

AGREEMENT

Between

THE TOWN OF VERNON

and

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

July 1, 2022 - June 30, 2025

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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."

The Town and Union Recognize that some of the positions represented by the Professional Employees Local 818, of Council 4, AFSCME, AFL-CIO are and have always held management positions. Management responsibilities shall be apparent both in Unit members' supervision and direction of the subordinate employees and in their attention to the Town's mission of serving the residents of Vernon. The Unit is obligated to ensure that its members, as part of Management, actively support the efforts of the Town Administration to maintain essential Town services to the residents of the Town of Vernon. This section is for information purposes only and shall not be grievable by either party and shall not be cited in any disciplinary action.

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 dues with each paycheck as specified by the Secretary of the Union from the wages of all dues-paying members of Local 818, Professionals covered by this Agreement. A signed card authorizing the deduction will be provided to the Finance Office, by the Union, on behalf of each employee for whom the deductions are to be made, however, any individual employee may withdraw this assent by written communication to the Finance Office. The Town shall notify the Union of the assent withdrawal within 72 hours of receiving such notice. These dues shall be remitted not later than the last day of the month in which the deductions have been made.

If any bargaining unit member elects not to pay dues, the Union shall notify the Town, in writing, of said change within 72 hours. Any and all liability, whether financial or otherwise, stemming from, resulting from, or alleged result of the Union's failure to provide such notification will be assigned, in its entirety and without the right of appeal, to the Union.

The Union shall, to the fullest extent of the law, indemnify and hold the Town harmless from any and all damages, costs, and expenses arising from the making of authorized deductions and or from compliance by the Town with the Union security provisions of this section. Damages include, without limitation, consequential and incidental damages.

The Town shall provide the Union President with a current list(s) of names, addresses, job classification, grade, annual salary and date of hire on or about December 15th of each year. Additionally, the Town shall notify the Union in writing, when there is a new hire, termination/resignation or retirement within the bargaining unit.

Section 2.1

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 2.2

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 discipline/discharge by the Town without recourse or access to the grievance/ arbitration provisions of this Agreement, as long as the discipline/discharge 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.

Employees transferring or promoted to another position will serve a ninety (90) working day probationary period.

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.

Employees may request to work a schedule that varies from the core public hours. All scheduled requests must be in writing, and approved by the Department Head and Town Administrator. Should the Town, in its sole discretion, determine any changed schedule negatively impacts the department, employees will revert back to the original schedule within fourteen (14) calendar days. Employees must work their minimum weekly core hours of either thirty-five, or forty hours.

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.

New employees hired after July 1, 2012 in the IT department may have normal hours/days of work changed.

Section 5.2- Overtime

Employees will be required to work overtime when requested, however, the Town shall 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.

Any non-exempt employee whose days of work deviate from the normal Monday through Friday, shall be paid time and one half (1-1/2) for all work performed on their first day off of the week and double (2) time for all work performed on their second day off of the week 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 December 31 of the current calendar year will result in forfeiture of said time. Employees may use up to five (5) days of compensatory time at any one time, except that compensatory time may not be taken in conjunction with vacation leave. Failure to approve compensatory time within two (2) business days of the request will result in automatic approval of said request.

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 on or about December 15th annually. 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 essential job functions of their position within the bargaining unit.

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 essential job functions of any vacant position within the bargaining unit. No new employees shall be hired, until all laid off employees who are qualified for the work have been given the opportunity to return to work in the eighteen (18) month period. 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. The floating holiday may be taken in a minimum of two (2) hour increments.

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

Upon completion of first year 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

10 days (available for use in year 2)
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

For employees hired after June 30, 2016 vacation will be accrued on a monthly basis under the following schedule:

<u>Length of Continuous Service</u>	<u>Day Per Full Month of Continuous Service</u>	<u>Maximum Earned Days Per Year of Continuous Service</u>
Date of hire through 1st full year	.83 day	10 days
More than 1 year through the 4 th full year	1.0 days	12 days
More than 4 years through the 11th full year	1.25 days	15 days
More than 11 years	1.67 days	20 days

The employee's anniversary date will be used to determine the amount of vacation time due. Employees may take vacation leave in no less than two (2) hour increments.

Section 8.1

Vacation Leave Carry Over: Employees may carry over a maximum number of 10 vacation days from one (1) anniversary year to the next.

Employees hired into the bargaining unit after the execution of this contract shall have no vacation carry over. Accumulation of vacation cannot exceed the maximum days earned based upon the vacation accrual table for employees hired after June 30, 2016 listed in Section 8.0.

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. The employee's immediate supervisor shall respond with a decision to all vacation requests, written or electronic, within one calendar week of the request. 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, excluding carry over vacation indicated in Section 8.1, 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.

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.

8.4 Any employee who leaves employment during their initial probationary period will not be paid out any unused benefit time.

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 two (2) hour increments.

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 he/she will be absent from work due to illness or injury, and the anticipated date of return. Except if he/she is physically unable to do so.

Section 9.3 – Sick Leave Accumulation and Payout

- A. **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, full 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 full 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 current rate of pay at the date of retirement. (Affected employees names and dates of hire shall be listed in Appendix A-4).

- C. **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 maximum 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. Employees may take personal leave in no less than two (2) hour increments. 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 SGD-602495 from the CIGNA, a part of Life Insurance Company of North America, dated July 1, 2011, 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 days, after the employee knew or should have known of the cause of the grievance an employee having a grievance and/or his Union Steward shall 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.

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, the Town, at its discretion, may require that the grievance be submitted to the American Arbitration Association. If a 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 four (4) steps: verbal warnings, 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 Assistant 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

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.

With prior approval from the department supervisor, 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. For employees hired after June 30, 2016, evaluations will take place on the anniversary of the hire date.

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

All plans shall include Dental Care (currently Anthem Blue Cross Blue Shield Full Service Indemnity Plan).

HDHP/HSA

Employees shall be provided a HDHP (High Deductible Health Plan) and HSA (Health Savings Account), or HRA (Health Reimbursement Account) with the following and deductibles (full summary listed in Appendix C);

Annual Single Deductible \$2,000

Annual Family Deductible \$4,000

Annual Out-of-Pocket Maximum Single Deductible \$2,500

Annual Out-of-Pocket Maximum Family Deductible \$5,000

RX Co-pay after applicable deductible: Prescriptions - Retail up to 34 days, Tier I (generic), \$7 copayment; Tier II (listed brand), \$15 copayment; Tier III (non-listed brand), \$35 copayment and Mail Order up to 100 days: Tier I (generic), \$14 copayment; Tier II (listed brand), \$30 copayment; Tier III (non-listed brand), \$70 copayment, with no cap, in accordance with Appendix D, entitled Managed Prescription Program 3-Tier. Employees shall only pay the RX co-pay after their applicable deductible is reached. When an employee reaches the Annual Out-of-Pocket Maximum Deductible listed above, the employee shall not have a RX co-pay.

The Town shall contribute fifty percent (50%) of the applicable annual deductible to each employee's Health Savings Account or Health Reimbursement Account.

HMO

The HMO will not be offered as a health insurance option.

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 HDHP/HSA/HRA
July 1, 2022	15%
July 1, 2023	16%
July 1, 2024	17%

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.

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 (\$1,050.00) for waiving single coverage
- B. One thousand six hundred dollars (\$1,600.00) for waiving two person coverage
- C. Two thousand two hundred dollars (\$2,200.00) 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.

Effective at the signing of this contract, this option will no longer be available. Employees who currently receive the medical insurance waiver, listed below, will be grandfathered and continue to receive said waiver. At any time these employees accept the Town's medical or dental insurance, this waiver will no longer be available to them.

- Laurence Flanigan
- Hongjie Wang
- Amy Watt

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 4% for a total contribution of 6% 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.

ARTICLE XX

WAGES

Section 20.1

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

- A. Effective and retroactive to July 1, 2022, bargaining unit members and bargaining unit positions will receive a two and one-quarter percent (2.25%) increase to wages as of June 30th, 2022.
- B. Effective July 1, 2023, bargaining unit members and bargaining unit positions will receive a two and one-quarter percent (2.25%) increase to wages as of June 30th 2023.
- C. Effective July 1, 2024, bargaining unit members and bargaining unit positions will receive a two and one-quarter percent (2.25%) increase to wages as of June 30th, 2024.

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).

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 employee's 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. New members of the bargaining union hired after June 30, 2016 will receive their step increase on their anniversary utilizing the criteria in this Section.

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

Employees who are at the top step in their classification shall receive a performance pay bonus based on their overall evaluation when other employees in this unit normally receive a step.

An overall evaluation rating of average satisfactory (3-3.99), shall receive a one-half percent (1/2%) performance pay bonus.

An overall evaluation rating of superior/above average satisfactory (4-4.99), shall receive a one percent (1%) performance pay bonus.

An overall evaluation rating of outstanding satisfactory (5 or better), shall receive a one and one-half percent (1.5%) performance pay bonus.

Merit pay bonus shall be based on the receiving employee's then current annual salary and shall not be considered part of their base salary. Such performance pay bonus shall be awarded in December. For new members of the bargaining unit hired after June 30, 2016, performance pay bonus shall be awarded in the first pay period after their anniversary.

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.

The Town may institute a Time and Attendance electronic record.

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, Deputy Assessor. The WPCA Assistant Director 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.

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 from 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, 2022 to June 30, 2023	\$3,000
July 1, 2023 to June 30, 2024	\$3,000
July 1, 2024 to June 30, 2025	\$3,000
Good until expiration	\$3,000

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

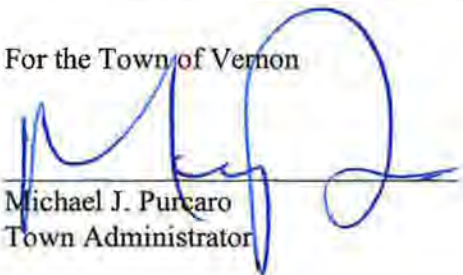
This Agreement will become effective upon its signing and shall remain in effect through **June 30, 2025**, and from fiscal year to fiscal year thereafter unless either party notifies the other by registered or certified mail, return receipt requested no later than one hundred twenty (120) days before 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 22 day of JULY, 2022 at Vernon, Connecticut.

For the Town of Vernon


Michael J. Purcuro
Town Administrator

For the Union


Jeremy Whetzel
President, Local #818 Professionals

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:

Frank Zitkus	263.00
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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:

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

DOH

Frank Zitkus	08/01/89
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Appendix B

PERFORMANCE REVIEW - EXEMPT PERSONNEL

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

Performance Evaluation (check one)

	<u>Outstanding</u> (5)	<u>Superior</u> <u>Above Ave.</u> (4)	<u>Average</u> <u>Satisfactory</u> (3)	<u>Below</u> <u>Average</u> (2)	<u>Unsatisfactory</u> (1)
EVALUATION FACTORS:					
<u>MAJOR RESPONSIBILITIES</u> <u>VS. ACCOMPLISHMENTS</u>	_____	_____	_____	_____	_____
<u>PLANNING AND</u> <u>ORGANIZING</u>	_____	_____	_____	_____	_____
<u>ANALYTICAL ABILITY</u> (Accurate, Logical)	_____	_____	_____	_____	_____
<u>DECISION MAKING</u> (Or Recommending)	_____	_____	_____	_____	_____
<u>COMMUNICATIONS</u> (Oral and written)	_____	_____	_____	_____	_____
<u>FOLLOW THROUGH</u> (To Completion)	_____	_____	_____	_____	_____
<u>WORKING WITH OTHERS</u> (Internal, External)	_____	_____	_____	_____	_____
<u>JUDGEMENT</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. |

PERFORMANCE EVALUATION - EXEMPT PERSONNEL

Appendix B

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:

If you disagree with the information in this document, you have the right to submit a written statement explaining your position. Your statement must be maintained as part of your personnel file, and with your written consent, be included in any transmittal or disclosure from your personnel file to a third party.

PERFORMANCE REVIEW - NON-EXEMPT PERSONNEL

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

Performance Evaluation (check one)

	<u>Outstanding</u> (5)	<u>Superior Above Ave.</u> (4)	<u>Average Satisfactory</u> (3)	<u>Below Average</u> (2)	<u>Unsatisfactory</u> (1)
EVALUATION FACTORS:					
<u>MAJOR RESPONSIBILITIES 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:

PERFORMANCE EVALUATION – NON-EXEMPT PERSONNEL

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:

If you disagree with the information in this document, you have the right to submit a written statement explaining your position. Your statement must be maintained as part of your personnel file, and with your written consent, be included in any transmittal or disclosure from your personnel file to a third party.

Appendix C

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
Vernon Town and Board of Education: Choice Fund Open Access Plus HSA

Coverage Period: 07/01/2022 - 06/30/2023
Coverage for: Individual/Individual + Family | **Plan Type:** OAP



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/sp. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-800-Cigna24 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For <u>in-network providers</u> : \$2,000/individual - employee only or \$4,000/family maximum For <u>out-of-network providers</u> : \$2,000/individual - employee only or \$4,000/family maximum Combined medical/behavioral and pharmacy <u>deductible</u> <u>Deductible</u> per individual applies when the employee is the only individual covered under the plan. Amount your employer contributes to your account: Up to \$1,000/individual or \$2,000/family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. In-network <u>preventive care</u> & immunizations.	This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	For <u>in-network providers</u> : \$2,500/individual - employee only or \$5,000/family maximum For <u>out-of-network providers</u> : \$4,000/individual - employee only or \$8,000/family maximum Combined medical/behavioral and pharmacy <u>out-of-pocket limit</u>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the out-of-pocket limit?	Penalties for failure to obtain <u>pre-authorization</u> for services, <u>premiums</u> , <u>balance-billing</u> charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why This Matters:
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.cigna.com or call 1-800-Cigna24 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	No charge/visit	20% <u>coinsurance</u>	None
	Specialist visit	No charge/visit	20% <u>coinsurance</u>	None
	Preventive care/ <u>screening</u> / immunization	No charge/visit**	20% <u>coinsurance</u> /visit	None
		No charge/ <u>screening</u> **	20% <u>coinsurance</u> / <u>screening</u>	None
		No charge/immunizations**	20% <u>coinsurance</u> / immunizations	None
		** <u>Deductible</u> does not apply		You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	20% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	No charge	20% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.cigna.com	Generic drugs (Tier 1)	\$5 <u>copay</u> /prescription (retail 34 days), \$10 <u>copay</u> /prescription (retail 90 days); \$10 <u>copay</u> /prescription (home delivery 100 days)	20% <u>coinsurance</u> /prescription (retail); Not covered (home delivery)	Coverage is limited up to a 90-day supply (retail) and 100-day supply (home delivery); up to a 30-day supply (retail and home delivery) for <u>Specialty drugs</u> . Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. In-network Federally required preventive drugs will be provided at no charge.
	Preferred brand drugs (Tier 2)	\$15 <u>copay</u> /prescription (retail 34 days), \$30 <u>copay</u> /prescription (retail 90 days); \$30 <u>copay</u> /prescription (home delivery 100 days)	20% <u>coinsurance</u> /prescription (retail); Not covered (home delivery)	
	Non-preferred brand drugs (Tier 3)	\$35 <u>copay</u> /prescription (retail 34 days), \$70 <u>copay</u> /prescription (retail 90 days); \$70 <u>copay</u> /prescription (home delivery 100 days)	20% <u>coinsurance</u> /prescription (retail); Not covered (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <u>coinsurance</u>	None
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	No charge/visit	No charge/visit	Out-of-network services are paid at the in-network cost share and <u>deductible</u> .
	<u>Emergency medical transportation</u>	No charge	No charge	Out-of-network air ambulance services are paid at the in-network cost share and <u>deductible</u> .
	<u>Urgent care</u>	No charge/visit	20% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% <u>coinsurance</u>	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge/office visit No charge/all other services	20% <u>coinsurance</u> /office visit 20% <u>coinsurance</u> /all other services	None
	Inpatient services	No charge	20% <u>coinsurance</u>	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
If you are pregnant	Office visits	No charge	20% <u>coinsurance</u>	Primary Care or <u>Specialist</u> benefit levels apply for initial visit to confirm pregnancy. <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	No charge	20% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% <u>coinsurance</u>	Coverage is limited to 200 days annual max. 16 hour maximum per day (The limit is not applicable to mental health and substance use disorder conditions.)
	<u>Rehabilitation services</u>	No charge/PCP visit No charge/ <u>Specialist</u> visit	20% <u>coinsurance</u> /PCP visit 20% <u>coinsurance</u> / <u>Specialist</u> visit	None
	<u>Habilitation services</u>	No charge/PCP visit No charge/ <u>Specialist</u> visit	20% <u>coinsurance</u> /PCP visit 20% <u>coinsurance</u> / <u>Specialist</u> visit	Services are covered when <u>Medically Necessary</u> to treat a mental health condition (e.g. autism) or a congenital abnormality.
	<u>Skilled nursing care</u>	No charge	20% <u>coinsurance</u>	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification. Coverage is limited to 120 days annual max.
	<u>Durable medical equipment</u>	No charge	20% <u>coinsurance</u>	None
	<u>Hospice services</u>	No charge/inpatient services No charge/outpatient services	20% <u>coinsurance</u> /inpatient services 20% <u>coinsurance</u> /outpatient services	Lesser of 50% of covered expenses or \$500 penalty for failure to precertify out-of-network inpatient <u>hospice</u> services.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- | | | |
|--------------------------|--|----------------------------|
| • Acupuncture | • Eye care (Children) | • Routine eye care (Adult) |
| • Cosmetic surgery | • Long-term care | • Routine foot care |
| • Dental care (Adult) | • Non-emergency care when traveling outside the U.S. | • Weight loss programs |
| • Dental care (Children) | • Private-duty nursing | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|--|-------------------------|
| • Bariatric Surgery | • Hearing aids (2 devices per 24 months) | • Infertility treatment |
| • Chiropractic care (combined with <u>Rehabilitation Services</u>) | | |

Your Rights to Continue Coverage:

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

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-800-Cigna24. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Connecticut Office of the Health Care Advocate at (866) 466-4446.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



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

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing

Deductibles	\$2,000
Copayments	\$10
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$20
The total Peg would pay is	\$2,030

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing

Deductibles	\$2,000
Copayments	\$200
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$20
The total Joe would pay is	\$2,220

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing

Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
The total Mia would pay is	\$2,000

The plan would be responsible for the other costs of these EXAMPLE covered services.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage



Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해 주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해 주십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برحاء الانشاء خدمات الترجمة المجانية متاحة لكم لعلاء Cigna انحاءين برحاء الاتصال بالرقم المذكور على ظهر بطاقةكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki deyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項:日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می شود. برای مشتریان فعلی Cigna، لطفاً با شماره ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر این صورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه فارسی زبانان: شماره 711 را شماره گیری کنید).

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
Vernon Town and Board of Education: Choice Fund Open Access Plus HRA

Coverage Period: 07/01/2022 - 06/30/2023
Coverage for: Individual/Individual + Family | Plan Type: OAP



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/sp. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-800-Cigna24 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For <u>in-network providers</u> : \$2,000/individual or \$4,000/family For <u>out-of-network providers</u> : \$2,000/individual or \$4,000/family Combined medical/behavioral and pharmacy <u>deductible</u> <u>Deductible</u> per individual applies when the employee is the only individual covered under the <u>plan</u> . Amount your employer contributes to your account: Up to \$1,000/individual or \$2,000/family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. In-network <u>preventive care</u> & immunizations.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes, \$50/individual <u>home health care deductible</u> . There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	For <u>in-network providers</u> : \$2,500/individual or \$5,000/family For <u>out-of-network providers</u> : \$4,000/individual or \$8,000/family Combined medical/behavioral and pharmacy <u>out-of-pocket limit</u>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the out-of-pocket limit?	Penalties for failure to obtain <u>pre-authorization</u> for services, <u>premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why This Matters:
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.cigna.com or call 1-800-Cigna24 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	No charge/visit	20% <u>coinsurance</u>	None
	<u>Specialist</u> visit	No charge/visit	20% <u>coinsurance</u>	None
	<u>Preventive care/ screening/ immunization</u>	No charge/visit**	20% <u>coinsurance</u> /visit	None
		No charge/ <u>screening</u> **	20% <u>coinsurance</u> / <u>screening</u>	None
		No charge/immunizations**	20% <u>coinsurance</u> /immunizations	None
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	None
	<u>Imaging</u> (CT/PET scans, MRIs)	No charge	20% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.cigna.com	Generic drugs (Tier 1)	\$5 <u>copay</u> /prescription (retail 34 days), \$10 <u>copay</u> /prescription (retail 90 days); \$10 <u>copay</u> /prescription (home delivery 100 days)	20% <u>coinsurance</u> /prescription (retail); Not covered (home delivery)	Coverage is limited up to a 90-day supply (retail) and a 100-day supply (home delivery); up to a 30-day supply (retail and home delivery) for <u>Specialty drugs</u> . Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. In-network Federally required preventive drugs will be provided at no charge.
	Preferred brand drugs (Tier 2)	\$15 <u>copay</u> /prescription (retail 34 days), \$30 <u>copay</u> /prescription (retail 90 days); \$30 <u>copay</u> /prescription (home delivery 100 days)	20% <u>coinsurance</u> /prescription (retail); Not covered (home delivery)	
	Non-preferred brand drugs (Tier 3)	\$35 <u>copay</u> /prescription (retail 34 days), \$70 <u>copay</u> /prescription (retail 90 days); \$70 <u>copay</u> /prescription (home delivery 100 days)	20% <u>coinsurance</u> /prescription (retail); Not covered (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <u>coinsurance</u>	None
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	No charge/visit	No charge/visit	Out-of-network services are paid at the in-network cost share and deductible.
	<u>Emergency medical transportation</u>	No charge	No charge	Out-of-network air ambulance services are paid at the in-network cost share and deductible.
	<u>Urgent care</u>	No charge/visit	20% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% <u>coinsurance</u>	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge/office visit No charge/all other services	20% <u>coinsurance</u> /office visit 20% <u>coinsurance</u> /all other services	None
	Inpatient services	No charge	20% <u>coinsurance</u>	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
If you are pregnant	Office visits	No charge	20% <u>coinsurance</u>	Primary Care or <u>Specialist</u> benefit levels apply for initial visit to confirm pregnancy. <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	No charge	20% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge after the <u>home health care deductible</u>	20% <u>coinsurance</u> after the <u>home health care deductible</u>	Coverage is limited to 200 days annual max. 16 hour maximum per day (The limit is not applicable to mental health and substance use disorder conditions.)
	<u>Rehabilitation services</u>	No charge/PCP visit No charge/ <u>Specialist</u> visit	20% <u>coinsurance</u> /PCP visit 20% <u>coinsurance</u> / <u>Specialist</u> visit	None
	<u>Habilitation services</u>	No charge/PCP visit No charge/ <u>Specialist</u> visit	20% <u>coinsurance</u> /PCP visit 20% <u>coinsurance</u> / <u>Specialist</u> visit	Services are covered when <u>Medically Necessary</u> to treat a mental health condition (e.g. autism) or a congenital abnormality.
	<u>Skilled nursing care</u>	No charge	20% <u>coinsurance</u>	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification. Coverage is limited to 120 days annual max.
	<u>Durable medical equipment</u>	No charge	20% <u>coinsurance</u>	None
	<u>Hospice services</u>	No charge/inpatient services No charge/outpatient services	20% <u>coinsurance</u> /inpatient services 20% <u>coinsurance</u> /outpatient services	Lesser of 50% of covered expenses or \$500 penalty for failure to precertify out-of-network inpatient <u>hospice services</u> .
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|--------------------------|--|----------------------------|
| • Acupuncture | • Eye care (Children) | • Routine eye care (Adult) |
| • Cosmetic surgery | • Long-term care | • Routine foot care |
| • Dental care (Adult) | • Non-emergency care when traveling outside the U.S. | • Weight loss programs |
| • Dental care (Children) | • Private-duty nursing | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | | |
|---|--|-------------------------|
| • Bariatric Surgery | • Hearing aids (2 devices per 24 months) | • Infertility treatment |
| • Chiropractic care (combined with <u>Rehabilitation Services</u>) | | |

Your Rights to Continue Coverage:

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

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-800-Cigna24. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Connecticut Office of the Health Care Advocate at (866) 466-4446.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-244-6224.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



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

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
--------------------	----------

In this example, Peg would pay:

Cost Sharing

Deductibles	\$2,000
Copayments	\$10
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$20
The total Peg would pay is	\$2,030

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing

Deductibles	\$2,000
Copayments	\$200
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$20
The total Joe would pay is	\$2,220

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing

Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0

What isn't covered

Limits or exclusions	\$0
The total Mia would pay is	\$2,000

The plan would be responsible for the other costs of these EXAMPLE covered services.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage



Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해 주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해 주십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برحاء الإنشاء خدمات الترجمة المجانية متاحة لكم. لعلاء Cigna الحائنين برحاء الإتصال بالرقم المذكور على ظهر بطاقتكم الشخصية. أو اتصل بـ 1.800.244.6224 (TTY: اتصل بـ 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki deyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項:日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – ترجمه خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه فارسی‌زبانان: شماره 711 را تماس بگیرید).



FULL DENTAL PLAN

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

COVERED SERVICES INCLUDE:

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

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

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

ACCESSING BENEFITS:

Participating Dentists Benefits

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

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

Non-Participating Dentists Benefits

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

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



DENTAL AMENDATORY RIDER A ADDITIONAL BASIC BENEFITS

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

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

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

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

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

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

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



DENTAL AMENDATORY RIDER A ADDITIONAL BASIC BENEFITS

ACCESSING BENEFITS:

Participating Dentists Benefits

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

Non-Participating Dentists Benefits

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

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



DENTAL AMENDATORY RIDER B PROSTHODONTICS

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

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

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

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

ACCESSING BENEFITS:

Participating Dentists Benefits

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

Non-Participating Dentist Benefits

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

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



Visit our website at www.anthem.com

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.



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.



DENTAL AMENDATORY RIDER D ORTHODONTICS

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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 - WAGE TABLES, PROFESSIONALS

page 1

July 1, 2022 - 2.25% INCREASE

* some positions will include a market adjustment in 2022-2023 beyond the GWI

JOB TITLES	GRADE/ RANK OR	HOURS PER	STEP/L	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
	PAYBAND	PERIOD	EVEL				
Social Worker	E-2	35.00	1	35.2017	246.4117	1,232.06	64,067.03
			2	36.4369	255.0580	1,275.29	66,315.07
			3	37.7089	263.9619	1,319.81	68,630.09
			4	39.0429	273.2995	1,366.50	71,057.87
			5	40.4260	282.9828	1,414.91	73,575.54
			6	41.6391	291.4732	1,457.37	75,783.04
P&R Supervisor*	E-2A	35.00	1	36.9689	258.7827	1,293.91	67,283.49
			2	38.0780	266.5462	1,332.73	69,302.00
			3	39.2203	274.5425	1,372.71	71,381.05
			4	40.3969	282.7788	1,413.89	73,522.48
			5	41.6071	291.2506	1,456.25	75,725.16
			6	42.8571	300.0000	1,500.00	78,000.00
Civil Engineer Surveyor	E-3	35.00	1	40.1914	281.3403	1,406.70	73,148.47
			2	41.5874	291.1117	1,455.56	75,689.05
			3	43.0817	301.5722	1,507.86	78,408.78
			4	44.5886	312.1209	1,560.60	81,151.43
			5	46.1451	323.0152	1,615.08	83,983.94
			6	47.5294	332.7053	1,663.53	86,503.37

JOB TITLES	GRADE/ RANK OR HOURS PER STEP/L		EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
	PAYBAND	PERIOD					
Systems Analyst*	E-3A	40.00	1	35.7948	286.3577	1,431.79	74,452.99
			2	37.0118	296.0941	1,480.47	76,984.46
			3	38.2703	306.1614	1,530.81	79,601.97
			4	39.5715	316.5712	1,582.86	82,308.51
			5	40.9168	327.3348	1,636.67	85,107.06
			6	42.1440	337.1517	1,685.76	87,659.44
Controller* Assistant Parks & Recreation Director*	E-4	35.00	1	47.1591	330.1137	1,650.57	85,829.57
			2	48.5740	340.0172	1,700.09	88,404.46
			3	50.0311	350.2177	1,751.09	91,056.60
			4	51.5320	360.7242	1,803.62	93,788.30
			5	53.0780	371.5459	1,857.73	96,601.94
			6	54.6703	382.6923	1,913.46	99,500.00
Assistant Director, WPCA* Senior Systems Engineer*	E-4A	40.00	1	41.2643	330.1137	1,650.57	85,829.57
			2	42.5023	340.0172	1,700.09	88,404.46
			3	43.7773	350.2177	1,751.09	91,056.60
			4	45.0905	360.7242	1,803.62	93,788.30
			5	46.4433	371.5459	1,857.73	96,601.94
			6	47.8365	382.6923	1,913.46	99,500.00
Senior Network Engineer <i>For reference only in 2016. Position was was approved by Town Council 6/6/2017</i>	E-5A	40.00	1	44.6923	357.5372	1,787.69	92,959.66
			2	46.2698	370.1575	1,850.79	96,240.96
			3	47.8858	383.0852	1,915.43	99,602.14
			4	49.5648	396.5189	1,982.59	103,094.91
			5	51.2823	410.2576	2,051.29	106,666.98
			6	53.1013	424.8097	2,124.05	110,450.51

July 1, 2022 - 2.25% INCREASE

* some positions will include a market adjustment in 2022-2023 beyond the GWI

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JOB TITLES	GRADE/ RANK OR	HOURS PER	STEP/L	EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
	PAYBAND	PERIOD						
Economic Development Coordinator	E-5C	35	1		56.4794	395.3561	1,976.78	102,792.58
			2		58.4494	409.1465	2,045.73	106,378.08
			3		60.5009	423.5061	2,117.53	110,111.58
			4		62.6203	438.3428	2,191.71	113,969.14
			5		64.7943	453.5599	2,267.80	117,925.57
			6		66.7383	467.1688	2,335.84	121,463.90
Help Desk Coordinator*	N-6A	40.00	1		22.5990	180.7920	903.96	47,005.92
			2		23.3627	186.9020	934.51	48,594.52
			3		24.1386	193.1080	965.54	50,208.08
			4		24.9147	199.3180	996.59	51,822.68
			5		25.7400	205.9200	1,029.60	53,539.20
			6		26.5774	212.6200	1,063.10	55,281.20
Assistant Collector of Revenue	N-7	35.00	1		33.2377	232.6640	1,163.32	60,492.64
Senior Engineering Technician			2		34.4233	240.9640	1,204.82	62,650.64
Property Maintenance Coordinator/ZEO			3		35.6339	249.4380	1,247.19	64,853.88
Planning Specialist/ZEO			4		36.8816	258.1720	1,290.86	67,124.72
			5		38.1659	267.1620	1,335.81	69,462.12
			6		39.3109	275.1760	1,375.88	71,545.76
Deputy Assessor*	N-7A	35.00	1		36.9689	258.7820	1,293.91	67,283.32
			2		38.0780	266.5460	1,332.73	69,301.96
			3		39.2203	274.5420	1,372.71	71,380.92
			4		40.3969	282.7780	1,413.89	73,522.28
			5		41.6071	291.2500	1,456.25	75,725.00
			6		42.8571	300.0000	1,500.00	78,000.00

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/L EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Social Worker	E-2	35.00	1	35.9937	251.9559	1,259.78	65,508.54
			2	37.2566	260.7968	1,303.98	67,807.16
			3	38.5574	269.9010	1,349.51	70,174.27
			4	39.9211	279.4487	1,397.24	72,656.67
			5	41.3357	289.3500	1,446.75	75,230.99
			6	42.5760	298.0314	1,490.16	77,488.16
P&R Supervisor	E-2A	35.00	1	37.8009	264.6053	1,323.03	68,797.37
			2	38.9349	272.5435	1,362.72	70,861.30
			3	40.1029	280.7197	1,403.60	72,987.12
			4	41.3060	289.1413	1,445.71	75,176.74
			5	42.5434	297.8038	1,489.02	77,428.98
			6	43.8214	306.7500	1,533.75	79,755.00
Civil Engineer Surveyor	E-3	35.00	1	41.0957	287.6704	1,438.35	74,794.31
			2	42.5231	297.6617	1,488.31	77,392.05
			3	44.0511	308.3576	1,541.79	80,172.98
			4	45.5920	319.1436	1,595.72	82,977.34
			5	47.1834	330.2830	1,651.42	85,873.58
			6	48.5989	340.1912	1,700.96	88,449.70
Systems Analyst	E-3A	40.00	1	36.6000	292.8007	1,464.00	76,128.18
			2	37.8445	302.7562	1,513.78	78,716.61
			3	39.1313	313.0500	1,565.25	81,393.01
			4	40.4618	323.6940	1,618.47	84,160.45
			5	41.8375	334.6999	1,673.50	87,021.97
			6	43.0923	344.7376	1,723.69	89,631.78

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/L EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Controller	E-4	35.00	1	48.2203	337.5413	1,687.71	87,760.74
Assistant Parks & Recreation Director			2	49.6669	347.6675	1,738.34	90,393.56
			3	51.1569	358.0976	1,790.49	93,105.37
			4	52.6914	368.8405	1,844.20	95,898.54
			5	54.2723	379.9057	1,899.53	98,775.48
			6	55.9003	391.3029	1,956.51	101,738.75
Assistant Director, WPCA	E-4A	40.00	1	42.1928	337.5413	1,687.71	87,760.74
Senior Systems Engineer			2	43.4585	347.6675	1,738.34	90,393.56
			3	44.7623	358.0976	1,790.49	93,105.37
			4	46.1050	368.8405	1,844.20	95,898.54
			5	47.4883	379.9057	1,899.53	98,775.48
			6	48.9128	391.3029	1,956.51	101,738.75
Senior Network Engineer	E-5A	40.00	1	45.6978	365.5817	1,827.91	95,051.25
			2	47.3108	378.4861	1,892.43	98,406.38
			3	48.963	391.7046	1,958.52	101,843.19
			4	50.68	405.4406	2,027.20	105,414.55
			5	52.436	419.4884	2,097.44	109,066.99
			6	54.296	434.3679	2,171.84	112,935.65
Economic Development Coordinator	E-5C	35	1	57.7503	404.2516	2,021.26	105,105.41
			2	59.7646	418.3523	2,091.76	108,771.59
			3	61.8620	433.0350	2,165.17	112,589.09
			4	64.0294	448.2056	2,241.03	116,533.45
			5	66.2523	463.7650	2,318.83	120,578.90
			6	68.2400	477.6802	2,388.40	124,196.84

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/L EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Help Desk Coordinator	N-6A	40.00	1	23.1075	184.8600	924.30	48,063.60
			2	23.8884	191.1080	955.54	49,688.08
			3	24.6817	197.4540	987.27	51,338.04
			4	25.4753	203.8020	1,019.01	52,988.52
			5	26.3192	210.5540	1,052.77	54,744.04
			6	27.1754	217.4040	1,087.02	56,525.04
Assistant Collector of Revenue	N-7	35.00	1	33.9855	237.8980	1,189.49	61,853.48
Senior Engineering Technician			2	35.1978	246.3840	1,231.92	64,059.84
Property Maintenance Coordinator/ZEO			3	36.4357	255.0500	1,275.25	66,313.00
Planning Specialist/ZEO			4	37.7114	263.9800	1,319.90	68,634.80
			5	39.0246	273.1720	1,365.86	71,024.72
			6	40.1954	281.3680	1,406.84	73,155.68
Deputy Assessor	N-7A	35.00	1	37.8007	264.6040	1,323.02	68,797.04
			2	38.9348	272.5440	1,362.72	70,861.44
			3	40.1028	280.7200	1,403.60	72,987.20
			4	41.3058	289.1400	1,445.70	75,176.40
			5	42.5433	297.8040	1,489.02	77,429.04
			6	43.8214	306.7500	1,533.75	79,755.00

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/L EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Social Worker	E-2	35.00	1	36.8034	257.6249	1,288.12	66,982.48
			2	38.0949	266.6647	1,333.32	69,332.82
			3	39.4249	275.9738	1,379.87	71,753.19
			4	40.8194	285.7363	1,428.68	74,291.45
			5	42.2657	295.8603	1,479.30	76,923.69
			6	43.5340	304.7371	1,523.69	79,231.64
P&R Supervisor	E-2A	35.00	1	38.6511	270.5589	1,352.79	70,345.31
			2	39.8109	278.6757	1,393.38	72,455.68
			3	41.0051	287.0359	1,435.18	74,629.33
			4	42.2351	295.6470	1,478.23	76,868.22
			5	43.5006	304.5043	1,522.52	79,171.13
			6	44.8074	313.6519	1,568.26	81,549.49
Civil Engineer Surveyor	E-3	35.00	1	42.0206	294.1430	1,470.72	76,477.18
			2	43.4800	304.3591	1,521.80	79,133.37
			3	45.0423	315.2957	1,576.48	81,976.87
			4	46.6177	326.3243	1,631.62	84,844.33
			5	48.2449	337.7144	1,688.57	87,805.74
			6	49.6923	347.8455	1,739.23	90,439.82
Systems Analyst	E-3A	40.00	1	37.4235	299.3887	1,496.94	77,841.06
			2	38.6960	309.5682	1,547.84	80,487.73
			3	40.0118	320.0937	1,600.47	83,224.35
			4	41.3723	330.9772	1,654.89	86,054.06
			5	42.7788	342.2306	1,711.15	88,979.96
			6	44.0618	352.4942	1,762.47	91,648.50

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/L EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Controller	E-4	35.00	1	49.3051	345.1360	1,725.68	89,735.36
Assistant Parks & Recreation Director			2	50.7843	355.4901	1,777.45	92,427.42
			3	52.3077	366.1548	1,830.77	95,200.24
			4	53.8771	377.1395	1,885.70	98,056.26
			5	55.4934	388.4536	1,942.27	100,997.93
			6	57.1583	400.1072	2,000.54	104,027.87
Assistant Director, WPCA	E-4A	40.00	1	43.1420	345.136	1,725.68	89,735.36
Senior Systems Engineer			2	44.4363	355.4901	1,777.45	92,427.42
			3	45.7693	366.1548	1,830.77	95,200.24
			4	47.1425	377.1395	1,885.70	98,056.26
			5	48.5568	388.4536	1,942.27	100,997.93
			6	50.0135	400.1072	2,000.54	104,027.87
Senior Network Engineer	E-5A	40.00	1	46.7260	373.8073	1,869.04	97,189.90
			2	48.3753	387.0020	1,935.01	100,620.52
			3	50.0648	400.5179	2,002.59	104,134.66
			4	51.8205	414.5630	2,072.82	107,786.38
			5	53.6158	428.9269	2,144.63	111,521.00
			6	55.5178	444.1412	2,220.71	115,476.70
Economic Development Coordinator	E-5C	35	1	59.0497	413.3472	2,066.74	107,470.28
			2	61.1094	427.7652	2,138.83	111,218.95
			3	63.2540	442.7782	2,213.89	115,122.34
			4	65.4700	458.2902	2,291.45	119,155.45
			5	67.7429	474.1997	2,371.00	123,291.93
			6	69.7754	488.4280	2,442.14	126,991.27

JOB TITLES	GRADE/ RANK OR PAYBAND	HOURS PER PERIOD	STEP/L EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Help Desk Coordinator	N-6A	40.00	1	23.6274	189.02	945.10	49,145.20
			2	24.4259	195.408	977.04	50,806.08
			3	25.237	201.896	1,009.48	52,492.96
			4	26.0485	208.388	1,041.94	54,180.88
			5	26.9114	215.292	1,076.46	55,975.92
			6	27.7868	222.294	1,111.47	57,796.44
Assistant Collector of Revenue	N-7	35.00	1	34.7502	243.252	1,216.26	63,245.52
Senior Engineering Technician			2	35.9898	251.928	1,259.64	65,501.28
Property Maintenance Coordinator/ZEO			3	37.2555	260.788	1,303.94	67,804.88
Planning Specialist/ZEO			4	38.5599	269.92	1,349.60	70,179.20
			5	39.9027	279.318	1,396.59	72,622.68
			6	41.0998	287.698	1,438.49	74,801.48
Deputy Assessor	N-7A	35.00	1	38.6512	270.558	1,352.79	70,345.08
			2	39.8108	278.676	1,393.38	72,455.76
			3	41.0051	287.036	1,435.18	74,629.36
			4	42.2352	295.646	1,478.23	76,867.96
			5	43.5005	304.504	1,522.52	79,171.04
			6	44.8074	313.652	1,568.26	81,549.52

MEMORANDUM OF AGREEMENT

The Town of Vernon (herby the "Town") and and Local 818 of Council 4, AFSCME, AFL-CIO ("Union"), have come to the following agreement regarding the successor collective bargaining agreement:

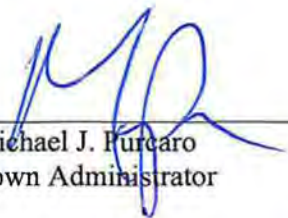
In year one (July 1, 2022 – June 30, 2023), of the contract dated July 1, 2022 to June 30, 2025, the Town will pay a one-time, five hundred dollar (\$500.00) signing bonus to each member of the Unit employed at the time of contract execution. There will be no such payments in years two or three. This clause sunsets at the conclusion of said contract, and will not carry over to any successor agreements.

With regard to salaries, some of the positions¹ within the bargaining unit will receive a "market adjustment." As a result of this one-time market adjustment, some bargaining unit members will, in the first year of the instant collective bargaining agreement, will receive a salary increase that exceeds 2.25 percent.

The Union acknowledges and understands that the terms of this side letter will at no time be claimed in violation of the terms of the applicable collective bargaining agreement between the Parties.

Position	% Increase
ASSISTANT DIRECTOR WPCA	4.11%
FINANCE CONTROLLER	4.10%
SR ENGR TECHN/WTLND OFFCR	2.25%
DEPUTY ASSESSOR	5.07%
ASSISTANT DIRECTOR P/R	2.52%
SENIOR SYSTEMS ENGINEER	4.11%
SOCIAL WORKER	2.25%
ZONING ENFRCMNT OFFICER	2.25%
SYSTEMS ANALYST	4.00%
SYSTEMS ANALYST	4.00%
HELP DESK COORDINATOR<2016	2.64%
SYSTEMS ANALYST	4.00%
SOCIAL WORKER	2.25%
P&R RECREATION SUPERVISOR	5.24%
HELP DESK COORDINATOR	3.09%
HELP DESK COORDINATOR	3.20%
HELP DESK COORDINATOR	10.73%
SENIOR SYSTEMS ENGINEER	4.11%
SURVEYOR>2016	9.48%
SENIOR SYSTEMS ENGINEER	5.08%
SENIOR SYSTEMS ENGINEER	4.11%
P&R RECREATION SUPERVISOR	11.17%
PLANNING SPECIALIST	2.25%
ASSISTANT COLLECTOR OF REVENUE	2.25%

¹The positions impacted are as follows: Park & Recreation Supervisor, Systems Analyst, Controller Assistant Parks & Recreation Director, Assistant Director of WPCA, Senior Systems Engineer, Help Desk Coordinator, and Deputy Assessor. See spreadsheet as an estimate for reference purposes only.



Michael J. Purcuro
Town Administrator

Date



Jeremy Whetzel
President
Local 818 Professionals

7-22-2022
Date

Last Name	First Name	Job Class Code Long Description	Location Code Long Description	Rank	Level	Hourly Rate	Annual Rate	Year 1		
BOSKE	STEVEN	ASSISTANT DIRECTOR WPCA<98	WATER TREATMENT PLANT ADMIN.	E-4A	8	45.9485	95,572.63	99,500.00	MKT/STEP	
ZITKUS	FRANK	FINANCE CONTROLLER<2009	FINANCE ADMINISTRATION	E-4	8	52.5177	95,582.39	99,500.00	MKT/STEP	
PERRY	CRAIG	SR ENGR TECHN/WTLND OFFCR<2016	ENGINEERING	N-7	8	38.4459	69,971.72	71,545.76	GW/STEP	39.3109/HR
CLARKE	CHRISTINE	DEPUTY ASSESSOR>2000	ASSESSMENT	N-7/N-7A	8	38.4459	69,971.72	73,522.28	MKT/STEP	40.3969/HR
WATT	AMY	ASSISTANT DIRECTOR P/R	RECREATION ADMINISTRATION	E-4	4	45.9991	83,718.60	85,829.57	MKT/STEP	
MASELEK	RICHARD	SENIOR SYSTEMS ENGINEER<2009	DATA PROCESSING	E-4A	8	45.9485	95,572.63	99,500.00	MKT/STEP	
MCFATTER	CHRISTINE	SOCIAL WORKER<2010	SOCIAL SERVICES	E-2	8	40.7229	74,115.44	75,783.04	GW/STEP	
MARCHESE	ANDREW	ZONING ENFRCMNT OFFICER<2016	BUILDING INSPECTION	N-7	8	38.4459	59,975.76		GW/STEP	39.3109/HR
WANG	HONGJIE	SYSTEMS ANALYST	DATA PROCESSING	E-3A	8	40.5230	84,287.92	87,659.44	MKT/STEP	
JOHNSON	RYAN	SYSTEMS ANALYST	DATA PROCESSING	E-3A	3	34.4180	71,589.41	74,452.99	MKT/STEP	
HARNEY	MARY LOU	HELP DESK COORDINATOR<2016	DATA PROCESSING	N-6A	8	25.0774	52,161.20	53,539.20	MKT/STEP	25.74/HR
WHETZEL	JEREMY	SYSTEMS ANALYST	DATA PROCESSING	E-3A	8	40.5230	84,287.92	87,659.44	MKT/STEP	
TIRADO	YISENIA	SOCIAL WORKER>2010	SOCIAL SERVICES	E-2	8	40.7229	74,115.44	75,783.04	GW/STEP	
DURKEE	RICHARD	P&R RECREATION SUPERVISOR	RECREATION ADMINISTRATION	E-2/E-2A	8	40.7229	74,115.44	78,000.00	MKT	
MIERZWA	STEPHEN	HELP DESK COORDINATOR>2016	DATA PROCESSING	N-6A	6	23.4147	48,702.68	50,208.08	MKT/STEP	24.1386/HR
FLANIGAN	LAURENCE	HELP DESK COORDINATOR>2016	DATA PROCESSING	N-6A	5	22.6386	47,088.08	48,594.52	MKT/STEP	23.3627/HR
TEDONE	BARRY	HELP DESK COORDINATOR>2016	DATA PROCESSING	N-6A	2	20.4093	42,451.24	47,005.92	MKT/STEP	22.5990/HR
SWANSON	RANDY	SENIOR SYSTEMS ENGINEER>2016	DATA PROCESSING	E-4A	8	45.9485	95,572.63	99,500.00	MKT/STEP	
BOUCHER	JOSEPH	SURVEYOR>2016	ENGINEERING	E-3	1	36.7100	66,811.95	73,148.47	GW/STEP	
SELEZNEV	ANDREY	SENIOR SYSTEMS ENGINEER>2016	DATA PROCESSING	E-4A	5	41.6628	86,658.28	91,056.60	MKT/STEP	
NERI	JEFFREY	SENIOR SYSTEMS ENGINEER>2016	DATA PROCESSING	E-4A	7	44.6103	92,789.21	96,601.94	MKT/STEP	
LAWRENCE	JAMES	P&R RECREATION SUPERVISOR	RECREATION ADMINISTRATION	E-2/E-2A	2	33.2554	60,524.74	67,283.49	MKT/STEP	
		Planning Specialist								
		Assistant Collector of Revenue								