

AGREEMENT

Between

THE TOWN OF VERNON

and

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

July 1, 2019 - June 30, 2022

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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.

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 June 30 of the current fiscal 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.

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. An employee may not take vacation leave of less than one-half (1/2) his/her normal work day.

Section 8.1

Vacation Leave Carry Over: Employees may carry over a maximum number of 15 vacation days from one (1) anniversary year to the next.

Effective one (1) year from the date of signing this contract vacation leave carry over will be reduced from fifteen (15) days to ten (10) days. Carry over vacation has no cash value at the time of termination, retirement or death.

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 one-half (1/2) of one (1) working day.

Section 9.1

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

Section 9.2

The Town Administrator or designee may request a doctor's note with regard to any sick leave more than four (4) days in a row. An employee may use up to a maximum of four (4) days per year of accrued sick leave for illness for a member in his/her immediate family. Sick leave may be used for enforced quarantine in accordance with public health regulations. The employee shall report to their immediate supervisor or other designated person no later than one (1) hour after the beginning of his/her work assignment that 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. 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 three (3) steps: written warnings, suspension, and discharge. The parties, however, recognize that not all discipline can be progressive in nature and whether or not progressive discipline is to be followed by the Town depends upon the nature of the events for which discipline is being imposed.

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

ARTICLE XIII **JURY DUTY**

Section 13.0

Any regular employee shall be granted a leave of absence with pay for required jury duty. The employee shall continue to receive his/her regular pay, but shall submit to the Town any jury fees, except travel and/or meal allowance. The employee shall give to the 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, concertedly 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 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, 2019	13%
July 1, 2020	14%
July 1, 2021	15%

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

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
- Shaun Gately
- Hongjie Wang
- Amy Watt
- George McGregor
- Christopher Rusack

Section 18.2

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

Section 18.3

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

Section 18.4

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

Section 18.5

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

Section 18.6

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

Section 18.7

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

ARTICLE XIX **PENSION**

Section 19.0

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

Section 19.1

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

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

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

B. Article V, Section 1B

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

C. Article III, Section 3 F

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

D. Article VII, Section 3

Vested Benefits shall be as follows with no minimum age:

6 years of service	20.0%
7 years of service	40.0%
8 years of service	60.0%

9 years of service	80.0%
10 years of service	100.0%

- E. No employee hired prior to January 1, 2010 may participate in the Defined Compensation Plan set forth in Section 19.2.
- F. At any time, should employees in this bargaining unit subject to the Pension Plan represent less than a majority of the bargaining unit, such employees will be permitted to maintain their Pension Plan benefits as listed in this Article, throughout their employment with the Town of Vernon.

Section 19.2

- A. Employees who become members of the bargaining unit subsequent to January 1, 2010 are not eligible for the defined benefit pension plan set forth in Section 19.1. Such employees will be automatically enrolled in the Town's defined contribution plan (*The Town plans to administer the defined contribution plan through a 457(b) plan*), provided employees will have the option to opt-out of the plan. The Town will contribute 2% of the employee's base wages for all employees who elect to participate in such defined contribution plan. If an employee contributes 7.5% or more of his or her wages to such defined contribution plan, the Town will contribute an additional 2% for a total contribution of 4% of the employee's annual base wages to the plan. The Town will establish such defined contribution plan as soon as administratively possible.

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

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

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

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, 2019, bargaining unit members and bargaining unit positions will receive a one and point eight five percent (1.85%) increase to wages as of June 30th, 2019.
- B. Effective July 1, 2020 bargaining unit members and bargaining unit positions will receive a one and point eight five percent (1.85%) increase to wages as of June 30th, 2020.

- C. Effective July 1, 2021, bargaining unit members and bargaining unit positions will receive a one and point eight five percent (1.85%) increase to wages as of June 30th, 2021.

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, Town Planner. 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, 2019 to June 30, 2020	\$3,000
July 1, 2020 to June 30, 2021	\$3,000
July 1, 2021 to June 30, 2022	\$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, 2022**, 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 27th day of June, 2020 at Vernon, Connecticut.

For the Town of Vernon




Michael J. Rose
Attorney, Town of Vernon

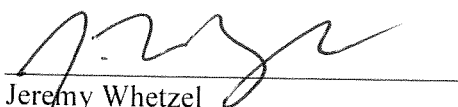


Michael J. Purcaro
Town Administrator

For the Union



Lisa McKinnon
AFSCME, Council 4



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:

Bruce Dinnie	249.25
Stephen Krajewski	387.00
David Gooch	255.00
Alan Slobodien	193.25
Frank Zitkus	263.00

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

David Bower	128.25
Oswaldo Ramos	140.50

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

	DOH	DOB	Daily Rate
David Bower (early)	03/27/95	03/20/54	228.96
Bruce Dinnie (early)	10/09/85	02/21/53	333.83
Stephen Krajewski (early)	07/06/77	06/14/55	295.47
David Gooch (early)	08/14/89	09/26/54	261.52
Alan Slobodien (early)	01/09/95	06/09/50	295.47

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

	DOH	DOB
Oswaldo Ramos	08/26/97	07/29/71
Frank Zitkus	08/01/89	04/24/64

Appendix B

PERFORMANCE REVIEW - EXEMPT PERSONNEL

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

	<u>Performance Evaluation (check one)</u>				
EVALUATION FACTORS:	<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)
<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 of 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)

EVALUATION FACTORS:	<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)
<u>MAJOR RESPONSIBILITIES</u> <u>VS. ACCOMPLISHMENTS</u>	_____	_____	_____	_____	_____
<u>JOB KNOWLEDGE</u> (Understanding Duties)	_____	_____	_____	_____	_____
<u>INITIATIVE</u> (Self-starting)	_____	_____	_____	_____	_____
<u>ACCURACY & NEATNESS</u> <u>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.



FlexPOS-CNT-HSA-2000I/4000F-99-Combined Open Access Contract Year Benefit Summary (A)

The individual deductible and out-of-pocket maximum applies if you have coverage only for yourself and not for any dependents. The family deductible and out-of-pocket maximum applies if you have coverage for yourself and one or more eligible dependents. In addition, if you have family coverage, any applicable copayments or coinsurance will not apply to services until the total deductible is met for the family, without regard to how much any one family member has met.

Your ConnectiCare health plan helps you get the care you need. Here are the most frequently used services. Refer to your certificate of coverage on connecticare.com for a complete list of benefits.

Personalized for: Town of Vernon - Union Employees

In-Network Preventive Services

These services are no cost to you when you use an **in-network** doctor or facility. Frequency is based on age and gender. For a complete list of preventive services and to find a doctor, refer to connecticare.com.

Getting care within ConnectiCare's network typically costs you less. You may also get care outside of our network; however, your share of the costs will be higher. Out-of-network doctors and facilities do not appear in the "Find a doctor directory on connecticare.com".

- **Physical**
- **Well woman visit and pap test**
- **More than 25 screenings, including mammograms and colonoscopies**
- **Flu shot**
- **Vaccinations**
- **Certain birth control and other prevention medications**

	In-network member pays	Out-of-network member pays
Your deductible Deductible is combined for medical services and prescription drugs Deductible is combined for in and out-of-network	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family
Your out-of-pocket maximum Includes a combination of deductible, copayments and coinsurance for medical and pharmacy services	\$2,500 Individual \$5,000 Family	\$4,000 Individual \$8,000 Family
Out-of-network reimbursement	Not applicable	Plan will reimburse the coinsurance percentage of the maximum allowable amount
After you have spent the out-of-pocket maximum amount in deductibles, copayments and coinsurance, ConnectiCare will pay 100% of your covered health care expenses for the remainder of the year.		
Screenings	In-network member pays	Out-of-network member pays
Baseline routine mammography	No charge	20% coinsurance after plan deductible
Routine mammography	No charge	20% coinsurance after plan deductible

Appendix C

Screenings	In-network member pays	Out-of-network member pays
Breast ultrasound	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Annual routine vision exam one exam per year	No charge	20% coinsurance after plan deductible
Allergy testing Unlimited	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Hearing Screenings one exam every 24 months	No charge	20% coinsurance after plan deductible
Ongoing Care and Sick Visits	In-network member pays	Out-of-network member pays
Primary care services	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Specialist services	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Gynecologist services	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Maternity and prenatal care visits May not apply to all laboratory and radiology services - refer to your plan documents	No charge	20% coinsurance after plan deductible
Allergy injections Unlimited	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Telemedicine visit	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Retail clinic	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Nutritional Counseling Limit 3 visits per year	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Infertility Infertility benefits outlined in the Certificate of Coverage are unlimited, with no age or cycles restrictions	0% coinsurance (Office visit) after plan deductible 0% coinsurance (Ambulatory Services Outpatient) after plan deductible 0% coinsurance (Inpatient Hospital) after plan deductible	20% coinsurance after plan deductible
Lab and Radiology Performed in a hospital, lab or radiology facility	In-network member pays	Out-of-network member pays
Laboratory services	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Non-advanced radiology X-ray, diagnostic	0% coinsurance after plan deductible	20% coinsurance after plan deductible

Appendix C

Lab and Radiology Performed in a hospital, lab or radiology facility	In-network member pays	Out-of-network member pays
Advanced radiology Hospital facility MRI, PET and CAT scan and nuclear cardiology	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Advanced radiology Stand-alone facility MRI, PET and CAT scan and nuclear cardiology	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Sudden and Unexpected Care	In-network member pays	Out-of-network member pays
Urgent care or other walk-in clinic	0% coinsurance after plan deductible	Same as In-network benefit
Emergency room	0% coinsurance after plan deductible	Same as In-network benefit
Ambulance	0% coinsurance after plan deductible	Same as In-network benefit
Inpatient Hospital Services	In-network member pays	Out-of-network member pays
Inpatient hospital services, including room and board	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Skilled nursing and rehabilitation facilities up to 120 days per year	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Outpatient Hospital Services and Home Care	In-network member pays	Out-of-network member pays
Hospital outpatient facilities	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Ambulatory surgical center	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Home health services up to 200 visits per year	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Outpatient Rehabilitative Services	In-network member pays	Out-of-network member pays
Rehabilitative services Unlimited (includes services combined for physical, speech and occupational therapy and chiropractic services)	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Mental Health and Substance Abuse	In-network member pays	Out-of-network member pays
Inpatient mental health services	0% coinsurance after plan deductible	20% coinsurance after plan deductible

Appendix C

Mental Health and Substance Abuse	In-network member pays	Out-of-network member pays
Inpatient alcohol and substance abuse treatment	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Outpatient mental health, alcohol and substance abuse treatment office visits and home services	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Outpatient mental health, alcohol and substance abuse treatment intensive outpatient treatment and partial hospitalization	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Supplies	In-network member pays	Out-of-network member pays
Durable medical equipment including prosthetics and disposable medical supplies Includes wigs prescribed by an oncologist for a member suffering hair loss as a result of chemotherapy or radiation therapy up to one wig per year	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Artificial Limbs includes associated supplies and equipment	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Diabetic equipment and supplies	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Modified food products and specialized formula pharmacy tier	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Important Information		
<ul style="list-style-type: none"> • This is a brief summary of benefits. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for complete details on benefits, conditions, limitations and exclusions, or consult with your benefits manager. All benefits described are per member per Contract year. • If you have questions regarding your plan, visit our website at www.connecticare.com or call us at (860) 674-5757 or 1-800-251-7722. • Out-of-Network reimbursement is based on the maximum allowable amount. Members are responsible to pay any charges in excess of this amount. Please refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information. • If you are a Massachusetts resident, please refer to your <i>amendatory rider for Massachusetts mandated benefits</i> for additional details of your benefits. • If you are a Massachusetts resident, this plan along with pharmacy services meets Massachusetts Minimum Creditable Coverage standards for 2019. 		

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

This is a brief summary of your prescription drug benefits. Refer to your prescription drug rider for complete details on benefits, conditions, limitations and exclusions, or consult with your benefits manager. All benefits described below are per member per Contract year.

Personalized for: Town of Vernon - Union Employees

Covered prescription drugs through retail Participating Pharmacies or our mail order service. Your Plan includes the following: Mandatory Drug Substitution, Tiered Cost-Share Program, and Voluntary Mail Order Program.		
	In-network member pays	Out-of-network member pays
Your deductible (Deductible is combined for medical services and prescription drugs) (Deductible is combined for In and out-of-network)	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family
Your out-of-pocket maximum (Includes a combination of deductible, copayments and coinsurance for medical and pharmacy services)	\$2,500 Individual \$5,000 Family	\$4,000 Individual \$8,000 Family
Retail Pharmacy (up to a 34 day supply per prescription)	In-network member pays	Out-of-network member pays
Generic drugs (Tier 1)	\$5 copayment/prescription after plan deductible	20% coinsurance after plan deductible
Preferred brand drugs (Tier 2)	\$15 copayment/prescription after plan deductible	20% coinsurance after plan deductible
Non-preferred brand drugs (Tier 3)	\$35 copayment/prescription after plan deductible	20% coinsurance after plan deductible
Mail Order Pharmacy (up to a 100 day supply per prescription)	In-network member pays	Out-of-network member pays
Generic drugs (Tier 1)	\$10 copayment/prescription after plan deductible	Not covered
Preferred brand drugs (Tier 2)	\$30 copayment/prescription after plan deductible	Not covered
Non-preferred brand drugs (Tier 3)	\$70 copayment/prescription after plan deductible	Not covered

Additional Information

- Under this program covered prescription drugs and supplies are put into categories (i.e., tiers) to designate how they are to be covered and the member's cost-share. The placement of a drug or supply into one of the tiers is determined by the ConnectiCare Pharmacy Services Department and approved by the ConnectiCare Pharmacy & Therapeutics Committee based on the drug's or supply's clinical effectiveness and cost, not on whether it is a generic drug or supply or brand name drug or supply.
- Amounts paid by members because they must pay a price difference for a brand name drug do not count towards meeting any deductible, coinsurance, copayment, or cost share maximum.
- Most Specialty drugs are dispensed through specialty pharmacies by mail, up to 30 day supply. Specialty pharmacies have the same member cost share as all other participating pharmacies and are not part of ConnectiCare's voluntary mail order program. The member cost share for specialty pharmacy is different from the cost share for ConnectiCare's mail order program.
- If you are a Massachusetts resident, please refer to your amendatory rider for Massachusetts mandated benefits for additional details of your benefits.

ConnectiCare : FlexPOS-CNT-HSA-2000I/4000F-99-Combined

Coverage for: Individual + Family | Plan Type: POS



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, www.connecticare.com or call 1-800-251-7722. 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 1-800-251-7722 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	In-Network: \$2,000 individual / \$4,000 family. Doesn't apply to preventive care. Out-of-Network: \$2,000 individual / \$4,000 family	Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes. Preventive care is covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	There are no other specific deductibles .	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
What is the <u>out-of-pocket limit</u> for this plan?	Yes. For participating providers \$2,500 individual / \$5,000 family. For non-participating providers \$4,000 individual / \$8,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , the overall family out-of-pocket limit must be met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a participating <u>provider</u> ?	Yes. See www.ConnectiCare.com or call 1-800-251-7722 for a list of participating providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network. You will pay the most if you use a non-participating provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing).
Do I need a referral to see a <u>specialist</u> ?	No	You can see the specialist you choose without a referral .



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
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance after plan deductible	20% coinsurance after plan deductible	None
	Specialist visit	0% coinsurance after plan deductible	20% coinsurance after plan deductible	
	Preventive care / screening / immunization	No charge	20% coinsurance after plan deductible	
If you have a test	Diagnostic test (x-ray, blood work)	Xray: 0% coinsurance after plan deductible, Lab: 0% coinsurance after plan deductible	20% coinsurance after plan deductible	Preauthorization is required for certain services (ie: genetic testing)
	Imaging (CT / PET scans, MRIs)	0% coinsurance after plan deductible	20% coinsurance after plan deductible	Preauthorization is required. If you don't get preauthorization, you may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at www.ConnectiCare.com</p>	Generic drugs (Tier 1)	\$5 copayment/prescription after plan deductible (retail); \$10 copayment/prescription after plan deductible (mail order)	20% coinsurance after plan deductible (retail); Not covered (mail order)	<p>Certain drugs will require <u>preauthorization</u></p> <p>Covers up to 34 day supply per prescription (retail); 100 day supply per prescription (mail order)</p> <p>Specialty Drugs are available from specialty retail pharmacies only and cover up to a 30-day supply limit.</p>
	Preferred brand drugs (Tier 2)	\$15 copayment/prescription after plan deductible (retail); \$30 copayment/prescription after plan deductible (mail order)	20% coinsurance after plan deductible (retail); Not covered (mail order)	
	Non-preferred brand drugs (Tier 3)	\$35 copayment/prescription after plan deductible (retail); \$70 copayment/prescription after plan deductible (mail order)	20% coinsurance after plan deductible (retail); Not covered (mail order)	
	<u>Specialty drugs</u> (Tier 4)	Varies based on above drug categories	20% coinsurance after plan deductible (specialty retail only); Not covered (mail order)	
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	0% coinsurance after plan deductible	20% coinsurance after plan deductible	<p><u>Preauthorization</u> is required. If you don't get <u>preauthorization</u>, you may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%.</p>
	Physician/surgeon fees	0% coinsurance after plan deductible	20% coinsurance after plan deductible	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	0% coinsurance after plan deductible	Same as In-network benefit	
	<u>Emergency medical transportation</u>	0% coinsurance after plan deductible	Same as In-network benefit	None
	<u>Urgent care</u>	0% coinsurance after plan deductible	Same as In-network benefit	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance after plan deductible	20% coinsurance after plan deductible	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , you may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%.
	Physician/surgeon fee	0% coinsurance after plan deductible	20% coinsurance after plan deductible	None
If you have mental health, behavioral health, or substance abuse needs	Outpatient services	0% coinsurance after plan deductible	20% coinsurance after plan deductible	None
	Inpatient services	0% coinsurance after plan deductible	20% coinsurance after plan deductible	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , you may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you become pregnant	Office visits	No charge for prenatal and postnatal care	20% coinsurance after plan deductible	Cost sharing does not apply to certain preventive services. Depending on the type of services, <u>coinsurance</u> or <u>copayments</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional	0% coinsurance after plan deductible	20% coinsurance after plan deductible	
	Childbirth/delivery facility services	0% coinsurance after plan deductible	20% coinsurance after plan deductible	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		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>	0% coinsurance after plan deductible	20% coinsurance after plan deductible	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , you may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%. up to 200 visits per year
	<u>Rehabilitation services</u>	0% coinsurance after plan deductible	20% coinsurance after plan deductible	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , you may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%. Unlimited (includes services combined for physical, speech and occupational therapy and chiropractic services)
	<u>Habilitation services</u>	Not covered	Not covered	Not covered
	<u>Skilled nursing care</u>	0% coinsurance after plan deductible	20% coinsurance after plan deductible	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , you may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%. up to 120 days per year
	<u>Durable medical equipment</u>	0% coinsurance after plan deductible	20% coinsurance after plan deductible	<u>Preauthorization</u> is required. If you don't get <u>preauthorization</u> , you may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%. Includes wigs prescribed by an

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Hospice service	Applicable inpatient hospital facility or home health care cost share	Applicable inpatient hospital facility or home health care cost share	oncologist for a member suffering hair loss as a result of chemotherapy or radiation therapy up to one wig per year Preauthorization is required. If you don't get preauthorization, you may be responsible for the total cost of the service or benefits may be reduced by the lesser of \$500 or 50%.
	Children's eye exam	No charge	20% coinsurance after plan deductible	one exam per year
	Children's glasses	25% Discount	Not covered	25% Discount
	Children's dental check-up	Not Applicable	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic Surgery
- Dental Care (Adult)
- Habilitation Services
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs (discounted rate)

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture coverage
- Infertility treatment
- Chiropractic care
- Hearing aids (may be covered with limitations)
- Routine hearing tests
- Routine eye care
- Bariatric surgery

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: U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 X61565 or www.ccoio.cms.gov or the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa. 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. For more information on your rights to continue coverage, you may also contact the plan at 1-800-251-7722.

Your Grievance 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 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:

ConnectiCare Member Appeals: PO Box 4061, Farmington, CT 06034-4061 or 1-800-251-7722

Connecticut Residents: CT State Department of Insurance at 1-800-203-3447 or www.ct.gov/cid/site/default.asp

Massachusetts Residents: MA Division of Insurance at 1-877-563-4467 or www.mass.gov/ocabr/government/oca-agencies/dol-ip

Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform

Does this Coverage Provide Minimum Essential Coverage? Yes.

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard? Yes.

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 1-800-833-8134).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 1-800-833-8134).

_____To see examples of how this plan might cover costs for a sample medical situation, see the next page._____

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 \$12,800

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$20
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,080

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 \$7,400

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles*	\$2,000
Copayments	\$400
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$2,460

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 \$1,900

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles*	\$1,900
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-800-390-3522.

*Note: This plan may have other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

Accessibility and Nondiscrimination Notice

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ConnectiCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ConnectiCare:

- Provides free aids and services to people with disabilities to communicate effectively with us including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The Committee for Civil Rights, ConnectiCare, 175 Scott Swamp Road, Farmington, CT 06032, 1-800-251-7722, and TTY number 1-800-833-8134. You can file a grievance in person at 175 Scott Swamp Road, Farmington, CT, or by mail, or fax (860) 674-2232. If you need help filing a grievance, The Committee for Civil Rights is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

Language Access Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 1-800-833-8134).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 1-800-833-8134).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 1-800-833-8134).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-251-7722 (TTY: 1-800-833-8134)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 1-800-833-8134).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 1-800-833-8134).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 1-800-833-8134).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 1-800-833-8134).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-251-7722 (TTY: 1-800-833-8134).

معلومات المساعدة اللغوية متوفرة بالأمم المتحدة. إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم
주요: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 1-800-833-8134)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-224-2273 (TTY: 1-800-842-9710).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-224-2273 (TTY: 1-800-842-9710) पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-224-2273 (TTY: 1-800-842-9710).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-224-2273 (TTY: 1-800-842-9710).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ជាយើងផ្តល់ឱ្យអ្នក គឺអាចមានសំរាប់ប្តីអ្នក។ ចូរ ទូរស័ព្ទ 1-800-224-2273 (TTY: 1-800-842-9710)

சூचना: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-224-2273 (TTY: 1-800-842-9710).



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.

APPENDIX D - WAGE TABLES, PROFESSIONALS

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July 1, 2019 - 1.85% INCREASE

GRADE/

RANK OR HOURS PER STEP/L

PAYBAND PERIOD

EVEL

HOURLY RATE

DAILY RATE

PERIOD SALARY

ANNUAL SALARY

JOB TITLES

Social Worker Recreation Supervisor	E-2	35.00	1	30.9983	216.9887	1,084.94	56,417.06
			2	32.0583	224.4076	1,122.04	58,345.97
			3	33.1877	232.3143	1,161.57	60,401.71
			4	34.3523	240.4659	1,202.33	62,521.13
			5	35.5514	248.8604	1,244.30	64,703.71
			6	36.8091	257.6638	1,288.32	66,992.60
			7	38.1134	266.7932	1,333.97	69,366.22
			8	39.2569	274.7978	1,373.99	71,447.43
Civil Engineer Surveyor	E-3	35.00	1	35.3883	247.7187	1,238.59	64,406.85
			2	36.6111	256.2772	1,281.39	66,632.06
			3	37.8920	265.2446	1,326.22	68,963.59
			4	39.2080	274.4570	1,372.28	71,358.82
			5	40.6171	284.3191	1,421.60	73,922.96
			6	42.0377	294.2642	1,471.32	76,508.69
			7	43.5051	304.5352	1,522.68	79,179.16
			8	44.8100	313.6709	1,568.35	81,554.44

GRADE/ RANK OR PAYBAND								
JOB TITLES	HOURS PER PERIOD	STEP/ EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY		
Systems Analyst	E-3A	40.00	1	31.0328	248.2618	1241.31	64,548.08	
			2	32.0883	256.7053	1283.53	66,743.37	
			3	33.1790	265.4320	1327.16	69,012.33	
			4	34.3070	274.4570	1372.28	71,358.82	
			5	35.4735	283.7887	1418.94	73,785.06	
			6	36.6798	293.4377	1467.19	76,293.81	
			7	37.9268	303.4148	1517.07	78,887.86	
			8	39.0643	312.5143	1562.57	81,253.73	
Controller Assistant Director of Parks & Recreation	E-4	35.00	1	39.9766	279.8353	1,399.18	72,757.18	
			2	41.4089	289.8614	1,449.31	75,363.97	
			3	42.8294	299.8066	1,499.03	77,949.71	
			4	44.3434	310.4035	1,552.02	80,704.90	
			5	45.8689	321.0813	1,605.41	83,481.14	
			6	47.4877	332.4131	1,662.07	86,427.40	
			7	49.1526	344.0687	1,720.34	89,457.85	
			8	50.6271	354.3908	1,771.95	92,141.61	
Assistant Director, WPCA Senior Systems Engineer	E-4A	40.00	1	35.0045	280.0355	1,400.18	72,809.24	
			2	36.2153	289.7229	1,448.61	75,327.96	
			3	37.4845	299.8768	1,499.38	77,967.98	
			4	38.7888	310.3097	1,551.55	80,680.53	
			5	40.1628	321.3029	1,606.51	83,538.75	
			6	41.5605	332.4833	1,662.42	86,445.67	
			7	43.0043	344.0345	1,720.17	89,448.98	
			8	44.2943	354.3546	1,771.77	92,132.20	

GRADE/ RANK OR PAYBAND								
JOB TITLES	HOURS PER PERIOD	STEP/ EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY		
Town Planner	E-5	35.00	1	45.1934	316.3548	1,581.77	82,252.24	
			2	46.7654	327.3585	1,636.79	85,113.21	
			3	48.4074	338.8522	1,694.26	88,101.57	
			4	50.0960	350.6717	1,753.36	91,174.65	
			5	51.8543	362.9791	1,814.90	94,374.57	
			6	53.6709	375.6954	1,878.48	97,680.80	
			7	55.5340	388.7376	1,943.69	101,071.77	
			8	57.2003	400.4016	2,002.01	104,104.42	
Senior Network Engineer	E-5A	40.00	1	39.3528	314.8212	1,574.11	81,853.50	
			2	40.7320	325.8568	1,629.28	84,722.78	
			3	42.1353	337.0822	1,685.41	87,641.36	
			4	43.6225	348.9805	1,744.90	90,734.94	
			5	45.1460	361.1686	1,805.84	93,903.83	
			6	46.7293	373.8337	1,869.17	97,196.77	
			7	48.3483	386.7865	1,933.93	100,564.48	
			8	50.0633	400.5060	2,002.53	104,131.56	
Economic Development Coordinator	E-5C	35.00	1	49.7129	347.9903	1,739.95	90,477.47	
			2	51.4420	360.0944	1,800.47	93,624.54	
			3	53.2483	372.7374	1,863.69	96,911.73	
			4	55.1054	385.7389	1,928.69	100,292.11	
			5	57.0394	399.2770	1,996.38	103,812.02	
			6	59.0377	413.2649	2,066.32	107,448.88	
			7	61.0874	427.6114	2,138.06	111,178.96	
			8	62.9203	440.4418	2,202.21	114,514.86	

July 1, 2019 - 1.85% INCREASE

Non-exempt hourly. Annual salary is based upon either 35 or 40 hours per week, and is not a guaranteed wage.

GRADE/ RANK OR HOURS PER STEP/L									
JOB TITLES	PAYBAND	PERIOD	EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY		
Youth Counselor	N-6	35.00	1	24.8267	173.7860	868.93	45,184.36		
			2	25.7002	179.9020	899.51	46,774.52		
			3	26.6083	186.2580	931.29	48,427.08		
			4	27.5283	192.6980	963.49	50,101.48		
			5	28.4833	199.3840	996.92	51,839.84		
			6	29.4963	206.4740	1,032.37	53,683.24		
			7	30.5326	213.7280	1,068.64	55,569.28		
			8	31.4486	220.1400	1,100.70	57,236.40		
Help Desk Coordinator	N-6A	40.00	1	18.9979	151.9840	759.92	39,515.84		
			2	19.6746	157.3960	786.98	40,922.96		
			3	20.3395	162.7160	813.58	42,306.16		
			4	21.0757	168.6060	843.03	43,837.56		
			5	21.8237	174.5900	872.95	45,393.40		
			6	22.5718	180.5740	902.87	46,949.24		
			7	23.3674	186.9400	934.70	48,604.40		
			8	24.1747	193.3980	966.99	50,283.48		
Deputy Assessor Senior Engineering Technician Zoning Enforcement Officer Assistant Collector of Revenue	N-7	35.00	1	29.2752	204.9260	1,024.63	53,280.76		
			2	30.3116	212.1820	1,060.91	55,167.32		
			3	31.3362	219.3540	1,096.77	57,032.04		
			4	32.4539	227.1780	1,135.89	59,066.28		
			5	33.5953	235.1680	1,175.84	61,143.68		
			6	34.7715	243.4000	1,217.00	63,284.00		
			7	35.9824	251.8760	1,259.38	65,487.76		
			8	37.0620	259.4340	1,297.17	67,452.84		

July 1, 2020 - 1.85% INCREASE

GRADE/

RANK OR HOURS PER STEP/L

PAYBAND PERIOD

EVEL

HOURLY RATE

DAILY RATE

PERIOD SALARY

ANNUAL SALARY

JOB TITLES

Social Worker Recreation Supervisor	E-2	35.00	1	31.5717	221.0030	1,105.01	57,460.78
			2	32.6514	228.5591	1,142.80	59,425.37
			3	33.8017	236.6121	1,183.06	61,519.14
			4	34.9877	244.9145	1,224.57	63,677.77
			5	36.2091	253.4643	1,267.32	65,900.73
			6	37.4900	262.4306	1,312.15	68,231.96
			7	38.8183	271.7288	1,358.64	70,649.50
			8	39.9831	279.8816	1,399.41	72,769.21

Civil Engineer Surveyor	E-3	35.00	1	36.0431	252.3015	1,261.51	65,598.38
			2	37.2883	261.0183	1,305.09	67,864.75
			3	38.5931	270.1516	1,350.76	70,239.42
			4	39.9334	279.5345	1,397.67	72,678.96
			5	41.3683	289.5790	1,447.89	75,290.53
			6	42.8154	299.7081	1,498.54	77,924.10
			7	44.3100	310.1691	1,550.85	80,643.97
			8	45.6391	319.4738	1,597.37	83,063.20

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	31.6068	252.8547	1,264.27	65,742.22
			2	32.6818	261.4543	1,307.27	67,978.12
			3	33.7928	270.3425	1,351.71	70,289.06
			4	34.9418	279.5345	1,397.67	72,678.96
			5	36.1298	289.0388	1,445.19	75,150.08
			6	37.3583	298.8663	1,494.33	77,705.25
			7	38.6285	309.0280	1,545.14	80,347.29
			8	39.7870	318.2958	1,591.48	82,756.92
Controller Assistant Director of Parks & Recreation	E-4	35.00	1	40.7160	285.0123	1,425.06	74,103.19
			2	42.1749	295.2238	1,476.12	76,758.20
			3	43.6217	305.3530	1,526.76	79,391.78
			4	45.1637	316.1459	1,580.73	82,197.94
			5	46.7174	327.0213	1,635.11	85,025.54
			6	48.3660	338.5627	1,692.81	88,026.31
			7	50.0620	350.4339	1,752.17	91,112.82
			8	51.5640	360.9470	1,804.74	93,846.23
Assistant Director, WPCA Senior Systems Engineer	E-4A	40.00	1	35.6520	285.2162	1,426.08	74,156.21
			2	36.8853	295.0828	1,475.41	76,721.53
			3	38.1780	305.4246	1,527.12	79,410.39
			4	39.5063	316.0505	1,580.25	82,173.12
			5	40.9058	327.2470	1,636.23	85,084.22
			6	42.3293	338.6343	1,693.17	88,044.91
			7	43.8000	350.3992	1,752.00	91,103.79
			8	45.1138	360.9102	1,804.55	93,836.65

July 1, 2020 - 1.85% INCREASE

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JOB TITLES	GRADE/ RANK OR HOURS PER STEP/L		EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
	PAYBAND	PERIOD					
Town Planner	E-5	35.00	1	46.0297	322.2073	1,611.04	83,773.91
			2	47.6306	333.4146	1,667.07	86,687.80
			3	49.3029	345.1210	1,725.60	89,731.45
			4	51.0229	357.1592	1,785.80	92,861.38
			5	52.8134	369.6942	1,848.47	96,120.50
			6	54.6637	382.6457	1,913.23	99,487.89
			7	56.5614	395.9292	1,979.65	102,941.60
			8	58.2586	407.8090	2,039.05	106,030.35
Senior Network Engineer	E-5A	40.00	1	40.0808	320.6453	1,603.23	83,367.79
			2	41.4858	331.8852	1,659.43	86,290.15
			3	42.9148	343.3182	1,716.59	89,262.73
			4	44.4295	355.4367	1,777.18	92,413.54
			5	45.9813	367.8502	1,839.25	95,641.05
			6	47.5938	380.7497	1,903.75	98,994.91
			7	49.2428	393.9420	1,969.71	102,424.92
			8	50.9895	407.9153	2,039.58	106,057.99
Economic Development Coordinator	E-5C	35.00	1	50.6326	354.4281	1,772.14	92,151.30
			2	52.3937	366.7561	1,833.78	95,356.59
			3	54.2334	379.6331	1,898.17	98,704.60
			4	56.1251	392.8750	1,964.38	102,147.51
			5	58.0949	406.6636	2,033.32	105,732.54
			6	60.1300	420.9103	2,104.55	109,436.68
			7	62.2174	435.5222	2,177.61	113,235.77
			8	64.0843	448.5899	2,242.95	116,633.38

July 1, 2020 - 1.85% INCREASE

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GRADE/

RANK OR HOURS PER STEP/L

JOB TITLES PAYBAND PERIOD EVEL HOURLY RATE DAILY RATE PERIOD SALARY ANNUAL SALARY

Youth Counselor	N-6	35.00	1	25.2860	177.0020	885.01	46,020.52
			2	26.1757	183.2300	916.15	47,639.80
			3	27.1006	189.7040	948.52	49,323.04
			4	28.0376	196.2640	981.32	51,028.64
			5	29.0102	203.0720	1,015.36	52,798.72
			6	30.0420	210.2940	1,051.47	54,676.44
			7	31.0975	217.6820	1,088.41	56,597.32
			8	32.0304	224.2120	1,121.06	58,295.12

Help Desk Coordinator	N-6A	40.00	1	19.3494	154.7960	773.98	40,246.96
			2	20.0386	160.3080	801.54	41,680.08
			3	20.7158	165.7260	828.63	43,088.76
			4	21.4656	171.7240	858.62	44,648.24
			5	22.2274	177.8200	889.10	46,233.20
			6	22.9894	183.9160	919.58	47,818.16
			7	23.7997	190.3980	951.99	49,503.48
			8	24.6219	196.9760	984.88	51,213.76

Deputy Assessor Senior Engineering Technician Zoning Enforcement Officer Assistant Collector of Revenue	N-7	35.00	1	29.8168	208.7180	1,043.59	54,266.68
			2	30.8724	216.1060	1,080.53	56,187.56
			3	31.9159	223.4120	1,117.06	58,087.12
			4	33.0543	231.3800	1,156.90	60,158.80
			5	34.2168	239.5180	1,197.59	62,274.68
			6	35.4148	247.9040	1,239.52	64,455.04
			7	36.6481	256.5360	1,282.68	66,699.36
			8	37.7476	264.2340	1,321.17	68,700.84

July 1, 2021 - 1.85% INCREASE

GRADE/

RANK OR HOURS PER STEP/L

JOB TITLES	PAYBAND	PERIOD	EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Social Worker Recreation Supervisor	E-2	35.00	1	32.1560	225.0915	1,125.46	58,523.80
			2	33.2554	232.7875	1,163.94	60,524.74
			3	34.4271	240.9894	1,204.95	62,657.24
			4	35.6351	249.4454	1,247.23	64,855.81
			5	36.8791	258.1534	1,290.77	67,119.89
			6	38.1837	267.2856	1,336.43	69,494.25
			7	39.5366	276.7558	1,383.78	71,956.52
			8	40.7229	285.0594	1,425.30	74,115.44
Civil Engineer Surveyor	E-3	35.00	1	36.7100	256.9690	1,284.85	66,811.95
			2	37.9783	265.8471	1,329.24	69,120.25
			3	39.3071	275.1494	1,375.75	71,538.85
			4	40.6723	284.7058	1,423.53	74,023.52
			5	42.1337	294.9362	1,474.68	76,683.40
			6	43.6074	305.2527	1,526.26	79,365.70
			7	45.1297	315.9072	1,579.54	82,135.88
			8	46.4834	325.3841	1,626.92	84,599.87

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	32.1915	257.5325	1,287.66	66,958.45
			2	33.2865	266.2912	1,331.46	69,235.72
			3	34.4180	275.3439	1,376.72	71,589.41
			4	35.5883	284.7058	1,423.53	74,023.52
			5	36.7983	294.3860	1,471.93	76,540.36
			6	38.0495	304.3954	1,521.98	79,142.80
			7	39.3433	314.7450	1,573.73	81,833.71
			8	40.5230	324.1843	1,620.92	84,287.92

Controller Assistant Director of Parks & Recreation	E-4	35.00	1	41.4691	290.2850	1,451.42	75,474.10
			2	42.9551	300.6855	1,503.43	78,178.23
			3	44.4289	311.0020	1,555.01	80,860.53
			4	45.9991	321.9946	1,609.97	83,718.60
			5	47.5817	333.0712	1,665.36	86,598.51
			6	49.2609	344.8262	1,724.13	89,654.80
			7	50.9880	356.9170	1,784.58	92,798.41
			8	52.5177	367.6246	1,838.12	95,582.39

Assistant Director, WPCA Senior Systems Engineer	E-4A	40.00	1	36.3115	290.4927	1,452.46	75,528.10
			2	37.5678	300.5418	1,502.71	78,140.88
			3	38.8843	311.0749	1,555.37	80,879.48
			4	40.2373	321.8974	1,609.49	83,693.32
			5	41.6628	333.3011	1,666.51	86,658.28
			6	43.1125	344.8990	1,724.50	89,673.74
			7	44.6103	356.8816	1,784.41	92,789.21
			8	45.9485	367.5870	1,837.94	95,572.63

JOB TITLES	GRADE/ RANK OR PAYBAND		HOURS PER PERIOD	STEP/ EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
Town Planner	E-5	35.00		1	46.8811	328.1682	1,640.84	85,323.73
				2	48.5117	339.5828	1,697.91	88,291.52
				3	50.2151	351.5057	1,757.53	91,391.48
				4	51.9666	363.7666	1,818.83	94,579.32
				5	53.7906	376.5336	1,882.67	97,898.73
				6	55.6749	389.7247	1,948.62	101,328.42
				7	57.6077	403.2539	2,016.27	104,846.02
				8	59.3363	415.3535	2,076.77	107,991.91
Senior Network Engineer	E-5A	40.00		1	40.8223	326.5773	1,632.89	84,910.09
				2	42.2533	338.0251	1,690.13	87,886.52
				3	43.7088	349.6696	1,748.35	90,914.09
				4	45.2515	362.0123	1,810.06	94,123.19
				5	46.8320	374.6554	1,873.28	97,410.41
				6	48.4743	387.7935	1,938.97	100,826.32
				7	50.1538	401.2299	2,006.15	104,319.78
				8	51.9328	415.4618	2,077.31	108,020.06
Economic Development Coordinator	E-5C	35.00		1	51.5691	360.9850	1,804.92	93,856.10
				2	53.3631	373.5411	1,867.71	97,120.69
				3	55.2366	386.6563	1,933.28	100,530.64
				4	57.1634	400.1432	2,000.72	104,037.24
				5	59.1694	414.1869	2,070.93	107,688.59
				6	61.2426	428.6972	2,143.49	111,461.26
				7	63.3686	443.5793	2,217.90	115,330.63
				8	65.2697	456.8888	2,284.44	118,791.10

July 1, 2021 - 1.85% INCREASE

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GRADE/

RANK OR HOURS PER STEP/L

JOB TITLES

PAYBAND PERIOD EVEL HOURLY RATE DAILY RATE PERIOD SALARY ANNUAL SALARY

Youth Counselor	N-6	35.00	1	25.7538	180.2760	901.38	46,871.76
			2	26.6600	186.6200	933.10	48,521.20
			3	27.6020	193.2140	966.07	50,235.64
			4	28.5563	199.8940	999.47	51,972.44
			5	29.5469	206.8280	1,034.14	53,775.28
			6	30.5978	214.1840	1,070.92	55,687.84
			7	31.6728	221.7100	1,108.55	57,644.60
			8	32.6230	228.3620	1,141.81	59,374.12

Help Desk Coordinator	N-6A	40.00	1	19.7074	157.6600	788.30	40,991.60
			2	20.4093	163.2740	816.37	42,451.24
			3	21.0990	168.7920	843.96	43,885.92
			4	21.8627	174.9020	874.51	45,474.52
			5	22.6386	181.1080	905.54	47,088.08
			6	23.4147	187.3180	936.59	48,702.68
			7	24.2400	193.9200	969.60	50,419.20
			8	25.0774	200.6200	1,003.10	52,161.20

July 1, 2021 - 1.85% INCREASE

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JOB TITLES	GRADE/ RANK OR		HOURS PER STEP/L	EVEL	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
	PAYBAND	PERIOD						
Deputy Assessor	N-7	35.00	1	30.3684	212.5780	1,062.89	55,270.28	
Senior Engineering Technician		2	31.4435	220.1040	1,100.52	57,227.04		
Zoning Enforcement Officer		3	32.5063	227.5440	1,137.72	59,161.44		
Assistant Collector of Revenue		4	33.6658	235.6600	1,178.30	61,271.60		
		5	34.8498	243.9480	1,219.74	63,426.48		
		6	36.0700	252.4900	1,262.45	65,647.40		
		7	37.3261	261.2820	1,306.41	67,933.32		
		8	38.4459	269.1220	1,345.61	69,971.72		