

**AGREEMENT**

**Between**

**THE TOWN OF VERNON**

**and**

**DIRECTORS INDEPENDENT UNIT**

**July 1, 2022- June 30, 2025**

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## **PREAMBLE**

This Agreement, together with its attached appendices, is between the Town of Vernon, hereinafter referred to as the "Town" and Directors Independent Unit, hereinafter referred to as the "Unit."

The Town and Unit recognize that the positions represented by this group are 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 Unit 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 the following positions: Assessor, Building Official, Collector of Revenue, Town Engineer, Director of Information & Communication Technology, Director of Parks & Recreation, Director of Social Services, Director of Youth Services, Town Planner and Director of Development Services.

## **ARTICLE II** **UNIT SECURITY**

### **Section 2.0**

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

### **Section 2.1**

One (1) bulletin board shall be reserved at an accessible place for the exclusive use of the Unit for the posting of official Unit notices or announcements. The Unit reserves the right to choose which building will be used. The parties will mutually agree upon a location within said building. The bulletin boards shall be maintained by the Unit and shall not contain any material that is derogatory of the Town Administration.

### **Section 2.2**

The Town agrees to provide one (1) copy of the Agreement for each current member of the Unit to the Unit President for distribution by the 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 Unit President 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) day probationary period.

## **ARTICLE V**

### **HOURS OF WORK AND COMPENSATORY TIME**

#### **Section 5.0**

All members of this bargaining unit serve as the Director of their Department or the Supervisors of an Office/Division, and as such, will ensure their office is available to their customers during the posted hours of operation. All offices, (except the IT Department-see section 5.1) shall generally operate Monday through Wednesday, 8:30 a.m. to 4:30 p.m., Thursday, 8:30 a.m. to 7:00 p.m., and Friday, 8:30 a.m. to 1:00 p.m. Members



of the bargaining unit shall work any additional hours required, as directed by the Town Administrator or Assistant Town Administrator.

Each member of this bargaining unit shall work a **minimum** of thirty-five (35) hours/week to meet the operational needs of their department/office.

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 Unit a minimum thirty (30) days prior to such change.

### **Section 5.1**

**The IT Department shall be available to their customers during the hours of Monday through Wednesday, 7:00 a.m. to 4:30 p.m., Thursday, 7:00 a.m. to 7:00 p.m., and Friday 7:00 a.m. to 4:30 p.m., as needed.**

### **Section 5.2 – Compensatory Time**

All members of this bargaining unit shall be classified as exempt employees under the FLSA, and shall not be paid overtime. Employees shall earn one (1) hour of compensatory time for each hour worked beyond thirty-five (35) hours per week. Compensatory time shall accrue and expire on December 31<sup>st</sup> of each year. Employees shall be allowed to take time off up to a limit of seventy (70) hours per calendar year.

## **ARTICLE VI** **LAY-OFF**

### **Section 6.0**

The Town shall provide the Unit President and all employees scheduled to be laid off with a minimum of 30 days advance notice of any layoff.

### **Section 6.1**

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. Ten (10) working days written notification by the Town to the Unit President and the last known address of the employee shall be sufficient notification.

## **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 (to be credited on January 1 and used during that calendar year), such floating holiday to be approved by the Town Administrator or Assistant Town Administrator

### **Section 7.2**

In order to be eligible for holiday pay, an employee must be in a paid status including any approved leave.

## **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:

Annual vacation leave will be frontloaded upon completion of the initial probationary period, and at the anniversary date thereafter.

<b><u>Length of Continuous Service</u></b>	<b><u>Day Per Full Month of Continuous Service</u></b>	<b><u>Maximum Earned Days Per Year of Continuous Service</u></b>
Date of hire through 6 <sup>th</sup> full year	1.25 days	15 days
7 years through the 10 <sup>th</sup> full year	1.42 days	17 days
More than 10 years	1.67 days	20 days
More than 20 years*	2.08 days	25 days

\*employees hired after July 1, 2009 are not eligible for this benefit.

An employee may not take vacation leave of less than two (2) hour increments.

### **Section 8.1**

Vacation Leave Carry Over: Employees may carry over a maximum number of 5 vacation days from one (1) anniversary year to the next. The carry over days shall NOT have any cash value.

### **Section 8.2**

Vacation leave will be approved, with at least two (2) business days' notice, by the Town Administrator or Assistant Town Administrator.

### **Section 8.3**

Employees who receive frontloaded vacation pay will receive a pro-rated share of vacation pay based on their anniversary date, 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 thirty (30) days' notice of such termination or retirement has given in writing to the Town.

In the event of the death of an employee, 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.

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

#### **Section 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**

Sick leave allowance will be earned by each employee, at the rate of one and one quarter (1.25) days for each full calendar month of service for a total of fifteen (15) days during a calendar year. Sick leave may be used in units of no less than two (2) hour increments.

Use of sick leave is to be reported within one (1) hour of the scheduled start of the work day.

#### **Section 9.1**

Sick leave earned in any month of service shall be deposited on the last day of the month and becomes available immediately. Further, sick leave shall continue to accumulate during leave of absence with pay and during the time employees are in a paid status.

#### **Section 9.2**

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

#### **Section 9.3 – Sick Leave Accumulation and Payout**

- A. **Accumulation of Sick Leave:** All unused sick leave may be accumulated up to one hundred eighty (180) days.
- B. **Sick Leave Payout:** Employees will be paid out a maximum of thirty (30) unused sick days upon death, retirement or termination 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- Leave of Absence without pay**

The Town Administrator or Assistant Town Administrator 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 or Assistant Town Administrator in writing. 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 9.7- 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 9.8- 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 submitted to the Town Administrator or Assistant Town Administrator for approval and be made at least twenty-four (24) hours in advance of the scheduled day of leave. Personal days may not be accrued. Personal time may be used in units of no less than two (2) hour increments.

#### **Section 9.9 Professional Days**

The Town Administrator or Assistant Town Administrator 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 9.10- 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 or Assistant 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 9.11- Disability Plan (ADD TO APPENDIX)**

The Town will provide a long-term disability policy for all employees in this unit at no cost to the employee with a waiting period of ninety (90) days, as attached in Appendix E.

## **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 five (5) working days, after the employee knew or should have known of the cause of the grievance an employee having a grievance and/or his Unit President 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 Unit President to review the facts. The Town Administrator shall provide a written answer to the employee and the Unit President within seven (7) working days after the presentation of the grievance.

### **Section 10.1**

All time limits refer to work days in this Article. Any disposition of a grievance from which no appeal is taken within the time limits specified herein, will be deemed resolved and shall not thereafter be considered subject to the grievance and arbitration provision of this Agreement. All time limits in the grievance and arbitration process may be extended by written mutual agreement of the parties.

## **ARTICLE XI ARBITRATION**

### **Section 11.0**

In the event any grievance has not been settled through the foregoing grievance procedure, the Unit and/or Town have the right to submit the grievance to the American Arbitration Association. Such request for arbitration must be received by the American Arbitration Association 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 Unit 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 American Arbitration Association. The arbitrator(s) shall arbitrate only one (1) grievance at a time unless otherwise agreed.

### **Section 11.1**

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 11.2**

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, Unit and aggrieved employee or employees. Expenses for arbitration shall be borne equally by the Town and the Unit for the American Arbitration Association.

## **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 Unit 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 Unit 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 from the Clerk of Court.

**ARTICLE XIV**  
**NO DISCRIMINATION**

**Section 14.0**

The parties agree that they will not discriminate against any employee in compliance with State and Federal laws. The parties further agree that there will be no discrimination because of an employee's membership in the Unit.

**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.

By exception, with prior approval, 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 Assistant Town Administrator ~~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 A), will be used as the basis for the following year performance evaluation. Evaluations will take place on the anniversary of the hire date.

**ARTICLE XVII**  
**NO STRIKE/ NO LOCKOUT**

**Section 17.0**

The Unit 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 Unit 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.

#### **HDHP/HSA**

The Town shall provide a HDHP (High Deductible Health Plan) and HSA/HRA (Health Savings Account or Health Reimbursement Account) with the following and deductibles (full summary listed in Appendix B);

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

The Town shall contribute fifty percent (50%) of the applicable deductible to each employees Health Savings Account, or Health Reimbursement Account.

#### **Health Reimbursement Account (HRA)**

The Town will provide a Health Reimbursement Account (HRA) for employees who choose to enroll in Medicare, with the following deductibles:

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

Annually, the Town shall notify the Unit President, in writing, the premium costs of the plans or whenever there is an increase or decrease in the premium cost. Notification shall be a minimum of 30 days prior to any increase in employee costs.

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

<b>Year</b>	<b>Town HDHP/HSA/HRA plus Dental</b>
July 1, 2022	15%
July 1, 2023	16%
July 1, 2024	17%

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



### **Section 18.1**

During the open enrollment period, an employee may voluntarily elect to waive, in writing, the coverage specified in Section 18.0, and shall receive an annual payment of:

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

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

Employees who waive their right to coverage and subsequently lose coverage may re-enroll as soon as possible, but not later than the first of the second month following the month in which application has been made by the employee to the Town, provided the employee shall reimburse the Town any stipend paid on a pro-rata basis.

This waiver will not be available for employees who have health insurance paid by the Town of Vernon or Vernon Board of Education through their spouse or any other family member. Employees hired on or after April 1, 2019 are not eligible for this benefit.

### **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. The Town shall provide 30 days' notice prior to change in carriers.

### **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, and no other alternative coverage is available through another employer, or through the spouse. 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. Employees hired on or after April 1, 2019 are not eligible for this benefit.

## **ARTICLE XIX PENSION**

### **Section 19.0**

The employee pension plan of the Town of Vernon is hereby made a part of this Agreement including any plan amendments made by this Agreement for the members of this Unit, and excludes any plan amendments made by or on the behalf of any other employee group. (Appendix C)

Vested Benefits for employees in the Defined Benefit Plan 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%

Vested Benefits for employees in the Defined Contribution Plan 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%

## **ARTICLE XX WAGES**

### **Section 20.0**

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

- A. Effective July 1, 2022 and with agreed upon market adjustments in year one of the contract, bargaining unit members and bargaining unit positions will receive a two and one quarter percent (2.25%) increase.
- B. Effective July 1, 2023, bargaining unit members and bargaining unit positions will receive a two and one quarter percent (2.25%) increase.
- C. Effective July 1, 2024, bargaining unit members and bargaining unit positions will receive a two and one quarter percent (2.25%) increase.

The new salary schedules reflecting these annual increases and effective dates for the employees are set forth in Appendix D.

### **Section 20.1**

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 20.2**

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 20.3**

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 Assistant Town Administrator and the criteria set forth in Town of Vernon Performance Evaluation Form for Supervisors. Upon receipt of an average satisfactory evaluation, an employee will receive a step increase effective on their anniversary each year. Such evaluations are only subject to the grievance procedures of this Contract when there is a denial of a step increase. The parties acknowledge that a denial of a step increase can be reversed only if it is determined to be arbitrary and/or capricious.

### **Section 20.4**

Bargaining unit employees may, through the Unit President, 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 Unit and the employee. Nothing in this provision shall be subject to the grievance or arbitration procedure of this collective bargaining agreement.

### **Section 20.5 – Performance Bonus**

Employees who are at the top step in their classification shall receive a performance pay bonus based on their overall evaluation.

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), shall receive a one and one-half percent (1.5%) performance pay bonus.

Performance 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 on 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 Unit President will be given thirty (30) days notice by the Town.

## **ARTICLE XXII** **SAFETY AND HEALTH**

### **Section 22.0**

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

A stipend of one hundred dollars (\$100.00) shall be provided by the Town for unit employees in the following positions: Park/Recreation, Engineering Department, and Building Inspector 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.

## **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 Assistant Town Administrator.

## **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 \$3,000 per fiscal year

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 Unit have caused this Agreement to be signed by their duly authorized representative on the day and year noted below.

Signed this 25th day of June, 2022 at Vernon, Connecticut.

For the Town of Vernon



Michael J. Purcaro  
Town Administrator



For the Unit



Marty Sitler  
Directors Independent Unit President

## Appendix A

### PERFORMANCE REVIEW - EXEMPT PERSONNEL

<b>EMPLOYEE NAME:</b>	<b>DEPARTMENT:</b>
<b>POSITION TITLE:</b>	<b>REVIEW DATE:</b>
<b>SUPERVISOR'S NAME:</b>	<b>DATE ASSIGNED TO POSITION:</b>

Performance Evaluation (check one)

	<u>Outstanding</u> <u>(5)</u>	<u>Superior</u> <u>Above Ave.</u> <u>(4)</u>	<u>Average</u> <u>Satisfactory</u> <u>(3)</u>	<u>Below</u> <u>Average</u> <u>(2)</u>	<u>Unsatisfactory</u> <u>(1)</u>
<b>EVALUATION FACTORS:</b>					
<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)	_____	_____	_____	_____	_____
<b>SUPERVISORY FACTORS:</b>					
<u>LEADERSHIP</u>	_____	_____	_____	_____	_____
<u>DELEGATING</u> (Assigning Duties)	_____	_____	_____	_____	_____
<u>MAINTAINING MORALE</u> (Inspiring Others)	_____	_____	_____	_____	_____
<u>DEVELOP SUBORDINATES</u> (Encourage Promotion)	_____	_____	_____	_____	_____
<b>OVERALL PERFORMANCE</b> <b>RATING (AVE.)</b>	_____	_____	_____	_____	_____

**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

# BENEFIT SUMMARY



Administered by - Cigna Health and Life Insurance Co.  
 For - Vernon Town and Board of Education  
 Open Access Plus HDHPQ Plan  
 HDHPQ1 Union Plan  
 Effective - 07/01/2022

**Selection of a Primary Care Provider** - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

**Direct Access to Obstetricians and Gynecologists** - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card.

Plan Highlights	In-Network	Out-of-Network
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Plan Year Accumulation</b>	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a contract year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.	
<b>Plan Coinsurance</b>	Plan pays 100%	Plan pays 80%
<b>Maximum Reimbursable Charge</b>	Not Applicable	200%
<b>Plan Deductible</b>	Individual - Employee Only: \$2,000 Family Maximum: \$4,000	Individual - Employee Only: \$2,000 Family Maximum: \$4,000
<ul style="list-style-type: none"> <li>The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles.</li> <li>Plan deductible always applies before any benefit copay/deductible or coinsurance.</li> <li>Plan deductible does not apply to in-network preventive services.</li> <li>All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.</li> <li>This plan includes a combined Medical/Pharmacy plan deductible.</li> </ul>		
<b>Note:</b> Services where plan deductible applies are noted with a caret (^).		

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Plan Highlights		In-Network	Out-of-Network
Plan Out-of-Pocket Maximum		Individual - Employee Only: \$2,500 Family Maximum: \$5,000	Individual - Employee Only: \$4,000 Family Maximum: \$8,000
<ul style="list-style-type: none"><li>The amount you pay for all covered expenses counts towards both your in-network and out-of-network out-of-pocket maximums.</li><li>Plan deductible contributes towards your out-of-pocket maximum.</li><li>All benefit copays/deductibles contribute towards your out-of-pocket maximum.</li><li>Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum.</li><li>All eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100%.</li><li>This plan includes a combined Medical/Pharmacy out-of-pocket maximum.</li></ul>			
Benefit	In-Network	Out-of-Network	
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
Physician Services - Office Visits			
Primary Care Physician (PCP) Services/Office Visit	Plan pays 100% ^	Plan pays 80% ^	
Specialty Care Physician Services/Office Visit	Plan pays 100% ^	Plan pays 80% ^	
NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).			
Surgery Performed in Physician's Office	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	
Allergy Treatment/Injections and Allergy Serum Allergy serum dispensed by the physician in the office	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	
Virtual Care			
Dedicated Virtual Providers			
Urgent Virtual Care Services	Plan pays 100% ^	Not Covered	
<ul style="list-style-type: none"><li>Dedicated Virtual Providers may deliver services that are payable under other benefits (e.g., Preventive Care, Primary Care Physician, Behavioral; Dermatology/Specialty Care Physician).</li><li>Lab services supporting a virtual visit must be obtained through dedicated labs.</li><li>Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies.</li></ul>			
Virtual Physician Services - Office Visits			
Primary Care Physician (PCP) Services/Office Visit	Plan pays 100% ^	Plan pays 80% ^	
<ul style="list-style-type: none"><li>Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).</li><li>Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.</li></ul>			

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Benefit	In-Network	Out-of-Network
<b>Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.</b>		
<b>Specialty Care Physician Services/Office Visit</b>	Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> <li>Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).</li> <li>Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.</li> </ul>		
<b>NOTE:</b> Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).		
<b>Convenience Care Clinic</b>		
Convenience Care Clinic	Plan pays 100% ^	Plan pays 80% ^
<b>Preventive Care</b>		
<b>Preventive Care</b> Birth through age 2	Plan pays 100%	PCP: Plan pays 80% ^ Specialist: Plan pays 80% ^
Ages 3 and older	Plan pays 100%	PCP: Plan pays 80% ^ Specialist: Plan pays 80% ^
<ul style="list-style-type: none"> <li>Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit.</li> <li>Annual Limit: Unlimited</li> </ul>		
<b>Immunizations</b> Birth through age 2	Plan pays 100%	PCP: Plan pays 80% ^ Specialist: Plan pays 80% ^
Ages 3 and older	Plan pays 100%	PCP: Plan pays 80% ^ Specialist: Plan pays 80% ^
<b>Mammogram, PAP, and PSA Tests</b>	Plan pays 100%	Covered same as other x-ray and lab services, based on Place of Service
<ul style="list-style-type: none"> <li>Coverage includes the associated Preventive Outpatient Professional Services.</li> <li>Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on Place of Service.</li> </ul>		
<b>Inpatient</b>		
<b>Inpatient Hospital Facility Services</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Note:</b> Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs		
<b>Inpatient Hospital Physician's Visit/Consultation</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Inpatient Professional Services</b>	Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>		

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Benefit	In-Network	Out-of-Network
<b>Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles. *</b>		
<b>Outpatient</b>		
<b>Outpatient Facility Services</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Outpatient Professional Services</b>	Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>		
<b>Emergency Services</b>		
<b>Emergency Room</b>		
<ul style="list-style-type: none"> <li>Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit.</li> </ul>	Plan pays 100% ^	Plan pays 100% ^
<b>Urgent Care Facility</b>		
<ul style="list-style-type: none"> <li>Includes Professional, X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit.</li> </ul>	Plan pays 100% ^	Plan pays 80% ^
<b>Ambulance</b>	Plan pays 100% ^	Plan pays 100% ^
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.		
<b>Inpatient Services at Other Health Care Facilities</b>		
<b>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities</b>		
<ul style="list-style-type: none"> <li>Annual Limit: 120 days</li> </ul>	Plan pays 100% ^	Plan pays 80% ^
<b>Laboratory Services</b>		
<b>Physician's Services/Office Visit</b>	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
<b>Independent Lab</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Outpatient Facility</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Radiology Services</b>		
<b>Physician's Services/Office Visit</b>	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
<b>Outpatient Facility</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Advanced Radiological Imaging (ARI)</b>	Includes MRI, MRA, CAT Scan, PET Scan, etc.	
<b>Outpatient Facility</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Physician's Services/Office Visit</b>	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit

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Benefit	In-Network	Out-of-Network
<b>Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.</b>		
<b>Outpatient Therapy Services</b>		
<b>Outpatient Therapy and Chiropractic Services</b>	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limits: <ul style="list-style-type: none"> <li>All Therapies Combined - Includes Chiropractic Care, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy - Unlimited days</li> </ul>		
<b>Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.</b>		
<b>Cardiac Rehabilitation Services</b>	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limit: <ul style="list-style-type: none"> <li>Cardiac Rehabilitation - Unlimited days</li> </ul>		
<b>Hospice</b>		
<b>Inpatient Facilities</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Outpatient Services</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Note: Includes Bereavement counseling provided as part of a hospice program.</b>		
<b>Bereavement Counseling (for services not provided as part of a hospice program)</b>		
Services Provided by a Mental Health Professional	Covered under Mental Health benefit	Covered under Mental Health benefit
<b>Medical Specialty Drugs</b>		
<b>Outpatient Facility</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Physician's Office</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Home</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Note: This benefit only applies to the cost of the Infusion Therapy drugs administered. This benefit does not cover the related Facility, Office Visit or Professional charges.</b>		

Benefit	In-Network	Out-of-Network
<b>Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.</b>		
<b>Maternity</b>		
Initial Visit to Confirm Pregnancy	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (Global Maternity Fee)	Plan pays 100% ^	Plan pays 80% ^
Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Delivery - Facility (Inpatient Hospital, Birthing Center)	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit
<b>Abortion</b>		
Abortion Services	Coverage varies based on Place of Service	Coverage varies based on Place of Service
<b>Note:</b> Elective and non-elective procedures		
<b>Family Planning</b>		
Women's Services	Plan pays 100%	Coverage varies based on Place of Service
Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)		
Men's Services	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Includes surgical sterilization services, such as vasectomy (excludes reversals)		
<b>Infertility</b>		
Infertility Treatment	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. • Lifetime Maximum: Unlimited		
<b>Outpatient Dialysis Services</b>		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Home Dialysis <b>Note:</b> Dialysis visits will not accumulate to Home Health Care maximum	Covered same as plan's Home Health Care benefit	Covered same as plan's Home Health Care benefit
Outpatient Facility Services	Covered same as plan's Outpatient Facility Services benefit	Covered same as plan's Outpatient Facility Services benefit
Outpatient Professional Services	Covered same as plan's Outpatient Professional Services benefit	Covered same as plan's Outpatient Professional Services benefit

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Benefit	In-Network	Out-of-Network
<b>Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.</b>		
<b>Other Health Care Facilities/Services</b>		
<b>Home Health Care</b>	Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> <li>Annual Limit: 200 days (The limit is not applicable to mental health and substance use disorder conditions.)</li> <li>16 hour maximum per day</li> </ul>		
<b>Note:</b> Includes outpatient private duty nursing when approved as medically necessary		
<b>Organ Transplants</b>		
<b>Inpatient Hospital Facility Services</b>		
LifeSOURCE Facility	Plan pays 100% ^	Not Applicable
Non-LifeSOURCE Facility	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit
<b>Inpatient Professional Services</b>		
LifeSOURCE Facility	Plan pays 100% ^	Not Applicable
Non-LifeSOURCE Facility	Covered same as plan's Inpatient Professional benefit	Covered same as plan's Inpatient Professional benefit
<ul style="list-style-type: none"> <li>Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: After the plan deductible is met, \$10,000 maximum per Transplant per Lifetime</li> </ul>		
<b>Durable Medical Equipment</b>	Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> <li>Annual Limit: Unlimited</li> </ul>		
<b>Breast Feeding Equipment and Supplies</b>	Plan pays 100%	Plan pays 80% ^
<ul style="list-style-type: none"> <li>Limited to the rental of one breast pump per birth as ordered or prescribed by a physician</li> <li>Includes related supplies</li> </ul>		
<b>External Prosthetic Appliances (EPA)</b>	Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> <li>Annual Limit: Unlimited</li> </ul>		
<b>Temporomandibular Joint Disorder (TMJ)</b>	Coverage varies based on Place of Service	Coverage varies based on Place of Service
<ul style="list-style-type: none"> <li>Unlimited lifetime maximum</li> </ul>		
<b>Note:</b> Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment.		
<b>Bariatric Surgery</b>	Coverage varies based on Place of Service	Coverage varies based on Place of Service
<ul style="list-style-type: none"> <li>Unlimited lifetime limit</li> </ul>		
Treatment of Clinically severe obesity, as defined by the body mass index (BMI) is covered. The following are excluded:		
<ul style="list-style-type: none"> <li>medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity</li> <li>weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision</li> </ul>		
<b>Routine Foot Care</b>	Not Covered	Not Covered
<b>Note:</b> Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.		
<b>Hearing Aids</b>	Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> <li>Maximum of 2 devices per 24 months</li> <li>Includes testing and fitting of hearing aid devices at Physician Office Visit cost share</li> </ul>		

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Benefit	In-Network	Out-of-Network
<b>Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.</b>		
<b>Wigs</b>		
<ul style="list-style-type: none"> <li>Annual Limit: Unlimited</li> </ul>	Plan pays 100% ^	Plan pays 100% ^
<b>Mental Health and Substance Use Disorder</b>		
<b>Inpatient Mental Health</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Outpatient Mental Health – Physician's Office</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Outpatient Mental Health – All Other Services</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Inpatient Substance Use Disorder</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Outpatient Substance Use Disorder – Physician's Office</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Outpatient Substance Use Disorder – All Other Services</b>	Plan pays 100% ^	Plan pays 80% ^
Annual Limits: <ul style="list-style-type: none"> <li>Unlimited maximum</li> </ul>		
<b>Notes:</b> <ul style="list-style-type: none"> <li>Inpatient includes Acute Inpatient and Residential Treatment.</li> <li>Outpatient - Physician's Office - may include Individual, family and group therapy, psychotherapy, medication management, etc.</li> <li>Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc.</li> <li>Services are paid at 100% after you reach your out-of-pocket maximum.</li> </ul>		
<b>Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs</b>		
<b>Cigna Total Behavioral Health - Inpatient and Outpatient Management</b> <ul style="list-style-type: none"> <li>Inpatient utilization review and case management</li> <li>Outpatient utilization review and case management</li> <li>Partial Hospitalization</li> <li>Intensive outpatient programs</li> <li>Changing Lives by Integrating Mind and Body Program</li> <li>Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management.</li> <li>Narcotic Therapy Management</li> <li>Complex Psychiatric Case Management</li> </ul>		



Pharmacy	In-Network	Out-of-Network
<b>Cost Share and Supply</b>		
<b>Cigna Pharmacy Cost Share</b> <ul style="list-style-type: none"> <li>Retail – up to 90-day supply (except Specialty up to 30-day supply)</li> <li>Home Delivery – up to 100-day supply (except Specialty up to 30-day supply)</li> </ul>	<b>Retail (per 34-day supply):</b> Generic: You pay \$5 ^ Preferred Brand: You pay \$15 ^ Non-Preferred Brand: You pay \$35 ^  <b>Retail (per 90-day supply):</b> Generic: You pay \$10 ^ Preferred Brand: You pay \$30 ^ Non-Preferred Brand: You pay \$70 ^  <b>Home Delivery (per 100-day supply):</b> Generic: You pay \$10 ^ Preferred Brand: You pay \$30 ^ Non-Preferred Brand: You pay \$70 ^	<b>Retail:</b> You pay 20% ^ Your plan pays 80% ^  <b>Home Delivery:</b> Not Covered
<ul style="list-style-type: none"> <li>Retail drugs for a 34 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.</li> <li>Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.</li> <li>Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.</li> <li>Patient is responsible for the applicable cost share based upon the tier of the dispensed medication.</li> <li>Your pharmacy benefits share an annual deductible and out-of-pocket maximum with the medical/behavioral benefits. The applicable cost share for covered drugs applies after the combined deductible has been met.</li> <li>If you receive a supply of 34 days or less at home delivery (including a Specialty Prescription Drug), the home delivery pharmacy cost share will be adjusted to reflect a 30-day supply.</li> </ul>		
<b>Drugs Covered</b>		
<b>Prescription Drug List:</b> Your Cigna Legacy Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com. Some highlights: <ul style="list-style-type: none"> <li>Coverage includes Self Administered injectables and optional injectable drugs – but excludes infertility drugs.</li> <li>Contraceptive devices and drugs are covered with federally required products covered at 100%.</li> <li>Insulin, glucose test strips, lancets, insulin needles &amp; syringes, insulin pens and cartridges are covered.</li> <li>Lifestyle drugs are covered - limited to sexual dysfunction.</li> <li>Oral Fertility drugs are covered.</li> <li>Prescription smoking cessation drugs are covered.</li> </ul>		

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## Pharmacy Program Information

### Pharmacy Clinical Management

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements
- Quantity over time edits and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

## Additional Information

### Case Management

Coordinated by Cigna HealthCare. This is a service designated to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.

### Health Advisor - A

Support for healthy and at-risk individuals to help them stay healthy

- Health Assessments
- Health and Wellness Coaching
- Gaps in Care Coaching
- Treatment Decision Support
- Educate and Refer

Included



## Additional Information

### Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (200%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Contract Year deductible and maximum reimbursable charge limitations.

### Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

### Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

### Multiple Surgical Reduction

Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.

### One Guide

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

### Pre-Certification - Continued Stay Review - Basic Care Low Management Inpatient - required for all inpatient admissions

In-Network: Coordinated by your physician

Out-of-Network: Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance.

- The lesser of 50% of covered expenses or \$500 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.
- Benefits are denied for any admission reviewed by Cigna Healthcare and not certified.
- Benefits are denied for any additional days not certified by Cigna Healthcare.

**Pre-Existing Condition Limitation (PCL)** does not apply.

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## Additional Information

### Your Health First - 200

Individuals with one or more of the chronic conditions, identified on the right, may be eligible to receive the following type of support:

- Condition Management
- Medication adherence
- Risk factor management
- Lifestyle issues
- Health & Wellness issues
- Pre/post-admission
- Treatment decision support
- Gaps in care

Holistic health support for the following chronic health conditions:

- Heart Disease
- Coronary Artery Disease
- Angina
- Congestive Heart Failure
- Acute Myocardial Infarction
- Peripheral Arterial Disease
- Asthma
- Chronic Obstructive Pulmonary Disease (Emphysema and Chronic Bronchitis)
- Diabetes Type 1
- Diabetes Type 2
- Metabolic Syndrome/Weight Complications
- Osteoarthritis
- Low Back Pain
- Anxiety
- Bipolar Disorder
- Depression

## Definitions

**Coinurance** - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

**Copay** - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

**Deductible** - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

**Out-of-Pocket Maximum** - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

**Place of Service** - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

**Prescription Drug List** - The list of prescription brand and generic drugs covered by your pharmacy plan.

**Professional Services** - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

**Transition of Care** - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

## Exclusions

### What's Not Covered (not all-inclusive):

Your plan provides for most medically necessary services. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.

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## Exclusions

- Treatment of an Injury or Sickness which is due to war, declared, or undeclared.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider or Pharmacy is or has waived, reduced, or forgiven any portion of its charges and/or any portion of Copayment, Deductible, and/or Coinsurance amount(s) you are required to pay for a Covered Expense (as shown on The Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Expense, or reduce the benefits in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts waived, forgiven or reduced, regardless of whether the provider or Pharmacy represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a non-Participating Provider who has agreed to charge you or charged you at an In-Network benefits level or some other benefits level not otherwise applicable to the services received.
- Charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug or Biologic therapies or devices that are determined by the utilization review Physician to be:
  - o not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed;
  - o not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which its use is proposed;
  - o the subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" sections of this plan; or
  - o the subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" sections of this plan.

In determining whether any such technologies, supplies, treatments, drug or Biologic therapies or devices are experimental, investigational and/or unproven, the utilization review Physician may rely on the clinical coverage policies maintained by Cigna or the Review Organization. Clinical coverage policies may incorporate, without limitation and as applicable, criteria relating to U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature or guidelines.

- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem.
- The following services are excluded from coverage regardless of clinical indications: abdominoplasty; panniculectomy; rhinoplasty; redundant skin surgery; removal of skin tags; acupuncture; craniosacral/cranial therapy; dance therapy; movement therapy; applied kinesiology; rolfing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental Injury to teeth are covered provided a continuous course of dental treatment is started within six months of an accident.
- Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a

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## Exclusions

Physician or under medical supervision.

- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Any medications, drugs, services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmy, and premature ejaculation.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Non-medical counseling and/or ancillary services including, but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, return to work services, work hardening programs and driver safety courses.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets and dentures.
- Aids or devices that assist with non-verbal communications, including but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs, unless Physician administration or oversight is required, injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.

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## Exclusions

- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under Covered Expenses.
- Massage therapy.

### **These are only the highlights**

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

*All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.*

EHB State: CT



# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna 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 by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). 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 for 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>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم لعلاء Cigna الحائنين برجاء الاتصال بالرقم المذكور على ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

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

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

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

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

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

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

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

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

## 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.***

## 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 C

### PENSION

Adopted from Division 15 – PROFESSIONALS, Defined Benefit Plan, the pension plan shall be as follows, with all other provisions remaining as they are as of June 30, 2019:

A. Average Earnings:

A Participant's "Average Earnings" means his or her highest average annual Earnings received in any 60 consecutive Earnings Computation Periods during the Participant's period of employment.

B. Early Retirement Date:

A Participant's "Early Retirement Date" means any date that is within ten years of the Participant's Normal Retirement Date, provided the Participant has also completed at least ten years of Credited Service.

C. Normal Retirement Date:

A Participant's "Normal Retirement Date" means, for Participants with an Hour of Service on or after June 30, 2000, the date on which he or she attains Age 62 and completes ten (10) years of Credited Service.

If a Participant terminates employment prior to his or her Normal Retirement Date, his or her Normal Retirement Date shall be the later of the date on which he or she attains the requisite age indicated above (as in effect on the date his or her employment terminated) or the tenth anniversary of his or her "participation commencement date." A Participant's "participation commencement date" means the first day of the Plan Year in which he or she commenced participation in the Pension Plan.

D. Participation Freeze Date:

The "Participation Freeze Date" means January 1, 2010.

E. Amount of Normal Retirement Benefit:

For Participants who retire or otherwise terminate employment on or after July 1, 2007, the Participant's monthly normal retirement benefit shall be equal to 1/12th of the amount determined under the following basic formula: 2.2 percent (2.2%) of the Participant's Average Annual Earnings multiplied by the number of his or her full years of Credited Service, not in excess of 35 years, with a maximum of seventy percent (70%) of the Participant's Average Annual Earnings.

F. Pick-Up Contributions:

Effective July 1, 1998, Participants were required to make Pick-Up Contributions to the Pension Plan. On and after July 1, 2009, the amount of such Pick-Up Contributions shall be 7.5 percent (7.5%) of Earnings. For purposes of Pick-Up Contributions, Earnings shall include bonus and overtime; and shall be through a 414(h)(2) pre-tax plan of the Internal Revenue Code.

G. A Participant's vested interest in his or her Employer Derived Benefit shall be determined in accordance with the following schedule:

Years of Credited Service	Vested Interest
Less than 6	0%
6 but less than 7	20%
7 but less than 8	40%
8 but less than 9	60%
9 but less than 10	80%
10 or more	100%

There is no minimum age for a Participant to vest in his or her Employer Derived Benefit.

H. Employees hired on or after January 1, 1992 but before January 1, 2010 are required to participate in the Pension Plan as a term and condition of employment. Employees hired or re-hired on or after January 1, 2010 will not be eligible to participate in the Pension Plan. No employee hired prior to January 1, 2010 may participate in the Defined Compensation Plan set forth in Section L of this Appendix.

I. Eligibility for Preretirement Spouse Benefit:

Members of this bargaining unit who are Participants in the Pension Plan are entitled to a preretirement spouse benefit under Section 10.1 of the Pension Plan.

J. Payment of Preretirement Spouse Benefit.

Payment of a preretirement spouse benefit to the Spouse of a member of this bargaining unit who was a Participant in the Pension Plan continues until the Spouse's death.

K. At any time, should employees in this bargaining unit who are Participants in the Pension Plan represent less than a majority of the bargaining unit, such employees will be permitted to maintain their Pension Plan benefits as set forth in the Pension Plan and this Appendix, throughout their employment with the Town of Vernon.



- L. Employees who become members of the bargaining unit on or subsequent to January 1, 2010 are not eligible to participate in the Pension Plan and are not covered by Sections A – J of this Appendix. Such employees will be automatically enrolled in the Town's defined contribution plan (*The Town administers the defined contribution plan through a 457(b) plan and a 401 money purchase plan*), provided employees will have the option to opt-out of the plan. The Town will contribute to the 401 money purchase plan 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 base 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. Effective July 1, 2022, if the employee contributes 7.5% or more of his or her wages to their defined contribution plan, the Town will contribute an additional 4% for a total of 6% of the employee's annual base wages to the plan. The Town will establish such defined contribution plan as soon as administratively possible.

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

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

- M. The change in Section L shall not affect any employee who was continuously employed by the Town of Vernon prior to January 1, 2010 and at all times on and after January 1, 2010 from participating in the Town of Vernon Pension Plan upon transfer to this bargaining unit if he or she was a Participant in the Pension Plan before transferring to this bargaining unit; except that any employees hired or re-hired on or after January 1, 2010 will not be eligible to participate in the Pension Plan .
- N. Capitalized terms used in this Appendix without definition shall have the same definitions as are given to those terms in the Town Pension Plan.

## SALARY TABLES

EFF. DATE	GROUP/BU	GRADE/ RANK	DESCRIPTION	PAY BASIS	FREQUENCY	CALC	PERIODS	HRS/ DAY	HRS/ PERIOD	DAYS/ PERIOD	HRS/ YEAR	DAYS/ YEAR	USE PCT
07/01/2022	PRDH DIRECTORS	E-4	COLL REV/YSD	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
Change was made by 2.2500%													
No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	45.5626	318.9372	1,594.69	82,923.66
02	0.0000	47.1729	330.2102	1,651.05	85,854.66
03	0.0000	48.7957	341.5694	1,707.85	88,808.05
04	0.0000	50.5177	353.6243	1,768.12	91,942.32
05	0.0000	52.2891	366.0236	1,830.12	95,166.13
06	0.0000	53.8577	377.0044	1,885.02	98,021.15

07/01/2022	PRDH DIRECTORS	E-5	DIR SS/BLD OFF	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
2.25% INCREASE WITH WAGE RECLASS													
BUILDING OFFICIAL DIRECTOR OF SOCIAL SERVICES													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	51.4963	360.4743	1,802.37	93,723.32
02	0.0000	53.2926	373.0480	1,865.24	96,992.48
03	0.0000	55.1629	386.1407	1,930.70	100,396.59
04	0.0000	57.0954	399.6685	1,998.34	103,913.80
05	0.0000	59.0774	413.5428	2,067.71	107,521.13
06	0.0000	60.8503	425.9511	2,129.76	110,747.29

07/01/2022	PRDH DIRECTORS	E-5B	ASSESS/ENGINEER	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
2.25% INCREASE WITH WAGE RECLASS													
ASSESSOR AND TOWN ENGINEER													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	55.7026	389.9186	1,949.59	101,378.83
02	0.0000	57.3737	401.6164	2,008.08	104,420.26
03	0.0000	59.0949	413.6648	2,068.32	107,552.86
04	0.0000	60.8677	426.0748	2,130.37	110,779.45
05	0.0000	62.7466	439.2269	2,196.13	114,198.99
06	0.0000	64.5746	452.0227	2,260.11	117,525.91

# TOWN OF VERNON



## SALARY TABLES

EFF. DATE	GROUP/BU	GRADE/ RANK	DESCRIPTION	PAY BASIS	FREQUENCY	CALC	PERIODS	HRS/ DAY	HRS/ PERIOD	DAYS/ PERIOD	HRS/ YEAR	DAYS/ YEAR	USE PCT
07/01/2022	PRDH DIRECTORS	E-6	P&R/PLANNING	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
2.25 WAGE INCREASE W/ WAGE RECLASS P&R DIRECTOR, TOWN PLANNER													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	57.3946	401.7622	2,008.81	104,458.16
02	0.0000	59.3909	415.7362	2,078.68	108,091.42
03	0.0000	61.4720	430.3042	2,151.52	111,879.08
04	0.0000	63.6383	445.4679	2,227.34	115,821.65
05	0.0000	65.8751	461.1255	2,305.63	119,892.64
06	0.0000	67.8509	474.9569	2,374.78	123,488.80

07/01/2022	PRDH DIRECTORS	E-7	IT/DEVELOPT SVCS	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
2.25 WAGE INCREASE W/ WAGE RECLASS IT DIRECTOR, DIRECTOR OF DEVELOPMENT SVCS													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	63.6383	445.4679	2,227.34	115,821.65
02	0.0000	65.8751	461.1255	2,305.63	119,892.64
03	0.0000	67.8509	474.9569	2,374.78	123,488.80
04	0.0000	69.8866	489.2056	2,446.03	127,193.46
05	0.0000	71.9831	503.8818	2,519.41	131,009.26
06	0.0000	74.1426	518.9982	2,594.99	134,939.54

07/01/2023	PRDH DIRECTORS	E-4	COLL REV/YSD	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
Change was made by 2.2500% No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	46.5877	326.1132	1,630.57	84,789.44
02	0.0000	48.2343	337.6400	1,688.20	87,786.39
03	0.0000	49.8934	349.2547	1,746.27	90,806.23
04	0.0000	51.6543	361.5808	1,807.90	94,011.02
05	0.0000	53.4657	374.2591	1,871.30	97,307.37
06	0.0000	55.0697	385.4870	1,927.44	100,226.63

# TOWN OF VERNON



## SALARY TABLES

EFF. DATE	GROUP/BU	GRADE/ RANK	DESCRIPTION	PAY BASIS	FREQUENCY	CALC	PERIODS	HRS/ DAY	HRS/ PERIOD	DAYS/ PERIOD	HRS/ YEAR	DAYS/ YEAR	USE PCT
07/01/2023	PRDH DIRECTORS	E-5	DIR SS/BLD OFF A	ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
Change was made by 2.2500% No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	52.6549	368.5850	1,842.92	95,832.09
02	0.0000	54.4917	381.4416	1,907.21	99,174.81
03	0.0000	56.4040	394.8289	1,974.14	102,655.51
04	0.0000	58.3803	408.6610	2,043.31	106,251.86
05	0.0000	60.4069	422.8475	2,114.24	109,940.36
06	0.0000	62.2194	435.5350	2,177.68	113,239.10

07/01/2023	PRDH DIRECTORS	E-5B	ASSESS/ENGINEER A	ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
Change was made by 2.2500% No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	56.9560	398.6917	1,993.46	103,659.85
02	0.0000	58.6646	410.6528	2,053.26	106,769.72
03	0.0000	60.4246	422.9723	2,114.86	109,972.80
04	0.0000	62.2374	435.6615	2,178.31	113,271.99
05	0.0000	64.1586	449.1095	2,245.55	116,768.47
06	0.0000	66.0277	462.1932	2,310.97	120,170.24

07/01/2023	PRDH DIRECTORS	E-6	P&R/PLANNING	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
Change was made by 2.2500% No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	58.6860	410.8018	2,054.01	106,808.47
02	0.0000	60.7271	425.0903	2,125.45	110,523.48
03	0.0000	62.8551	439.9860	2,199.93	114,396.36
04	0.0000	65.0700	455.4909	2,277.45	118,427.64
05	0.0000	67.3571	471.5008	2,357.50	122,590.22
06	0.0000	69.3777	485.6435	2,428.22	126,267.30

# TOWN OF VERNON



## SALARY TABLES

EFF. DATE	GROUP/BU	GRADE/ RANK	DESCRIPTION	PAY BASIS	FREQUENCY	CALC	PERIODS	HRS/ DAY	HRS/ PERIOD	DAYS/ PERIOD	HRS/ YEAR	DAYS/ YEAR	USE PCT
07/01/2023	PRDH DIRECTORS	E-7	IT/DEVELPT SVCS	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
Change was made by 2.2500%													
No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	65.0700	455.4909	2,277.45	118,427.64
02	0.0000	67.3571	471.5008	2,357.50	122,590.22
03	0.0000	69.3777	485.6435	2,428.22	126,267.30
04	0.0000	71.4589	500.2127	2,501.06	130,055.31
05	0.0000	73.6029	515.2191	2,576.10	133,956.97
06	0.0000	75.8109	530.6757	2,653.38	137,975.68

07/01/2024	PRDH DIRECTORS	E-4	DEPT HEADS	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
Change was made by 2.2500%													
No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	47.6357	333.4508	1,667.25	86,697.20
02	0.0000	49.3194	345.2368	1,726.18	89,761.58
03	0.0000	51.0160	357.1130	1,785.56	92,849.37
04	0.0000	52.8166	369.7164	1,848.58	96,126.27
05	0.0000	54.6686	382.6800	1,913.40	99,496.79
06	0.0000	56.3086	394.1605	1,970.80	102,481.73

07/01/2024	PRDH DIRECTORS	E-5	DEPT HEADS	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
Change was made by 2.2500%													
No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	53.8397	376.8781	1,884.39	97,988.31
02	0.0000	55.7177	390.0240	1,950.12	101,406.24
03	0.0000	57.6731	403.7125	2,018.56	104,965.26
04	0.0000	59.6937	417.8559	2,089.28	108,642.53
05	0.0000	61.7660	432.3616	2,161.81	112,414.02
06	0.0000	63.6191	445.3345	2,226.67	115,786.98

# TOWN OF VERNON



## SALARY TABLES

EFF. DATE	GROUP/BU	GRADE/ RANK	DESCRIPTION	PAY BASIS	FREQUENCY	CALC	PERIODS	HRS/ DAY	HRS/ PERIOD	DAYS/ PERIOD	HRS/ YEAR	DAYS/ YEAR	USE PCT
07/01/2024	PRDH DIRECTORS	E-5B	ASSESS/ENGINEER A	ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
Change was made by 2.2500%													
No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	58.2374	407.6623	2,038.31	105,992.20
02	0.0000	59.9846	419.8925	2,099.46	109,172.04
03	0.0000	61.7843	432.4892	2,162.45	112,447.19
04	0.0000	63.6377	445.4639	2,227.32	115,820.61
05	0.0000	65.6020	459.2145	2,296.07	119,395.76
06	0.0000	67.5131	472.5926	2,362.96	122,874.07

07/01/2024	PRDH DIRECTORS	E-6	P&R/PLANNING	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
Change was made by 2.2500%													
No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	60.0063	420.0448	2,100.22	109,211.66
02	0.0000	62.0934	434.6548	2,173.27	113,010.26
03	0.0000	64.2694	449.8857	2,249.43	116,970.28
04	0.0000	66.5343	465.7395	2,328.70	121,092.26
05	0.0000	68.8729	482.1096	2,410.55	125,348.50
06	0.0000	70.9386	496.5704	2,482.85	129,108.31

07/01/2024	PRDH DIRECTORS	E-7	IT/DEVELPT SVCS	A ANNUAL	W WEEKLY	11	52.0000	7.00	35.00	5.00	1820.00	260.00	N
Change was made by 2.2500%													
No Dollar amount used.													

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	66.5343	465.7395	2,328.70	121,092.26
02	0.0000	68.8729	482.1096	2,410.55	125,348.50
03	0.0000	70.9386	496.5704	2,482.85	129,108.31
04	0.0000	73.0669	511.4675	2,557.34	132,981.55
05	0.0000	75.2589	526.8115	2,634.06	136,971.00
06	0.0000	77.5166	542.6159	2,713.08	141,080.13

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



# Long-Term Disability Insurance



*Developed for the Employees of  
Town of Vernon*

## **Protecting Your Family Securing Your Future**

---

**“As long as you've got your health ....”**

If you're physically healthy, you can work, play, take care of your family and enjoy life.

But, if something were to happen to you, all your hard work — and everything you have — could be lost unless you take steps to protect your income.

If asked to name your most valuable assets, you might list your home, your furnishings or your automobiles.

**But what about your *paycheck*?**

You insure your home and your auto. Shouldn't you insure your income as well?

After all, it's your income that enables you to buy and enjoy all of your other assets.

Having adequate insurance coverage is not only the basis for a sound financial blueprint, it helps to provide the protection you need to ensure that your family, your home and your finances will be protected.

By purchasing this disability insurance through your employer, you also benefit from:

- Affordable group rates
- Convenient payroll deduction

## **How This Program Protects You**

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If you suffer a covered disability while insured by this plan, you'll receive monetary benefits designed to help you maintain your normal lifestyle.

This program covers disabling injuries or sicknesses that last beyond the elimination period, whether they occur on or off the job.

Please take a few minutes now to read this program description and learn how this valuable program helps protect your income and your lifestyle.

## **Eligibility For Coverage**

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You must be an active, full-time employee classified as Town employee to receive coverage under this plan. Full-time employment means you work at least 30 hours per week.

### **Eligibility Waiting Period**

All employees who meet the eligibility requirements are eligible to participate in this program on the first of the month following the date of hire.

You can enroll any time within 31 days following the date you become eligible for coverage. If you decide to enroll later, you will have to provide acceptable evidence of good health. This may require a medical examination, at your cost.

You will be asked to complete an enrollment form, indicating your wish to participate and your authorization for payroll deductions.

## **When Coverage Takes Effect**

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If you meet these eligibility requirements, your coverage takes effect on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you. If you're not actively at work on the date your coverage would otherwise take effect, you'll be covered on the date you return to work.

## How Disability is Defined

To receive benefits under this plan, you must be disabled (as defined below) as a result of a covered injury or sickness, and you must be under the appropriate care of a licensed, practicing physician who is qualified to treat your disability.

**Disabled** means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

**Injury** means any accidental loss or bodily harm that results directly and independently of all other causes from an accident.

**Sickness** means any physical or mental illness.

**Appropriate Care** means the determination of an accurate and medically supported diagnosis of your disability, or ongoing medical treatment and care of your disability by a physician that conforms to generally accepted medical standards, including frequency of treatment and care.

**Regular Occupation** means the occupation you routinely perform at the time your disability begins. In evaluating your disability, the insurance company will consider the duties of your occupation as it is normally performed in the general labor market in the national economy. It is not work tasks that are performed for a specific employer or at a specific location.

**Physician** means a licensed doctor practicing within the scope of his/her license and rendering care and treatment to an employee that is appropriate for the condition and locality. A physician cannot be the employee, his/her spouse, the immediate family of either the employee or spouse, or a person living in the employee's household.

## Elimination Period

Before collecting benefits, you must satisfy the elimination period following your date of disability. For your plan, this period is 180 days of continuous disability.

### Takeover Provision

*The Takeover Provision applies to you, if you were covered under your prior company-sponsored disability program on the day before this policy becomes effective.*

If you were not in active service on the day prior to the effective date of this policy due to a reason for which the prior plan and this policy both provide for continuation of insurance, coverage will be provided until the earlier of the date: (a) you return to active service, (b) continuation of insurance under the prior plan would end but for termination of that plan; or (c) the date continuation of insurance under this policy would end if computed from the first day that you were not in active service.

If you were covered under your prior company sponsored disability program on the day before this policy becomes effective, the elimination period for this plan will be waived for any disability that begins while you are insured under this plan if:

- the disability results from the same or a related condition for which prior plan benefits were payable but the prior plan did not pay benefits solely because it is no longer in effect
- the elimination period would not have applied under the prior plan, had it remained in effect
- the disability begins within 6 months of your return to active service.

If benefits are payable under the prior plan, then no benefits will be payable under this plan. If benefits are not payable under the prior plan (solely because it is no longer in effect), this plan will pay the lesser of the gross benefit payable under the prior plan (subject to applicable maximums) and the benefits provided by this plan.

**Prior Plan** means the plan of insurance providing similar benefits to you, sponsored by the employer and in effect directly prior to the policy effective date. A prior plan will include the plan of a company in effect on the day prior to that company's addition to this policy after the policy effective date.

If you were covered under a prior plan and did not fully satisfy the pre-existing condition limitation of that plan, credit will be given for any time that was satisfied.

## Benefits

This plan pays a benefit up to 60% of your monthly covered earnings — to a maximum of \$4,000 per month.

Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the “Effects of Other Income Benefits” section.

**Covered earnings** means your wages or salary, excluding overtime pay, bonuses, commissions and other extra compensation.

### Family Survivor Benefit

The plan also includes a Family Survivor Benefit feature. With this feature, if you die while receiving disability benefits, we will pay a survivor benefit based on 100% of the total of your last month's benefit plus the amount of any disability earnings by which this benefit had been reduced for that month. This plan pays a single lump sum equal to 3 months of benefits.

We pay this benefit directly to your lawful spouse, or to your children in equal shares, if there is no lawful spouse.

If you have no lawful spouse or children, we pay this benefit to your estate.

## Return-To-Work Incentives

This plan encourages you to return to work as soon as medically feasible. It includes return-to-work incentives that offer you both the opportunity and the encouragement to successfully return to productive employment.

### Return-to-Work Incentive Benefit

You may continue to receive benefits if you return to work but continue to meet the definition of disability.

During the first 24 months that monthly benefits are payable, benefits will be reduced so that the combination of this plan's benefit, work earnings, and other income benefits do not exceed 100% of your pre-disability indexed earnings. After the first 24 months, benefits payable under this plan are reduced by 50% of your actual work-earnings.

### Recurrent Disability Feature

If you return to work in your regular occupation after receiving benefits under this plan, then again become disabled from the same or a related cause, you will *not* have to fulfill another elimination period, if you have worked less than 6 consecutive months and you earn less than the percentage of your indexed earnings used when determining your disability during at least one month. The disability would be considered a continuation of your initial claim. If the second disability recurs beyond this limit or results from a cause unrelated to the first, you must file a new claim and fulfill a new elimination period.

### Rehabilitation Services

If you are offered a rehabilitative assistance program, we will work with you during the course of your elimination period or while benefits are payable. You will be expected to cooperate with the implementation of that assistance program.

**Indexed Earnings** are the same as covered earnings for the first 12 months of benefit payments. After the 12<sup>th</sup> month of benefit payments, we apply an increase to your covered earnings amount, and refer to this as “indexed earnings,” in order to calculate the maximum benefit payable under this plan when combined with other income benefits you may be eligible to receive. The amount of the increase we apply is the lesser of either 10% or the rate specified in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPIW) for the preceding calendar year. We do not reduce indexed earnings if the CPIW drops. If the CPIW is ever discontinued, we will use a comparable national index to calculate indexed earnings.

## Effects of Other Income Benefits

Disability insurance is designed to help you meet your financial obligations if you cannot work as a result of a covered injury or sickness. The disability benefit provided by this plan is a total benefit; that is, it will be reduced by any disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving them. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them.

Other income sources that may reduce your benefits under this plan include:

- Any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive) on your own behalf; or which your dependents receive (or are assumed to receive) because of your entitlement to such benefits.
- Benefits payable by a Canadian and/or Quebec provincial pension plan.
- Amounts payable under the Railroad Retirement Act.
- Amounts payable under any local, state, provincial or federal government disability or retirement plan or law as it pertains to the employer.
- Employer-paid portion of company retirement plan benefits.
- Amounts payable by company sponsored sick leave or salary continuation plan.
- Amounts payable by any franchise or group insurance or similar plan.
- Benefits payable under work-loss provisions of any mandatory "no fault" auto insurance.
- Any amounts paid on account of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.
- Amounts payable under any workers' compensation (including temporary or permanent disability benefits), occupational disease, and unemployment compensation. This includes damages, compromises or settlements paid in place of such benefits, whether or not liability is admitted.

Income sources that **WILL NOT** reduce your benefits under this plan are:

- Benefits paid by personal, individual disability income policies.
- Individual deferred compensation agreements.
- Employee savings plans, including thrift plans, stock options or stock bonuses.
- Individual retirement funds, such as IRA or 401(k) plans.
- Profit-sharing, investment or other retirement or savings plans maintained in addition to an employer-sponsored pension plan.

## Minimum Disability Benefit

Your benefits from this plan will never be less than either \$100 per month or 15% of your monthly benefit amount, whichever is greater. However, if there is an overpayment due, the minimum benefit may be reduced or not apply in order to recover the overpayment.

## Benefit Period

Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period, or until you no longer qualify for benefits, whichever occurs first. (We will ask you to periodically furnish proof of your continuing disability.)

This plan pays long-term disability benefits monthly.

Your benefit period begins on the first day after you complete your elimination period. And, should you remain disabled, your benefits continue according to the following schedule, depending on your age at the time you become disabled.

Age at Commencement of Disability	Duration of Benefit Period
Age 62 or younger	To age 65 or the date the 42 <sup>nd</sup> monthly benefit is payable, if later.
63 years	36 monthly payments
64 years	30 monthly payments
65 years	24 monthly payments
66 years	21 monthly payments
67 years	18 monthly payments
68 years	15 monthly payments
69 years or older	12 monthly payments

Benefits payable under this plan will terminate on the earliest of any date indicated below:

- The date we determine you are no longer disabled.
- The date you earn from any occupation more than the percentage of your indexed earnings as defined in your definition of disability.
- The date the maximum benefit period ends (see above schedule).
- The date you cease to get appropriate care.
- The date you die.
- The date you refuse to participate without good cause in all required phases of the rehabilitation plan.
- The date you fail to cooperate with us in the administration of the claim.

Benefits may be resumed if you begin to cooperate in the rehabilitation plan within 30 days of the date benefits terminated.

## Limitations

This plan provides only limited benefits for some conditions and excludes others from coverage, as listed below.

### Pre-Existing Conditions

Pre-existing conditions are those for which you have incurred expenses, taken prescription drugs or medicines, received medical treatment, care or services (including diagnostic measures,) or for which a reasonable person would have consulted a physician during the 3 months immediately prior to the most recent effective date of insurance.

This plan does *not* pay benefits for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for 12 consecutive months. If you were insured under the employer-sponsored disability plan with a pre-existing condition limitation immediately prior to the effective date of this plan, we will credit you for all time served toward that limitation period, for similar or lower benefit amounts. If benefits under this plan are higher than under your prior plan, you do not receive credit for the higher benefit levels. This limitation also applies to newly added or increased benefits.

### Limited Benefit Periods for Mental or Nervous Disorders

This plan limits benefits for disabilities caused by or contributed to by any one or more of the following conditions:

- Anxiety-disorders
- Delusional (paranoid) or depressive disorders
- Eating disorders
- Mental illness
- Somatoform disorders (including psychosomatic illnesses).

Benefits for these conditions have a lifetime limit of 24 months for outpatient treatment. The plan also pays benefits during periods of hospital confinement for these conditions, as long as hospitalization lasts for more than 14 consecutive days and occurs before the 24-month lifetime outpatient limit is exhausted. Once the 24-month outpatient benefits are exhausted, the plan pays no further benefits for these conditions.

### Limited Benefit Periods for Alcoholism and Drug Addiction or Abuse

This plan limits benefits for disabilities caused by or contributed to by any one or more of the following conditions:

- Alcoholism
- Drug addiction or abuse

Benefits for these conditions have a lifetime limit of 24 months for outpatient treatment. The plan also pays benefits during periods of hospital confinement for these conditions, as long as hospitalization lasts for more than 14 consecutive days and occurs before the 24-month lifetime outpatient limit is exhausted. Once the 24-month outpatient benefits are exhausted, the plan pays no further benefits for these conditions.

## Exclusions

This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following:

- Suicide, attempted suicide, or whenever you injure yourself on purpose
- War or any act of war, whether or not declared
- Active participation in a riot
- Commission of a felony
- The revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy

In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason.

## Changes To Existing Coverage

You can make changes to your existing coverage within 31 days after the following specific "life status changes."

- Marriage, divorce, annulment or legal separation.
- Birth or adoption of a child.
- Your spouse's death, termination of employment, or a change in benefit plans available to your spouse.
- Change in your or your spouse's employment affecting your benefits eligibility.



## Termination of Coverage

Your coverage will end on the earliest of any of the following dates:

- the date you are no longer a member of an eligible class of employees.
- the date the plan is terminated by the insurer or the employer.
- the day after the last date for which premium has been paid by you or the employer.
- the date you become eligible for a plan of benefits intended to replace this coverage.
- the date you are no longer in active service.
- the date benefits end because you did not comply with the terms and conditions of the policy.

If you are receiving disability benefits when the policy terminates, disability benefits will continue if you remain disabled and meet the requirements for the insurance. Any later period of disability, regardless of cause, that begins when you are eligible under another disability coverage provided by any employer, will not be covered.

## How Much Your Coverage Will Cost

The cost of this insurance program is paid for by you. Use the chart below to help you calculate the amount for your age group. Please indicate your disability plan choice (or your decision not to select coverage) on your enrollment form. You must authorize payroll deduction for premium payments.

If you are between these ages:	Your cost per \$100 of Monthly Covered Earnings
Under 40	\$ .43
40 – 50	.57
50 & Over	.90

*Costs are subject to change.*

To calculate the cost of your coverage, follow these steps:

**Step 1.** Enter your gross or pre-tax monthly pay (not counting commissions, bonus or overtime). Please note this amount cannot exceed \$6,667. \$ \_\_\_\_\_

**Step 2.** Enter the rate for your age group (see the chart above). \$ \_\_\_\_\_

**Step 3.** Multiply gross pay (line 1) by the rate for your age group (line 2). \$ \_\_\_\_\_

**Step 4.** Divide by 100 to determine the amount of premium that will be deducted from your paycheck each month. \$ \_\_\_\_\_

*(Please Note: All benefits in this plan are paid on a monthly basis, regardless of your regular pay period.)*

# LIFE INSURANCE COMPANY OF NORTH AMERICA

**POLICY NUMBER**  
**SGD 602495**

Name \_\_\_\_\_ Sex: ☐ Male ☐ Female  
*Last First M. I.*

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Home Phone ( \_\_\_\_ ) \_\_\_\_\_  
*Number and Street City State Zip Code*

Date Hired \_\_\_\_\_ Title or Occupation \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_

☐ I accept the LTD insurance provided by the Company's Group Insurance Plan and authorize the deduction from my earnings of the required contribution toward the cost of the insurance.

☐ I have been offered LTD insurance and decline to purchase it at this time. I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the Insurance Company's approval.

Late entrants must complete an Evidence of Insurability Form. Coverage for late entrants is subject to the Insurance Company's approval.

If you are not in active service on the date your coverage would otherwise take effect, you will be covered on the date you return to active service.

**Pre-Existing Condition Limitation:** A pre-existing condition is any injury or illness for which you have consulted a physician (or for which a reasonable person would have consulted a physician), received medical treatment, care or services (including diagnostic measures), taken prescribed drugs or medicines, or incurred expenses during the 3 months prior to the effective date of your insurance. If you become disabled due to a pre-existing condition, you will not receive benefits unless your disability begins more than 12 months after the effective date of your coverage.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



## APPENDIX E

This information is a brief description of the important features of this plan. It is not a contract. Terms and conditions of the coverage are set forth in Group Policy No. SGD-602495, on Policy Form TL-004700, issued in Connecticut and subject to its laws. The availability of this offer may change. Please keep this material as a reference, and file it with your certificate, should you become insured.

*Coverage is underwritten by  
Life Insurance Company of North America  
1601 Chestnut Street  
Philadelphia, PA 19192*




## APPENDIX F

### MEMORANDUM OF AGREEMENT


The Town of Vernon (herby the "Town") and and the Directors Independent Unit (hereby the "Unit"), have come to the following agreement regarding the successor collective bargaining agreement:

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

  
Michael J. Purcaro  
Town Administrator



6/23/2022  
Date

  
Marty Sitler  
President  
Directors Independent Unit

6-23-2022  
Date

## 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.***

## 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.***