to be misapplied or misinterpreted.

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 Town and the Union for the Connecticut State Board of Mediation and Arbitration.

ARTICLE XII
DISCIPLINE AND DISCHARGE

Section 12.0

Discipline, including discharge, shall be for just 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 12.1

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.

Copies of all actions taken under this Article shall be given to the Union President.

ARTICLE XIII
JURY DUTY

Section 13.0

Any regular employee 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 **and/or** meal allowance. The employee shall give to the Town Administrator a certified record of jury attendance form the Clerk of Court.

ARTICLE XIV
NO DISCRIMINATION

Section 14.0

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 XV
TOWN VEHICLES

Section 15.0

Effective July 1, 1998, if an employee is supplied with a Town vehicle, and such vehicle is allowed to be taken home at night, on weekends, holidays and other such appropriate occasions; this vehicle is to be used for 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 by crediting personal use as income. Any paid leave in accordance with this Collective Bargaining Agreement will be subtracted **from** this calculation.

Employees who use their own vehicle to do Town business shall be reimbursed at the applicable **IRS** mileage rate of reimbursement.

ARTICLE XVI
EVALUATIONS

Section 16.0

The Town Administrator or **his/her** designee shall annually conduct a performance evaluation and will develop a set of mutual expectations with the Employee. That set of mutual expectations, in addition to the criteria set forth in the Town of Vernon Performance Evaluation Form (attached hereto as Appendix B), will be used as the basis for the following year performance evaluation.

ARTICLE XVII
NO STRIKE/ NO LOCKOUT

Section 17.0

The Union agrees that all employees included in this Agreement will not collectively, concerted or individually engage in or participate, directly or indirectly, in any strike, sympathy strike, a picket during normal Town business hours, 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.

The Town agrees that there will be no lockout of any employee or employees during the life of this Agreement.

ARTICLE XVIII
INSURANCE

Section 18.0

An employee may choose between Town HMO (currently **Aetna/Medco** plan) or the Town PPO (currently **Aetna/Medco** plan) as depicted in Appendix C of this agreement. Both of these plans shall include Dental Care (currently Anthem Blue Cross Blue Shield Full Service Indemnity Plan).

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 the change the Town shall notify the Union so the changes can be reviewed prior to implementation. In the event that insurance carrier providing the benefits is no longer in business or has been merged or been acquired by another insurance carrier, the Town and Union shall meet to discuss alternative coverage. Such cost shall not exceed the cost of the previous insurance plan provided to the employees.

Annually, the Town shall notify the Union President, in writing, the premium costs of the plans or whenever there is an increase or decrease in the premium cost.

Employees shall contribute to a Section 125 IRS Plan the following premium share amounts, of the applicable premium rate, effective in listed year:

Year	Town HMO	Town PPO
July 1,2009-June 30 2010	10%	15%
July 1,2010-June 30 2011	10%	15%
July 1,2011-June 30 2012	10 %	15%

Annually, the Town shall notify each employee, in writing, the total cost of the plan they have chosen or whenever there is an increase or decrease in the premium cost.

Effective 07.01.09 the Town HMO Plan will include the following co-payments:

HMO open access plan

Office visit preventative \$10
Office visit \$10
Inpatient \$200
Emergency \$50 waived if admitted
Outpatient Surgery \$50
Dependent Rider 19/23

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 07.01.09 the Town PPO Plan will include the following co-payments:

Office visit preventative \$10
Office visit \$25
Inpatient \$500
Emergency \$50 waived if admitted



Outpatient Surgery \$250
Dependent Rider 19/23
Out of Network deductible \$250/500/750

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 \$5,000 cap, in accordance with Appendix D, entitled Managed Prescription Program 3-Tier, implemented as soon as administratively possible.

Section 18.1

During the open enrollment period, an employee may voluntarily elect to waive, in writing, the coverage specified in Section 18.0, 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
- C. Two thousand two hundred dollars (\$2200.00) for waiving family coverage

Fifty percent (50.0%) of the annual payment will be made in the first pay period in October and the other fifty percent (50.0%) will be made in the first pay period in April of each year.

Employees who waive their right to coverage and subsequently lose coverage may re-enroll as soon as possible, but not later than the first of the second month following the month in which application has been made by the employee to the Town, provided 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 or Vernon Board of Education through their spouse or any other family member.

Section 18.2

The Town shall provide and pay for life insurance in the amount of \$50,000 and \$100,000 accidental death and dismemberment.

Section 18.3

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

Section 18.4

The Town reserves the right to change insurance carriers provided that the benefits and terms are equal to or better than those provided for in Article 18 of this Agreement.

Section 18.5

The Town will maintain an Employee Assistance Program (EAP) to all employees covered by this Agreement.

Section 18.6

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 insurance coverages.

Section 18.7

An employee who separates **from** service and meets the requirements for retirement as defined by the provisions of the Town of Vernon Pension Plan may continue to participate in the group insurance coverages specified in Article 18, for **himself/herself** and **his/her** eligible dependents with the employee paying the full cost of said coverages, provided they continue to pay the monthly premium. Spouses of deceased retirees shall be able to continue coverage under this provision, provided they continue to pay the monthly premium to the Town. Upon the employee attaining eligibility for Medicare, the employee and **his/her** dependents will no longer be eligible for coverage under the Town coverages.

ARTICLE XIX
PENSION

Section 19.0

The employee pension plan of the Town of Vernon (*currently Prudential Retirement Services, Contract # 16490*) is hereby made a part of this Agreement including any plan amendments made by this Agreement for the members of Local 818, Professionals, American Federation of State, County and Municipal Employees, and excludes any plan amendments made by or on the behalf of any other employee group.

Section 19.1

The current pension plan shall be modified as follows, with all other provisions remaining as they are as of July 1,2009:

- A. Article IV, Section I C - Normal Retirement:

Effective **6/30/2000** - Age 62 and ten (10) years of service;

- B. Article V, Section **1B**

Effective July 1,2007, the monthly benefit shall be two point two percent (2.20%) of the average monthly earnings times the years of service to a maximum of thirty-five (35) years with a maximum of seventy percent (70%) of **FAE** as defined in the Pension Plan, upon retirement.

- C. Article III, Section 3 F

Effective and retroactive to July 1,2009 employees contributions shall be set at seven point five percent (7.5%) of wages and shall be through a 414h2 pre-tax plan of the Internal Revenue Service.

D. Article VII, Section 3

Vested Benefits shall be as follows with no minimum age:

6 years of service	20.0%
7 years of service	40.0%
8 years of service	60.0%
9 years of service	80.0%
10 years of service	100.0%

E. No employee hired prior to January 1, 2010 may participate in the Defined Compensation Plan set forth in Section 19.2.

F. At any time, should employees in this bargaining unit subject to the Pension Plan represent less than a majority of the bargaining unit, such employees will be permitted to maintain their Pension Plan benefits as listed in this Article, throughout their employment with the Town of Vernon.

Section 19.2

A. Employees who become members of the bargaining unit subsequent to January 1, 2010 are not eligible for the defined benefit pension plan set forth in Section 19.1. Such employees will be automatically enrolled in the Town's 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 elect to participate in such defined contribution plan. If an employee contributes 7.5% or more of his or her wages to such 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 such defined contribution plan as soon as administratively possible.

Vested Town contributions for the employee shall be as follows with no minimum age:

6 years of service	20.0%
7 years of service	40.0%
8 years of service	60.0%
9 years of service	80.0%
10 years of service	100.0%

B. This change shall not affect any employee who is in the employ of the Town of Vernon prior to the signing of this Agreement from participating in the Town of Vernon Pension Plan program upon transfer to this bargaining unit.

Jhm
[Signature]

ARTICLE XX
WAGES

Section 20.1

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

- A. Effective July 1,2009, all wage rates in effect on June 30,2009 shall be increased by zero percent (0%).
- B. Effective July 1,2010, all wage rates in effect on June 30,2010 shall be increased by one percent (1%).
- C. Effective July 1,2011, all wage rates in effect on June 30,2011 shall be increased by one and one-half percent (1.5%).

The new salary schedules reflecting these annual increases and effective dates for the exempt and non-exempt employees are set forth in Appendix E (Exempt Employees and Non-Exempt Employees). The 2009-2010 salary ranges are retroactive to January 1,2010, subject to Section 20.4.

Section 20.2

Employees required to work temporarily in a higher paying position for thirty (30) consecutive work days or more shall be placed on the salary schedule for that position which results in a minimum increase of two point five (2.5%) percent to the employees rate of pay. This rate shall be applicable after the employee has worked in the position for thirty (30) consecutive work days and shall be retroactive to the **first** day of said assignment.

Section 20.3

Bargaining unit employees accepting a promotion to a position in a higher paying grade will be placed on the salary schedule for said position which results in a minimum increase of two point five (2.5%) percent increase to the employees rate of pay.

Section 20.4

The Town agrees to annually review employees for step increases according to the mutual expectations agreed to between the employee and the Town Administrator or **his/her** designee and the criteria set forth in Town of Vernon Performance Evaluation Form for Supervisors by December 15th of each year. Upon receipt of an average satisfactory evaluation, an employee will receive a step increase effective the following January 1 of each year. Such evaluations are only subject to the grievance procedures of this Contract when there is a denial of a step increase. The parties acknowledge that a denial of a step increase can be reversed only if it is determined to be arbitrary **and/or** capricious.

Section 20.5

Bargaining unit employees may, through the Union, approach the Town Administrator to review and discuss current job duties and current pay grade and pay step. Any adjustment to their current pay based on these discussions may be made by mutual agreement of the Town, the Union and the employee. Nothing in this provision shall be subject to the grievance or arbitration procedure of this collective bargaining agreement.

Section 20.6 – Performance Bonus

A performance bonus payment is an individual payment that is not considered and does not become part of the employee's base salary. A bargaining unit employee or group of bargaining unit employees who have developed a program or strategy that results in cost savings or an increase in revenue beyond that fiscal year to the Town of Vernon, which shall include the Board of Education or Water Pollution Control Authority, may apply to the Town Administrator to receive a performance bonus. Upon recommendation of the Town Administrator and approval of the Mayor, a performance bonus up to but not exceeding three percent (3%) of **his/her/their** annual salary (every 52 weeks), as set forth in the Town of Vernon Personnel Rules and Regulations Section 5.3(B)(2), shall be paid to the employee in June of that fiscal year.

ARTICLE XXI
PAYROLL

Section 21.0

The Town reserves the right to change the payroll 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 XXII
SAFETY AND HEALTH

Section 22.0

The Town will provide free of charge to the employees, medical injections for the prevention and treatment of T/B yearly testing, tetanus, hepatitis, flu, diphtheria and poison ivy.

Clothing shall be supplied to all employees working in conditions exposed to severe elements, **e.g.**, foul weather gear, boots and gloves.

Safety helmets shall be supplied for any employees working in hazardous locations and with hazardous equipment.

A stipend of one hundred dollars (\$100.00) shall be provided by the Town for all bargaining unit employees in the following positions: **Park/Recreation**, Engineering Department, Building Inspector, Town Planner, Planning Specialist. The WPCA Assistant Director and Park Maintenance Supervisor shall have a stipend of two hundred dollars (\$200.00) which shall be utilized toward the purchase of safety shoes **and/or** clothing. These stipends shall be payable by the first period of August of each year of this Agreement. All employees covered by the above stipend will wear their appropriate shoes **and/or** clothing when required.

All employees shall be entitled to a safe and healthy work place.

JLm


Section 22.1

A joint Safety Committee shall be formed by the Town and the Union. Said Committee shall meet every four (4) months to review and recommend safety and health conditions of all departments. Parties shall be equally represented on this Committee.

ARTICLE XXIII
TRAINING

Section 23.0

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 Town Administrator or **his/her** designee.

ARTICLE XXIV
SAVINGS CLAUSE

Section 24.0

If any section, sentence, clause or phrase of this Agreement shall be held for any reasons 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 on 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 form the other. The parties agree to immediately negotiate a substitute for the invalidated Article, Section, sentence, clause or phase.

ARTICLE XXV
TUITION AND FEE REIMBURSEMENT

Section 25.0

Any employee taking college, technical **and/or** university **course(s)** which, on the recommendation of the Department Head and approval of the Town Administrator or designee, directly relates to the assignments of the employee shall receive a maximum of \$1,000.00 per semester per employee reimbursement provided the employee receives a 3.0 grade point average or a grade of "B" or better in approved undergraduate courses or that employee receives a 3.0 grade point average, a letter of "B" or better in approved graduate courses, or a passing mark if no letter grade is utilized. The Town shall set aside the following amounts to **fund** this Article for the members of the Union:

July 1,2009 to June 30,2010	\$3,000
July 1,2010 to June 30,2011	\$3,000
July 1,2011 to June 30,2012	\$3,000
Good until expiration	\$3,000

Jhm
Jm

No Town funds will be expended in excess of these agreed upon amounts to reimburse employees for tuition and fees. All monies not used by the end of the contract year will automatically revert back to the general funds of the Town.

The **grievance/arbitration** procedures will not be applicable to this Section.

ARTICLE XXVI
DURATION

Section 26.0

This Agreement will become effective upon its signing and shall remain in effect through June 30, 2012, and **from** fiscal year to fiscal year thereafter unless either party notifies the other by registered or certified mail, return receipt requested no later than 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.

Signed this 14th day of January, 2010 at Vernon, Connecticut.

For the Town of Vernon

For the Union

Jason McCoy
Mayor

Dave Bower
Local 818 Union President

John Ward
Town Administrator

Jay Wells
AFSCME, Council 4

APPENDICES

Jhm

APPENDIX A

List of Professionals Under Article IX, Section 9.3: Sick Leave Accumulation & Payout

A-1 - Professionals hired prior to 4/3/98 w/ over 180 sick days accrual at 7/1/09:
Sick leave accrual at 7/1/09:

Arnold Bevins	263.75
Paula Claydon	205.25
Bruce Dinnie	249.25
Stephen Krajewski	387.00
David Gooch	255.00
Alan Slobodien	193.25
Frank Zitkus	263.00

A-2 - Professionals hired prior to 4/3/98 w/ less than 180 sick days accrual at 7/1/09:
Sick leave accrual at 7/1/09:

David Bower	128.25
Oswaldo Ramos	140.50

A-3 - Professionals hired prior to 4/3/98 eligible for retirement (age 62 + 10 years of service) or early retirement (age 52 + 10 years of service) at contract signing:

	DOH	DOB	Daily Rate
Arnold Bevins (early)	08/02/71	08125150	295.44
David Bower (early)	03/27/95	03120154	228.96
Paula Claydon (normal)	09109191	01/04/47	295.47
Bruce Dinnie (early)	10109185	02121/53	333.83
Stephen Krajewski (early)	07/06/77	06114/55	295.47
David Gooch (early)	08114/89	09/26/54	261.52
Alan Slobodien (early)	01/09/95	06/09/50	295.47

A-4 Professionals hired prior to 4/3/98 not eligible for retirement at contract signing:

	DOH	DOB
Oswaldo Ramos	08/26/97	07/29/71
Frank Zitkus	08101189	04/24/64

Jkm

PERFORMANCE REVIEW - EXEMPT PERSONNEL

APPENDIX B

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

EVALUATION FACTORS:	PERFORMANCE EVALUATION (Check One)				
	<u>Out-standing</u> (5)	<u>Superior Above Ave.</u> (4)	<u>Average Satisfactory</u> (3)	<u>Below Average</u> (2)	<u>Unsatisfactory</u> (1)
<u>MAJOR RESPONSIBILITIES VS. ACCOMPLISHMENTS</u>	---	---	---	---	---
<u>PLANNING AND ORGANIZING</u>	---	---	---	---	---
<u>ANALYTICAL ABILITY</u> (Accurate, Logical)	---	---	---	---	---
<u>DECISION MAKING</u> (Or Recommending)	---	---	---	---	---
<u>COMMUNICATIONS</u> (Oral and Written)	---	---	---	---	---
<u>FOLLOWING THROUGH</u> (To Completion)	---	---	---	---	---
<u>WORKING WITH OTHERS</u> (Internal, External)	---	---	---	---	---
<u>JUDGMENT</u> (Sound Conclusions)	---	---	---	---	---
<u>PERSONAL DRIVE</u> (Initiative)	---	---	---	---	---
<u>RESOURCEFULNESS</u> (Creativity)	---	---	---	---	---
SUPERVISORY FACTORS:					
<u>LEADERSHIP</u>	---	---	---	---	---
<u>DELEGATING</u> (Assigning Duties)	---	---	---	---	---
<u>MAINTAINING MORALE</u> (Inspiring Others)	---	---	---	---	---
<u>DEVELOP SUBORDINATES</u> (Encourage Promotion)	---	---	---	---	---
OVERALL PERFORMANCE RATING (AVE.)	---	---	---	---	---

EVALUATION RATING DEFINITIONS:

- | | |
|--------------------|---|
| (5) Outstanding | • Consistently exceeds standards for the position, exceptional. |
| (4) Superior | • Consistently meets and frequently exceeds the standards. |
| (3) Average | • Meets and occasionally exceeds standards. |
| (2) Below Average | • Occasionally meets standards, could improve performance. |
| (1) Unsatisfactory | • Unable or unwilling to meet standards, action required. |

Jhm

EVALUATION FACTORS:

planning and Organizing	Develops and applies improved methods, thinks ahead, sets realistic goals, gets results, establishes work priorities, uses time effectively.
Analytical Ability	Analyzes needs accurately and logically, effectively identifies and solves problems.
Decision Making	Makes good decisions, recommends solutions.
Communications	Good self expression both orally and in writing, to supervisors, peers subordinates and public.
Following Through	Completes assignments on schedule.
Working with Others	Assists supervisors and cooperates with others both internally and externally
Judgment	Ability to arrive at sound and local conclusions, makes good decisions , consider all views, mature, objective, discreet.
Personal Drive	Own initiative, sets examples, conscientious
Resourcefulness	Develops creative ideas, tries new methods, adjusts to change, flexible, versatility.
Leadership	Maintains acceptable quality standards, guides and motivates, inspires, confidence and teamwork, stimulates best efforts or subordinates.
Delegating	Assigns duties, delegates tasks appropriately, works through others.
Maintaining Morale	Inspires others, sets examples for subordinates, shows good attitude, listens, encourages.
Developing Subordinates	Trains and prepares subordinates, encourages promotions.

AREAS TO BE STRENGTHENED:

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:

Jim

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)				
	<u>Out-standing</u> (5)	<u>Superior Above Ave.</u> (4)	<u>Average satisfactory</u> (3)	<u>Below Average</u> (2)	<u>Unsatisfactory</u> (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:

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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:

Jhm

APPENDIX C



HMO Style Plan

Town of Vernon

Effective Date: 07-01-2008

Open Access[®] Managed Choice[®] POS - Connecticut

PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

PLAN FEATURES	PREFERRED CARE		NON-PREFERRED CARE	
Deductible (per calendar year)	None	Individual	\$5,000	Individual
	None	Family	\$15,000	Family

All covered expenses accumulate separately toward the preferred or non-preferred Deductible.

Unless otherwise indicated, the Deductible must be met prior to benefits being payable.

Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year.

Member Coinsurance	Covered 100%	50%
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Applies to all expenses unless otherwise stated.

Payment Limit (per calendar year)	None	Individual	\$15,000	Individual
	None	Family	\$45,000	Family

All covered expenses accumulate separately toward the preferred or non-preferred Payment Limit.

Certain member cost sharing elements may not apply toward the Payment Limit.

Only those non-preferred expenses resulting from the application of coinsurance percentage (except any deductibles, copays, and penalty amounts) may be used to satisfy the Payment Limit.

Once Family Payment Limit is met, all family members will be considered as having met their Payment Limit for the remainder of the calendar year.

Lifetime Maximum	Unlimited except where otherwise indicated.	
------------------	---	--

Primary Care Physician Selection	Optional	Not applicable
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Certification Requirements -

Certification for certain types of **Non-Preferred** care must be obtained to avoid a reduction in benefits paid for that care.

Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$400 per occurrence.

Pre-certification for certain **procedures/treatments** - excluded amount is \$200 per occurrence.

Referral Requirement	None	None
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PREVENTIVE CARE	PREFERRED CARE	NON-PREFERRED CARE
------------------------	-----------------------	---------------------------

Routine Adult Physical Exams/ Immunizations	\$10 office visit copay	50%
--	-------------------------	-----

1 exam every 12 months age 18 and over.

Routine Well Child Exams/Immunizations	\$10 office visit copay. Copay waived for immunizations when an office visit charge is not made.	50%
--	--	-----

9 exams in first 2 years of life, 1 exam every 12 months of life thereafter to age 18.

Routine Gynecological Care Exams	\$10 office visit copay	50%
----------------------------------	-------------------------	-----

Includes routine tests and related lab fees

Routine Mammograms	Covered 100%	50%; deductible waived
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One baseline mammogram for covered females age 35-39; one mammogram per calendar year age 40 and over.

Routine Digital Rectal Exam Prostate-specific Antigen Test	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
--	---	---

Member cost sharing is based on the type of service performed and the place of service where it is rendered

Colorectal Cancer Screening	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
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Member cost sharing is based on the type of service performed and the place of service where it is rendered

Routine Eye Exams	\$10 office visit copay	50%
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1 routine exam per 12 months

Routine Hearing Exams	\$10 office visit copay	50%
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Member cost sharing is based on the type of service performed and the place of service where it is rendered

Member cost sharing is based on the type of service performed and the place of service where it is rendered

Member cost sharing is based on the type of service performed and the place of service where it is rendered

Member cost sharing is based on the type of service performed and the place of service where it is rendered

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Member cost sharing is based on the type of service performed and the place of service where it is rendered

Member cost sharing is based on the type of service performed and the place of service where it is rendered

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APPENDIX C



HMO Style Plan

Town of Vernon

Effective Date: 07-01-2008

Open Access[®] Managed Choice[®] POS - Connecticut

PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

1 routine exam per 24 months

PHYSICIAN SERVICES	PREFERRED CARE	NON-PREFERRED CARE
Office Visits to PCP	\$10 office visit copay	50%
Includes services of an internist, general physician, family practitioner or pediatrician.		
Specialist Office Visits	\$10 office visit copay	50%
Allergy Testing	\$10 office visit copay	50%
Allergy Injections	Covered 100%; Unlimited visits per calendar year	Member cost sharing is based on the type of service performed and the place of service where it is rendered
DIAGNOSTIC PROCEDURES	PREFERRED CARE	NON-PREFERRED CARE
Diagnostic Laboratory and X-ray	Covered 100%	50%
If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing		
EMERGENCY MEDICAL CARE	PREFERRED CARE	NON-PREFERRED CARE
Urgent Care Provider	\$25 copay	50%
(benefit availability may vary by location)		
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	\$50 copay	Same as preferred care.
Non-Emergency care in an Emergency Room	Not Covered	Not Covered
Ambulance	Covered 100%	50%
HOSPITAL CARE	PREFERRED CARE	NON-PREFERRED CARE
Inpatient Coverage	Covered 100% after \$200 per confinement copay	50% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Inpatient Maternity Coverage	Covered 100% after \$200 per confinement copay	50% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Outpatient Hospital Expenses (including surgery)	Covered 100%	50%
The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit		
MENTAL HEALTH SERVICES	PREFERRED CARE	NON-PREFERRED CARE
Inpatient	Covered 100% after \$200 per confinement copay	50% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Outpatient	\$10 copay	50%
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit		
ALCOHOL/DRUG ABUSE SERVICES	PREFERRED CARE	NON-PREFERRED CARE
Inpatient	Covered 100% after \$200 per confinement copay	50% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Outpatient	\$10 copay	50%
The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit		
OTHER SERVICES	PREFERRED CARE	NON-PREFERRED CARE
Convalescent Facility	Covered 100%	50%
Limited to 120 days per calendar year.		
The member cost sharing applies to all covered benefits incurring during a member's inpatient stay		

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APPENDIX C



HMO Style Plan

Town of Vernon

Effective Date: 07-01-2008

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PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

Home Health Care Limited to 120 visits per calendar year. Includes Private Duty Nursing limited to 70 eight hour shifts per calendar year. Includes Medical Social Services up to \$200 per calendar year for terminally ill individuals. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.	Covered 100%	50%
Hospice Care - inpatient Unlimited days per calendar year	Covered 100%	50%
Hospice Care - Outpatient Up to a maximum benefit of \$5,000 The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	Covered 100%	50%
Private Duty Nursing - Outpatient (Limited to 70 eight hour shifts per calendar year) Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift. Each visiting nurse care or private duty nursing care shift of 4 hours or less counts as one home health visit. Each such shift of over 4 hours and up to 8 hours counts as two home health care visits.	Covered 100%	50%
Outpatient Short-Term Rehabilitation Includes Speech, Physical, and Occupational Therapy Unlimited visits per calendar year	Covered 100%	50%
Early Intervention Services Children from birth to age 3; maximum of \$5,000 per child per calendar year	Member cost sharing is based on the type of service performed and the place of service where it is rendered.	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
Spinal Manipulation Therapy	Covered 100%	Covered same as any other medical expense
Durable Medical Equipment	Covered 80%	50%
Diabetic Supplies -- (if not covered under Pharmacy benefit)	Covered same as any other medical expense.	Covered same as any other medical expense.
Fertility Drugs (oral and injectable)	Covered 100%	50%
Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)	Covered 100% (payable as any other covered expense)	50% (payable as any other covered expense)
Transplants	Covered 100% after \$200 per confinement copay Preferred coverage is provided at an IOE contracted facility only	50% Non-Preferred coverage is provided at a Non-IOE facility.
Out of Area Dependents	Coverage provided at the non-preferred benefit level of the plan.	
FAMILY PLANNING	PREFERRED CARE	NON-PREFERRED CARE
Infertility Treatment Diagnosis and treatment of the underlying medical condition.	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Comprehensive Infertility Services Coverage includes Artificial Insemination, unlimited courses per lifetime, and Ovulation Induction, unlimited courses per lifetime.	Covered 100%	50%
Advanced Reproductive Technology (ART) Maximum applies to all procedures covered by any Aetna plan except where prohibited by law.	Covered 100%	50%
Voluntary Sterilization Including tubal ligation and vasectomy.	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered

GENERAL PROVISIONS

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APPENDIX C



HMO Style Plan

Town of Vernon

Effective Date: 07-01-2008

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PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

Dependents Eligibility

Spouse, children from birth to age 19 or to age 23 if in school.

Pre-existing Conditions Exclusion

On effective date: Waived

After effective date: Full Postponement

This plan imposes a pre-existing condition exclusion, which may be waived in some circumstances and may not be applicable to you. A pre-existing condition exclusion means that if you have a medical condition before coming to this plan, you may have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received or for which the individual took prescribed drugs within 90 days. Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, 90 days ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 365 days from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. If you had prior creditable coverage within 150 days immediately before the date you enrolled under this plan, then the pre-existing conditions exclusion in your plan, if any, will be waived.

If you had no prior creditable coverage within the 90 days prior to your enrollment date (either because you had no prior coverage or because there was more than a 90 day gap from the date your prior coverage terminated to your enrollment date), we will apply your plan's pre-existing conditions exclusion. In order to reduce or possibly eliminate your exclusion period based on your creditable coverage, you should provide us a copy of any certificates of creditable coverage you have. Please contact Aetna Member Services at 1-888-982-3862 if you need assistance in obtaining a certificate of creditable coverage from your prior carrier or if you have any questions on the information noted above. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days of birth, adoption, or placement for adoption. Note: For late enrollees, coverage will be delayed until the plan's next open enrollment, and the pre-existing condition exclusion will be applied from the individual's effective date of coverage.

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Hearing aids; Immunizations for travel or work; Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents; Nonmedically necessary services or supplies; Orthotics; Over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Some benefits are subject to limitations or visit maximums. Certain services require precertification, or prior approval of

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APPENDIX C



HMO Style Plan

Town of Vernon

Effective Date: **07-01-2008**

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PLAN DESIGN AND BENEFITS

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coverage. Failure to precertify for these **services** may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. When the member utilizes a non-preferred provider, Member must obtain the precertification. Precertification requirements may vary. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available under plans with an open formulary or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary.

They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them. While this information is believed to be accurate as of the print date, it is subject to change.

Plans are provided by Aetna Life Insurance Company.

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APPENDIX C



PPO Style Plan

Town of Vernon

Effective Date: 07-01-2008

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PLAN DESIGN AND BENEFITS

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PLAN FEATURES	PREFERRED CARE		NON-PREFERRED CARE	
Deductible (per calendar year)	None	Individual	\$250	Individual
	None	Two Person	\$500	Two Person
	None	Family	\$750	Family

All covered expenses accumulate separately toward the preferred or non-preferred Deductible.

Unless otherwise indicated, the Deductible must be met prior to benefits being payable.

Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year.

Member Coinsurance	Covered 100%	20%
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Applies to all expenses unless otherwise stated.

Pavment Limit (per calendar year)	None	Individual	\$1,000	Individual
	None	Two Person	\$2,000	Two Person
	None	Family	\$2,500	Family

All covered expenses accumulate separately toward the preferred or non-preferred Payment Limit.

Certain member cost sharing elements may not apply toward the Payment Limit.

Only those non-preferred expenses resulting from the application of coinsurance percentage (except any deductibles, copays, and penalty amounts) may be used to satisfy the Payment Limit.

Once Family Payment Limit is met, all family members will be considered as having met their Payment Limit for the remainder of the calendar year.

Lifetime Maximum	Unlimited except where otherwise indicated.	
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Primary Care Physician Selection	Optional	Not applicable
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Certification Requirements -

Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care.

Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$400 per occurrence.

Precertification for certain procedures/treatments - excluded amount is \$200 per occurrence.

Referral Requirement	None	None
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PREVENTIVE CARE	PREFERRED CARE	NON-PREFERRED CARE
Routine Adult Physical Exams/ Immunizations	\$10 office visit copay	20%

1 exam every 12 months age 18 and over.

Routine Well Child Exams/Immunizations	\$10 office visit copay. Copay waived for immunizations when an office visit charge is not made.	20%
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9 exams in first 2 years of life, 1 exam every 12 months of life thereafter to age 18.

Routine Gynecological Care Exams	\$10 office visit copay	20%
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Includes routine tests and related lab fees

Routine Mammograms	Covered 100%	20%; deductible waived
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One baseline mammogram for covered females age 35-39; one mammogram per calendar year age 40 and over.

Routine Digital Rectal Exam ■ Prostate-specific Antigen Test	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
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Colorectal Cancer Screening	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
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For all members age 50 and over.

Routine Eye Exams	\$10 office visit copay	20%
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1 routine exam per 12 months

Routine Hearing Exams	\$10 office visit copay	20%
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1 routine exam per 24 months

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APPENDIX C

PPO Style Plan

Town of Vernon
Effective Date: 07-01-2008

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PLAN DESIGN AND BENEFITS
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PHYSICIAN SERVICES	PREFERRED CARE	NON-PREFERRED CARE
Office Visits to PCP Includes services of an internist, general physician, family practitioner or pediatrician.	\$25 office visit copay	20%
Specialist Office Visits	\$25 office visit copay	20%
Allergy Testing	\$25 office visit copay	20%
Allergy Injections	Covered 100%; Unlimited visits per calendar year	Member cost sharing is based on the t
DIAGNOSTIC PROCEDURES	PREFERRED CARE	NON-PREFERRED CARE
Diagnostic Laboratory and X-ray If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing	Covered 100%	20%
EMERGENCY MEDICAL CARE	PREFERRED CARE	NON-PREFERRED CARE
Urgent Care Provider (benefit availability may vary by location)	\$25 copay	20%
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	\$50 copay	Same as preferred care.
Non-Emergency care in an Emergency Room	Not Covered	Not Covered
Ambulance	Covered 100%	20%
HOSPITAL CARE	PREFERRED CARE	NON-PREFERRED CARE
Inpatient Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100% after \$500 per confinement copay	20% after deductible
Inpatient Maternity Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100% after \$500 per confinement copay	20% after deductible
Outpatient Hospital Expenses (including surgery) The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit	Covered 100%	20%
MENTAL HEALTH SERVICES	PREFERRED CARE	NON-PREFERRED CARE
Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100% after \$500 per confinement copay	20% after deductible
Outpatient The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	\$25 copay	20%
ALCOHOL/DRUG ABUSE SERVICES	PREFERRED CARE	NON-PREFERRED CARE
Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100% after \$500 per confinement copay	20% after deductible
Outpatient The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit	\$25 copay	20%
OTHER SERVICES	PREFERRED CARE	NON-PREFERRED CARE
Convalescent Facility Limited to 120 days per calendar year. The member cost sharing applies to all covered benefits incurring during a member's inpatient stay	Covered 100%	20%
Home Health Care Limited to 120 visits per calendar year. Includes Private Duty Nursing limited to 70 eight hour shifts per calendar year. Includes Medical Social Services up to \$200 per calendar year for terminally ill individuals. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.	Covered 100%	20%

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APPENDIX C



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Hospice Care - Inpatient Unlimited days per calendar year	Covered 100%	20%
Hospice Care - Outpatient Up to a maximum benefit of \$5,000 The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	Covered 100%	20%
Private Duty Nursing - Outpatient (Limited to 70 eight hour shifts per calendar year) Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift. Each visiting nurse care or private duty nursing care shift of 4 hours or less counts as one home health visit. Each such shift of over 4 hours and up to 8 hours counts as two home health care visits.	Covered 100%	20%
Outpatient Short-Term Rehabilitation Includes Speech, Physical, and Occupational Therapy, limited to 60 visits per calendar year.	Covered 100%	20%
Early Intervention Services Children from birth to age 3; maximum of \$5,000 per child per calendar year	Member cost sharing is based on the type of service performed and the place of service where it is rendered.	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
Spinal Manipulation Therapy	Covered 100%	Covered same as any other medical expense
Durable Medical Equipment	Covered 100%	20%
Diabetic Supplies -- (if not covered under Pharmacy benefit)	Covered same as any other medical expense.	Covered same as any other medical expense.
Fertility Drugs (oral and injectable)	Covered 100%	20%
Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)	Covered 100% (payable as any other covered expense)	20% (payable as any other covered expense)
Transplants	Covered 100% after \$500 per confinement copay Preferred coverage is provided at an IOE contracted facility only	20% Non-Preferred coverage is provided at a Non-IOE facility.
Out of Area Dependents	Coverage provided at the non-preferred benefit level of the plan.	
FAMILY PLANNING	PREFERRED CARE	NON-PREFERRED CARE
Infertility Treatment Diagnosis and treatment of the underlying medical condition.	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Comprehensive Infertility Services Coverage includes Artificial Insemination, unlimited courses per lifetime, and Ovulation Induction, unlimited courses per lifetime.	Covered 100%	20%
Advanced Reproductive Technology (ART) Maximum applies to all procedures covered by any Aetna plan except where prohibited by law.	Covered 100%	20%
Voluntary Sterilization Including tubal ligation and vasectomy.	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered

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GENERAL PROVISIONS

Dependents Eligibility

Spouse, children from birth to age 19 or to age 23 if in school.

Pre-existing Conditions Exclusion

On effective date: Waived

After effective date: Full Postponement

This plan imposes a pre-existing condition exclusion, which may be waived in some circumstances and may not be applicable to you. A pre-existing condition exclusion means that if you have a medical condition before coming to this plan, you may have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received or for which the individual took prescribed drugs within 90 days. Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, 90 days end on the day before the waiting period begins. The exclusion period, if applicable, may last up to 365 days from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. If you had prior creditable coverage within 150 days immediately before the date you enrolled under this plan, then the pre-existing conditions exclusion in your plan, if any, will be waived.

If you had no prior creditable coverage within the 90 days prior to your enrollment date (either because you had no prior coverage or because there was more than a 90 day gap from the date your prior coverage terminated to your enrollment date), we will apply your plan's pre-existing conditions exclusion. In order to reduce or possibly eliminate your exclusion period based on your creditable coverage, you should provide us a copy of any certificates of creditable coverage you have. Please contact Aetna Member Services at 1-888-982-3862 if you need assistance in obtaining a certificate of creditable coverage from your prior carrier or if you have any questions on the information noted above. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days of birth, adoption, or placement for adoption.

Note: For late enrollees, coverage will be delayed until the plan's next open enrollment, and the pre-existing condition exclusion will be applied from the individual's effective date of coverage.

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Hearing aids; Immunizations for travel or work; Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents; Nonmedically necessary services or supplies; Orthotics; Over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Some benefits are subject to limitations or visit maximums. Certain services require precertification, or prior approval of

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PLAN DESIGN AND BENEFITS

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coverage. Failure to precertify for these **services** may lead to substantially reduced benefits or denial of coverage. Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification, inpatient and outpatient rehabilitation). When the Member's preferred provider is coordinating care, the preferred provider will obtain the precertification. When the member utilizes a non-preferred provider, Member must obtain the precertification. **Precertification** requirements may vary. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available under plans with an open formulary or excluded from **coverage** unless a medical exception is obtained under plans that use a closed formulary.

They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them. While this information is believed to be accurate as of the print date, it is subject to change.

Plans are provided by Aetna Life Insurance Company.

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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.

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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

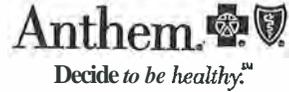
The dental services listed above are subject to the following qualifications:

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.



Visit our website at www.anthem.com

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 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.

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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 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.

APPENDIX D

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"^y) 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	

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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.

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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.



2009-2010 Salary Ranges, Professionals, Effective and Retroactive to 1/1/2010 (per Art. XX, § 20.4)

Appendix E

Position Title	Position Level	Annual Step Increments							
		1	2	3	4	5	6	7	8
Director of Data Processing	E-6	78,707.20	81,432.00	84,323.20	87,256.00	90,313.60	93,496.00	96,782.40	99,685.87
Town Engineer	E-5	70,634.20	73,091.20	75,657.40	78,296.40	81,044.60	83,883.80	86,795.80	89,399.67
Town Planner									
Building Official									
Director of Parks and Rec									
Business Manager, WPCA	E-4A	62,524.80	64,688.00	66,955.20	69,284.80	71,739.20	74,235.20	76,814.40	79,118.83
Assistant Director, WPCA									
Econ Dev Coor/Asst Town Planner	E-4	62,480.60	64,719.20	66,939.60	69,305.60	71,689.80	74,219.60	76,822.20	79,126.87
Assessor									
Director of Social Services									
Controller									
Collector of Revenue									
Asst Director of Parks and Rec									
Director Youth Service									
Civil Engineer	E-3	55,309.80	57,220.80	59,222.80	61,279.40	63,481.60	65,702.00	67,995.20	70,035.06
Surveyor									
Park Maintenance Supervisor	E-2A	48,443.20	50,107.20	51,875.20	53,684.80	55,577.60	57,553.60	59,529.60	61,315.49
Social Worker	E-2	48,448.40	50,104.60	51,870.00	53,690.00	55,564.60	57,530.20	59,568.60	61,355.66
Recreation Supervisor									
Program Analyst	N-7M	52,015.60	53,890.20	55,764.80	57,730.40	59,768.80	61,843.60	64,009.40	65,929.68
Deputy Assessor	N-7	45,754.80	47,374.60	48,976.20	50,723.40	52,507.00	54,345.20	56,238.00	57,925.14
GIS Coordinator									
Senior Engineering Technician									
Zoning Enforcement Officer									
Assistant Collector of Revenue	N-6	38,802.40	40,167.40	41,587.00	43,024.80	44,517.20	46,100.60	47,720.40	49,152.01
Youth Counselor									

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2010-2011 Salary Ranges, Professionals, Effective 7/1/2010 (includes 1.00% increase in rates effective 6/30/2010) (per Art. XX, § 20.4)

Appendix E

Position Title	Position Level	Annual Step Increments							
		1	2	3	4	5	6	7	8
Director of Data Processing	E-6	\$79,494.27	\$82,246.32	\$85,166.43	\$88,128.56	\$91,216.74	\$94,430.96	\$97,750.22	\$100,682.73
Town Engineer	E-5	71,340.54	73,822.11	76,413.97	79,079.36	81,855.05	84,722.64	87,663.76	90,293.67
Town Planner									
Building Official									
Director of Parks and Rec									
Business Manager, WPCA	E-4A	63,150.05	65,334.88	67,624.75	69,977.65	72,456.59	74,977.55	77,582.54	79,910.02
Assistant Director, WPCA									
Econ Dev Coor/Asst Town Planner	E-4	63,105.41	65,366.39	67,609.00	69,998.66	72,406.70	74,961.80	77,590.42	79,918.13
Assessor									
Director of Social Services									
Controller									
Collector of Revenue									
Asst Director of Parks and Rec									
Director Youth Service									
Civil Engineer	E-3	55,862.90	57,793.01	59,815.03	61,892.19	64,116.42	66,359.02	68,675.15	70,735.41
Surveyor									
Park Maintenance Supervisor	E-2A	48,927.63	50,608.27	52,393.95	54,221.65	56,133.38	58,129.14	60,124.90	61,928.64
Social Worker	E-2	48,932.88	50,605.65	52,388.70	54,226.90	56,120.25	58,105.50	60,164.29	61,969.21
Recreation Supervisor									
Program Analyst	N-7M	52,535.76	54,429.10	56,322.45	58,307.70	60,366.49	62,462.04	64,649.49	66,588.98
Deputy Assessor	N-7	46,212.35	47,848.35	49,465.96	51,230.63	53,032.07	54,888.65	56,800.38	58,504.39
GIS Coordinator									
Senior Engineering Technician									
Zoning Enforcement Officer									
Assistant Collector of Revenue	N-6	39,190.42	40,569.07	42,002.87	43,455.05	44,962.37	46,561.61	48,197.60	49,643.53
Youth Counselor									

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2011-2012 Salary Ranges, Effective 7/1/2011 (includes 1.50% increase in rates effective 6/30/2011) (per Art. XX, \$20.4)

Appendix E

Position Title	Position Level	Annual Step Increments							
		1	2	3	4	5	6	7	8
Director of Data Processing	E-6	\$80,686.69	\$83,480.01	\$86,443.93	\$89,450.49	\$92,584.99	\$95,847.42	\$99,216.48	\$102,192.97
Town Engineer	E-5	72,410.65	74,929.44	77,560.18	80,265.55	83,082.87	85,993.48	88,978.71	91,648.08
Town Planner									
Building Official									
Director of Parks and Rec									
Business Manager, WPCA	E-4A	64,097.30	66,314.90	68,639.12	71,027.31	73,543.44	76,102.22	78,746.28	81,108.67
Assistant Director, WPCA									
Econ Dev Coor/Asst Town Planner	E-4	64,051.99	66,346.89	68,623.13	71,048.64	73,492.80	76,086.22	78,754.28	81,116.91
Assessor									
Director of Social Services									
Controller									
Collector of Revenue									
Asst Director of Parks and Rec									
Director Youth Service									
Civil Engineer	E-3	56,700.84	58,659.90	60,712.25	62,820.58	65,078.16	67,354.41	69,705.28	71,796.44
Surveyor									
Park Maintenance Supervisor	E-2A	49,661.55	51,367.40	53,179.86	55,034.97	56,975.38	59,001.07	61,026.77	62,857.57
Social Worker	E-2	49,666.88	51,364.73	53,174.53	55,040.30	56,962.05	58,977.08	61,066.75	62,898.75
Recreation Supervisor									
Program Analyst	N-7M	53,323.79	55,245.54	57,167.28	59,182.32	61,271.99	63,398.97	65,619.24	67,587.81
Deputy Assessor	N-7	46,905.53	48,566.07	50,207.95	51,999.09	53,827.55	55,711.98	57,652.39	59,381.96
GIS Coordinator									
Senior Engineering Technician									
Zoning Enforcement Officer									
Assistant Collector of Revenue	N-6	39,778.28	41,177.61	42,632.91	44,106.87	45,636.81	47,260.03	48,920.57	50,388.19
Youth Counselor									

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