

AGREEMENT

Between The

CITY OF NEW BRITAIN

And The

UE LOCAL 222, #25

Public Safety Telecommunicators

AGREEMENT PERIOD

JULY 1, 2024 TO JUNE 30, 2028

TABLE OF CONTENTS

ARTICLE I - RECOGNITION	1
ARTICLE II - THE RIGHTS OF THE CITY	2
ARTICLE III - UNION SECURITY	3
ARTICLE IV - SENIORITY	3
ARTICLE V - LAYOFF, RECALL, TRANSFER, DESIGNATIONS, AND VOLUNTARY DEMOTION AND PERFORMANCE EVALUATIONS	5
ARTICLE VI - HOURS OF WORK, OVERTIME, AND HOLIDAY PREMIUM PAY	7
ARTICLE VII - LEAVE PROVISIONS	14
ARTICLE VIII - DISCIPLINARY PROCEDURE	23
ARTICLE X - WAGES	25
ARTICLE XI - INSURANCE	27
ARTICLE XII - WORK ENVIRONMENT	32
ARTICLE XIII - GRIEVANCE PROCEDURE AND ARBITRATION	33
ARTICLE XIV - GENERAL PROVISIONS	35
ARTICLE XV - SUBSTANCE ABUSE POLICY AND TESTING	37
ARTICLE XVI - DURATION AND RENEWAL	39
APPENDIX A - WAGE TABLES	43
APPENDIX B - INSURANCE	47

This agreement is entered by and between the City of New Britain (hereinafter referred to as the "City"), and United Electrical, Radio, and Machine Workers of America (UE), and its Local 222, #25 (hereinafter referred to as "Union"). It is the intention of the parties entering into this Agreement to maintain a harmonious relationship between them recognizing: 1.) the legitimate needs of the employees covered; 2.) the obligation of the employees to the City; and 3.) the obligation of the City to the Public.

ARTICLE I – RECOGNITION

- 1.0 The City recognizes the Union as the sole and exclusive bargaining agent for the purposes of collective bargaining pursuant to the terms and conditions of the Municipal Employees Relations Act with respect to rates of pay, wages, salaries, hours of employment and other conditions of employment for all permanent, full-time Public Safety Telecommunicators (job description attached) in the City of New Britain.
- 1.1 No job classification included in the bargaining unit under Section 1.0 above shall be reclassified outside the unit as defined above during the life of this Agreement without mutual consent of the parties.
- 1.2 If the City shall create any new permanent, full-time position within the Public Safety Telecommunications Center during the life of this Agreement, it will meet with the Union in an attempt to arrive at a mutual determination as to inclusion or exclusion from the bargaining unit. In the event they are unable to agree, the City, at its option, may rescind the creation of the position or refer the matter to the State Labor Relations Board for determination under Section 7-471 (2) of the General Statutes in which event, the City's option to rescind will no longer be effective. If the position is determined to be within the scope of the bargaining unit, the City and the Union must agree on proper pay grade or use the services of the State Board of Mediation and Arbitration as stated above.
- 1.3 The City of New Britain shall furnish to the Union Secretary, on a quarterly basis (if needed at all), a list of new employees showing:
 1. Date of Hire
 2. Name of Employee
 3. Address of Employee
 4. Employee's Social Security Number
 5. Department
 6. Position
 7. Rate of Pay

ARTICLE II - THE RIGHTS OF THE CITY

- 2.0 Unless expressly limited or relinquished below by a specific section of this Agreement, the rights, power and authority held by the City and any of its Departments, Agencies or Boards pursuant to any Charter, general or specific statute, ordinance, regulation or other lawful provision, over matters involving the municipality, and the complete operational control over the policies, practices, procedures and regulations with respect to its employees shall remain vested solely and exclusively in the City of New Britain. In addition, the City will continue to have, whether exercised or not, all of the rights, powers and authority heretofore existing, including but not limited to the following: determine the standards and types of services to be offered by the Public Safety Telecommunications Center; determine the standards of selection for employment; direct its employees; take disciplinary action; relieve its employees from duty because of lack of work or for other legitimate reasons; issue rules and regulations; maintain the efficiency of operations; determine the methods, means and personnel by which the operations are to be conducted; determine the content of job classifications; exercise complete control and discretion over its organization and the technology of performing its work; and fulfill all of its legal responsibilities. The above rights, responsibilities and prerogatives are inherently vested in the City of New Britain by virtue of statutory and charter provisions and cannot be subject to any grievance or arbitration proceeding except as specifically provided for in this agreement.
- 2.1 The Public Safety Telecommunications Center Manager shall have the exclusive right to develop and issue policies and procedures governing the operations and management of the Public Safety Telecommunications Center and its related operations and functions. These policies and procedures may be issued in the form of written directives from the PSTC Manager. Among the Directives of the Public Safety Telecommunications Center there shall be a section governing rules of conduct by employees.
- 2.2 **Consolidation with other public safety telecommunications centers**

Nothing in this agreement shall prevent the City of New Britain from consolidating its public safety telecommunications functions with other municipalities for the purposes of creating a publicly sponsored and operated, regional public safety telecommunications center or centers. The City of New Britain guarantees that there will be no layoffs of incumbent employees for a period of three years from the date of the opening of the any consolidated center which includes New Britain PSTC employees.

The City and the Union agree to negotiate the impact of such consolidation. Nothing in this section shall be construed to limit the Union's bargaining rights.

ARTICLE III - UNION SECURITY

- 3.0 The City agrees to deduct an initiation fee, weekly dues, service fees, or agency fees as specified by the Union from the wages of all city employees covered by this Agreement provided that the City has been duly authorized by the employees to make such deduction.
- 3.1 All employees hired into a collective bargaining unit position, who have completed thirty (30) calendar days of employment, may become Union members.
- 3.2 The total amount of dues deducted for any week shall be remitted to the Financial Officer of the Union not later than the following week.
- 3.3 The weekly remittance of dues, service fees or agency fees to the Union will be accompanied by a list of names of employees from whose wages, dues or service fee deductions have been made.
- 3.4 The City agrees that there will be no lockout of any employee or employees during the life of this Agreement. The Union and the individual employees covered hereunder expressly agree that there will be no strike, slowdown, work stoppage or job action that would impede in any way the proper functioning of the Public Safety Telecommunications Center or any other part of City government during the life of this Agreement.
- 3.5 The Union agrees to indemnify and save the City harmless against any and all claims, demands, suits or other forms of liability that shall arise out of or by reason of action taken by the City for the purpose of complying with the payroll deduction provisions of this Article.

ARTICLE IV - SENIORITY

- 4.0 Seniority is defined as the length of service of the employee from the last date of employment by the City within the bargaining unit.
- 4.1 The City will maintain a seniority list which shall be revised as of January 1st of each year and a copy furnished to the Union no later than February 1st. Any claims for correction of such list must be made within ninety (90) days after a copy is given to the Union; otherwise, the list shall be deemed correct. If parties cannot agree on correction, a grievance shall be filed in accordance with the grievance procedure.
- 4.2 (A) No employee shall attain seniority rights under this Agreement until the successful completion of his/her probationary period. During such period the employee shall be subject to all other clauses of this Agreement but shall be on probation and may be discharged by the City for any reason and without

recourse to the grievance and arbitration provision of this Agreement by either the Union or the employee. Upon completion of the probationary period, the employee's seniority shall date back to the time the employee started work within the bargaining unit.

The probationary period may be extended for a maximum of six (6) months upon the recommendation of the PSTC Manager and with the approval of the Personnel Director and the Union, providing such recommendation is made at least two (2) weeks prior to the expiration of the probationary period.

(B) At any time during the initial probationary period, the PSTC Manager shall recommend in writing to the Personnel Director the removal of an employee, if in his/her opinion, the working test indicates that such employee is unable or unwilling to perform the duties of the position satisfactorily or that his/her habits and dependability do not merit his/her continuance in the service. Such recommendation of the PSTC Manager and the reason therefore shall be in writing to the Personnel Director with a copy to the employee and to the Union if so requested by the Union. No employee shall be removed from a position during his/her probationary period without the approval of the Personnel Director. The employee, if removed, shall not have any right to be restored to the eligibility list from which he/she was appointed.

(C) The probationary period for all appointments is twelve (12) months. During the probationary period, an employee shall receive written evaluations at the end of two (2) months and at the end of four (4) months and a final evaluation in the twelfth month. Such evaluations shall indicate to the employee the areas where performance has been satisfactory and those where improvements are needed. In the latter case, the improvements required shall be clearly indicated. Evaluations shall be completed by a supervisor familiar with the employee's job performance and work habits and approved by the PSTC Manager. All final evaluations must be approved by the PSTC Manager. The evaluating supervisor with or without the PSTC Manager shall meet with the employee to review each evaluation. An employee who fails to pass the probationary period in the judgment of the PSTC Manager, or who voluntarily declines the position, shall be reinstated to the position occupied immediately prior to his/her promotion. In the event a final evaluation is not completed within two weeks of the end of the probationary period, the employee's performance shall be considered to have been satisfactory. The employee may be removed at any time during the probationary period for failure to meet the performance standards of the position.

4.3 An employee shall lose his/her seniority only under the following conditions:

- (A) Termination of employment by voluntary resignation or discharge for just cause.
- (B) Failure to respond within seven (7) working days after having been notified to return to work pursuant to notice of recall given to a laid-off employee.

Notice of recall shall be sent by certified mail with return receipt requested and shall be sent to the employee's last known address.

- (C) Failure to return to work at the expiration of a leave of absence.
 - (D) Refusal to accept recall from layoff when the classification and pay grade are the same as those held by the employee at the time of layoff.
 - (E) Remaining on the recall list for more than twenty-four (24) consecutive months.
 - (F) An employee who is promoted outside the bargaining unit shall lose his/her seniority benefits for the purpose of layoff, promotion and vacation selection unless such employee returns to a bargaining unit position within ten (10) months of the promotion.
- 4.4 Rank seniority is defined as the length of service of the employee within classification or designation. Whenever two or more employees are designated or appointed to a classification on the same day and their rank seniority is equal, seniority shall be granted to the employee with the highest seniority as defined in section 4.0.

ARTICLE V - LAYOFF, RECALL, TRANSFER, DESIGNATIONS, VOLUNTARY DEMOTION, AND PERFORMANCE EVALUATIONS

- 5.0 Layoff shall mean any of the following measures initiated by the City: involuntary, non-disciplinary termination of an employee because of lack of work, elimination of a position, the elimination of an activity, or lack of funding.
- 5.1 The City shall notify the Union and the employee at least two (2) weeks in advance of any layoff of any employee in the bargaining unit.
- 5.2 Layoffs shall be within classification with the least senior employee being laid off first. The order of layoff shall be as follows:
- (A) Part-time Employees
 - (B) Permanent, full-time Employees
- 5.3 Any employee who is laid off in accordance with this section shall have his/her name placed on a re-employment list for a period of not less than twenty-four (24) months.
- 5.4 Any individual recalled under the provisions of this Article shall not suffer any loss of rights, privileges or benefits.
- 5.5 Employees on a reemployment list shall be rehired to their former positions in accordance with their seniority and there shall be no appointments to such positions from outside the bargaining unit until employees on such reemployment list have been restored to their original status.

- 5.6 An employee appointed from a reemployment list to a position in his/her former classification shall be paid at the same pay step as held when he/she was reduced in status or laid off.
- 5.7 The following Union Representatives who are employees shall have super seniority during their terms of office to be applied to all cases of a decrease in a working force: President and one Vice President.
- 5.8 Effective with the implementation of this agreement, each full time employee shall be classified as a Public Safety Telecommunicator.
- 5.9A Designation of Public Safety Telecommunicators 2 and 3
1. The PSTC Manager may designate employees as Public Safety Telecommunicators 2 and 3 within the New Britain Dispatch Center. The PSTC Manager may designate an employee who has served as a T1 for three years as a Public Safety Telecommunicator 2. The PSTC Manager may designate an employee who has served as a T2 for at least three years or an employee who has served as a T1 in the New Britain Dispatch Center with at least a minimum of 7 continuous years' experience as a Public Safety Telecommunicator 3. Employees designated as Public Safety Telecommunicators 2 and 3 shall serve in that capacity at the pleasure of the PSTC Manager except as follows:
 - a. The PSTC Manager may return a designated Public Safety Telecommunicator 2 or 3 to a Public Safety Telecommunicator 1 at any time for cause. Employees may file a grievance for such an action.
 - b. An employee may voluntarily withdraw from a Public Safety Telecommunicator 2 or 3 designation with five days' notice to the PSTC Manager.
 - c. Four weeks prior to any bid, the PSTC Manager may return a designated Public Safety Telecommunicator 2 or 3 to a Public Safety Telecommunicator. Employees may file a grievance for such an action.

The PSTC Manager may establish a civil service process for Public Safety Telecommunicator 2 or 3 and the City will provide notice to the Union if a civil service process is established.

If T2 and T3s who were hired under Section 5.9A by designation have met the criteria of their positions, have completed supervisory training and have had no discipline involving their supervisory duties within the two year period following approval of the tentative agreement which is October 24, 2024 through October 24, 2026, Section 5.9c shall not apply to them for that point forward.

2. When a vacancy occurs in a T2 or T3 position, if a civil service process has not been established, the PSTC Manager shall post the opening two (2) weeks in advance of filling the position. Candidates for Public Safety Telecommunicator 2 must have a minimum of three years' experience as a T1. Candidates for Public Safety Telecommunicator 3 must have a minimum of three years' experience as a T2 or a minimum of 7 continuous years' experience as a T1 in the New Britain

Dispatch Center. The PSTC Manager shall have the discretion to appoint any candidate that applies for the position. If there are no internal candidates, the PSTC Manager may appoint same from lists of candidates provided by the Civil Service process.

- 5.9B Employees shall be subject to annual performance evaluations.
- 5.9C There shall be a T2 or T3 regularly scheduled on every shift. If during any shift there is no Public Safety Telecommunicator 2 or Public Safety Telecommunicator 3 on duty, the senior Public Safety Telecommunicator 1 on duty shall receive \$14.00 for day shift, \$14.50 for second shift and \$15.00 for third shift for each day that he/she acts as a supervisor for at least 6 hours of the shift. If the senior Public Safety Telecommunicator 1 is serving a probationary period, then the next senior Public Safety Telecommunicator 1 shall serve as the acting supervisor. This amount will be paid weekly. When a Telecommunicator 1 is assigned a trainee in the absence of a Telecommunicator 2, the Telecommunicator 1 shall receive Telecommunicator 2 rate of pay for all hours spent training, provided they have worked at least six hours of the shift engaged in training.
- 5.9D Any PSTC Manager may perform the services of a Public Safety Telecommunicator during an emergency and in the absence of a Public Safety Telecommunicator 2 or 3 except that nothing in this section shall be construed or intended to deny overtime to persons in the Public Safety Telecommunicator job description.

ARTICLE VI - HOURS OF WORK, OVERTIME, AND HOLIDAY PREMIUM PAY

6.0 For all employees covered under this agreement, the regular work week and workday shall be as follows:

a. Hours per shift

Eight hours per shift, which may include a twenty (20) minute paid meal break and two (2) ten (10) minute breaks. No compensation shall be due any employee for inability to obtain these breaks because of workload requirements. Permission from the shift supervisor shall be required for these breaks, however, permission shall not be denied, provided there is adequate coverage. These breaks may be interrupted or halted to meet any escalation in the call answering and dispatch responsibilities of the PSTC.

b. Shift Schedules:

Public Safety Telecommunicator 1, 2 and 3–

Hours (0700-1500, 0800-1600, 1000-1800, 1500-2300, 1800-0200, 1600-2400, 2300-0700, 2400-0800, 0900-1700, 1700-0100, 1100-1900, 1900-0300). The PSTC Manager will provide advance notice to the Union if an employee is going to be scheduled to any of the following shifts: 0900-1700, 1700-0100, 1100-1900, 1900-0300

Five work days followed by two days off, five workdays followed by three days off.

c. Bid shifts.

Any Public Safety Telecommunicator with more than twelve months service time shall be permitted to submit bids on the basis of rank seniority for a cycle of shift work. These bids shall be conducted as outlined below, three weeks prior to the end of the cycle.

Telecommunicator Bid Cycles

The current bid shift which ends on November 23, 2024 will be extended until January 4, 2025. Effective January 5, 2025, there shall be three (3) shift bids annually of approximately 121 days each.

Each bid period shall start on a Sunday and end on a Saturday

Cycle Length		
Start Date	End Date	Days
1/5/2025	5/3/2025	118
5/4/2025	8/30/2025	118
8/31/2025	1/3/2026	125
1/4/2026	5/2/2026	118
5/3/2026	8/29/2026	118
8/30/2026	1/2/2027	125
1/3/2027	5/1/2027	118
5/2/2027	8/28/2027	118
8/29/2027	1/1/2028	125
1/2/2028	4/29/2028	118
4/30/2028	8/26/2028	118

The Union agrees that during cycle transitions, the days off of Public Safety Telecommunicators require adjustment and that each bid cycle follows with precision the work schedule described in b. above.

The Union recognizes that a bid awarded transition to a different shift may involve a change in work days and days off and that neither additional compensation shall be due the employee nor shall previous day off schedules be carried forward. The PSTC Manager will attempt to accommodate smooth transitions for all bid award shift transitions.

2. There shall be no more than 3 Telecommunicator 1s with less than two years' experience assigned to a shift and no more than 2 Telecommunicator 1s scheduled per result of Bid Shift with less than two (2) years' experience in the New Britain PSTC on one shift. Should a Telecommunicator 1 reach their second anniversary within thirty (30) days of a bid shift then this section shall not apply.

d. Public Safety Telecommunicators with less than 12 months service time.

Public Safety Telecommunicators with less than twelve months service time shall be assigned to a work schedule by the PSTC Manager. For purposes of this subsection, the 12 months of service time begins to run from that date that a Telecommunicator 1 officially is deemed by a Public Safety Telecommunicator Supervisor to have completed training and able to work on his or her own. This work schedule shall have the same hours and day off attributes as those of a Public Safety Telecommunicator. A probationary Public Safety Telecommunicator 1 may assume the same schedule of a Public Safety Telecommunicator 2 only when paired with a Public Safety Telecommunicator 2 for training purposes. The PSTC Manager may, with 24 hours' notice, move a Public Safety Telecommunicator to a different shift provided that for the purposes of such switching no such Public Safety Telecommunicator shall be required to work two consecutive shifts. Employees will not count as full staff members for up to thirty (30) days after being cleared to work on their own. There shall be no more than 2 trainees assigned to a shift.

Probationary employees shall be assigned to shifts after employees with seniority are awarded their bid shift requests except that nothing in this section shall be construed to mean that probationary employees will not be rotated through shifts on a periodic basis during their probationary period. This section is intended to prevent the assignment of multiple probationary employees to the same shift so as to adversely impact the shift bidding rights of other non-probationary employees.

e. Filling of vacant shift assignments& Time Off Requests

1. The PSTC Manager shall have the sole authority to determine how many positions are filled on each shift.
2. When vacancies occur as a result of holidays, sick leave, worker's compensation, bereavement leave, multiple day training, suspensions, or any other vacancies including those resulting from the natural consequence of the schedule, except as provided in 3. (next below) may be offered first to per diem/part-time employees.
3. When 1.) vacancies from the natural consequence of the schedule result in two or less full-time telecommunicators of any designation on a shift; or 2.) vacancies

caused by single day training, vacations, or personal leave, these positions shall be first offered to members of the same designation on an overtime basis, then in cascading order to members of the next designation to the vacant position on an overtime basis, and then to per diem/part-time employees.

4. In the event critical positions cannot be filled with trained telecommunicators from the Public Safety Telecommunications Center, the PSTC Manager may assign such staff as he sees fit for the good order and efficient operation of the facility. Such assignments shall be emergency oriented and shall not serve as a substitute for full time positions within bargaining unit.
5. Only two (2) Telecommunicators shall be allowed to be off per shift, per day. A swap of shifts shall not be counted as one employee off.
6. Time off requests which are put in writing at least two (2) weeks prior to the bid shift opening process, shall be considered guaranteed time off selection. The two weeks prior time period shall only be required for guaranteed time off. Only one employee can be off on guaranteed time off on any shift. Guaranteed time off shifts will be selected based on date of hire seniority regardless of rank seniority. No more than two consecutive (2) weeks shall be requested at one time as guaranteed time off. Guaranteed Time off requests must fall within the bid shift period. Employees cannot request guaranteed time off beyond the current bid shift period. Time off requests after bid period has started shall not be considered as a guaranteed time off request and shall be on a first come first serve basis for the duration of that current bid. All time off requests shall be granted in accordance with subsection 5 above. No guaranteed time off will be granted on December 24, December 25, December 31, January 1st. For a major life event such as a wedding, employees may request time off two weeks prior to the beginning of the calendar year and those requests will be treated as guaranteed time off requests and subsection 5 above will be followed.
7. If an employee accepts a voluntary overtime shift, the employee may only cancel that shift 36 hours or more prior to the overtime shift. If an employee cancels a voluntary overtime shift less than 36 hours prior, that employee shall be moved to the top of the order in list unless he or she finds a replacement to work that overtime shift.

6.1 Shift differentials

Effective upon signing of this agreement the shift differential wage adjustment shall be based on base pay and according to the following schedule:

Shift

0700-1500, 0800-1600 and 0900-1700 hours	0%
1000-1800 and 1100-1900 hours	3%
1500-2300, 1600-2400 and 1700-0100 hours	4%

1800-0200 and 1900-0300 hours

5%

2300-0700 and 2400-0800 hours

7%

The Compensation Plan contained in the Appendix reflects these differentials.

6.2 Time and one-half shall be paid for all work performed by an employee in excess of his/her regular work week as follows:

1. The employee has no occurrences of lost time within the work week. An occurrence of lost time is defined as any absence no matter how slight resulting from sick leave, worker's compensation, tardiness, absence without pay, and any sickness without pay. Lost time is not considered as "hours worked" or work performed.
2. If the employee has lost time within a work week, overtime compensation shall be paid when the actual hours worked exceeds the regularly scheduled hours.
3. See Attachment A for specific examples of these rules.

An employee may elect compensatory time in lieu of overtime in accordance with Section 7.10

6.3 (A) Voluntary overtime work for all employees shall be assigned on as equitable a basis as possible within respective job designations. Overtime work may be hierarchically assigned among job designations in order to meet the needs of the City. Employees shall sign up weekly, or other mutually agreeable period, for voluntary overtime assignments giving the shifts they are available. These sign-ups shall form the primary basis for overtime distribution. The City is not required to offer overtime to an employee who has not worked his last scheduled shift. The City shall, for the purposes of offering unscheduled overtime (less than 48 hours until vacancy occurs), only be required to make one call to the single, consistent, telephone number officially on record for each employee. Calls answered by machines or other automated technologies shall generally be considered as an offer not accepted by the employee.

(A)(1) All official city business should be done through City recorded phones lines, City owned cell phone or automated notification system. Text records should not be deleted for one year. This includes offering of overtime, swaps, and training assignments or all other official City business.

(B) Overtime records shall be available for inspection by the Union.

(C) The exclusive remedy for an error in overtime distribution shall be a make-up assignment of overtime. Under no circumstances will an employee be compensated for work not performed.

(D) The Union shall be given, upon request, a list of all overtime hours, rates paid to each employee as of October 1st and April 1st.

(E) (1) An employee called in to work outside regularly scheduled working hours shall be guaranteed a minimum of four (4) hours pay at the applicable rate. The minimum four (4) hours shall be for each call-in event and the change of the day shall not break the continuity of the four (4) hour minimum.

(a) An employee scheduled for order in shall receive 24 hours' notice before the start of the ordered-in shift. Employees cannot refuse an ordered-in shift except as provided in subsection below. The Order-in list shall be accessible to all employees. Order-ins shall be scheduled with employees working the shifts which precede and succeed the order-in shift. This would be done on a rotating basis by the employees who have worked the least amount of order in hours. An order in list will be kept by hours. The order in list shall reset at the same interval as the voluntary hours list. Should the amount of order in hours worked be equal among all employees, then order ins shall be done on a rotating basis by seniority starting with the least senior employee and progressing sequentially to the most senior employee.

(b) In the absence of volunteers for a full or partial shift vacancy, the order-in list shall be utilized. The employee who is scheduled to work the shift before the vacancy who has the lowest hours on the order-in list will be ordered to stay for a full or partial shift. The employee who is scheduled to work the shift after the vacancy with the lowest hours on the order-in list will be ordered to come in early for a full or partial shift. Order-in shifts will be filled in 4 hour blocks whenever possible.

(c) Employees out of the probationary period may be given one (1) refusal for an order in per bid shift. All other refusals may be subject to discipline. Any member ordered in is allowed to find another employee who meets the same qualification and is willing to work the order in. Said employee shall be referred as the "substitute ordered in employee". If a substitute ordered in employee is found and works the entire order in shift, the

substitute ordered in employee will receive credit for the order in. If the original ordered in member is not able to provide a substitute employee to work the order in shift, the original ordered in member shall work the order in shift. Any swap of an order-in shall be governed by the language in Section 6.5

(2) No employee may work more than sixteen consecutive hours unless emergency conditions, as determined by the PSTC Manager or his designee, apply. Employees who have worked sixteen consecutive hours are required to have a minimum 8 hours break between shifts.

(3) The City, may as needs require, hold an employee over from one shift in order to meet the staffing needs of the following shift. Overtime in the amount of a two hour minimum shall be paid to such employees who have worked at least one half hour.

(4) An employee who returns from extended medical leave will be placed in the middle of the order-in list.

6.4 Employees may, on occasion and on a limited basis, at the sole discretion of the PSTC Manager and with prior permission, switch shifts within the same bid shift period. T2s and T3s shall only be allowed to switch shifts with a T1 if there is another T2 or T3 scheduled for the shift involved in the swap. However, the granting of any such switch shall not constitute a past practice.

6.5 Employees who are assigned to mandated training within the State of Connecticut shall be paid all hours attending such training and shall be paid at the overtime rate for those hours in excess of eight (8) hours if the total workday, including travel beyond the normal work commute, exceeds eight (8) hours. The City will pay for any mileage using the published Government Services Administration standard rate for the year in which the training was attended. In addition, mileage will be calculated as follows:

- (a) The city may deduct from the mileage calculation the distance from the employee's home to/from the PSTC.
- (b) The City will pay an additional 30% of the Government Services Administration mileage reimbursement rate for "ride sharing" with two or more telecommunicators to the same training venue.

Employees who are assigned to training outside of the State of Connecticut requiring lodging, shall not be compensated for travel hours to and from such

training. Out of pocket costs for training, including mileage, shall be payable according to City regulations in place for such reimbursement. Nothing in this section shall be construed to compensate the employee less than their normal work day.

Additional training that is required by the PSTC Manager and/or Public Safety Telecommunicator Supervisor shall be completed within the provided time frame. Should there be an issue with completing such training within the given time frame, employee may request additional time which will be approved or denied by the Manager and/or Supervisor. Should such training not be capable of being completed on shift, employee shall be paid overtime. Employees who consistently do not complete their required training may be disciplined in accordance with Article 9 of this Agreement.

The City will notify members if any training, which is time stamped and time spent completing the training can be verified, can be completed off site. The Union understands that there is some training which is required to be completed on site.

ARTICLE VII - LEAVE PROVISIONS

SICK LEAVE

7.0 (A) Each employee shall receive leave of absence with full pay for sickness at the rate of one sick day (8 hours) per month for all employees, cumulative to the maximum of two hundred and thirty (230) working days, for employee's hired prior to January 1, 1996, and cumulative to the maximum of one hundred and fifty (150) working days for employees hired after January 1, 1996.

(B) Employees may use up to five of these days for family illnesses. Additional days for family leave may be granted by the PSTC Manager with the endorsement of the Personnel Director. Employees who are out on workers' compensation shall not accrue any sick leave after the first six whole months of absence. Upon written request, each employee shall be notified of accumulated sick leave by letter during the month of January of each year.

(C) For any employee hired prior to January 22, 2020, at the time of employee's retirement from service or death while in active service, he/she or the beneficiary shall receive, on the basis of current wages, full compensation for any unused accumulated sick leave and/or personal leave up to a maximum of fifteen (15) days, or one-fourth (1/4) of the accumulated sick leave with a maximum of fifty-

seven and one-half (57 ½) days, whichever is greater. There shall be no payout of sick time for employees hired after January 22, 2020.

(D) Paid sick leave for any day will be allowed only if an employee reports such

absence to the immediate superior or authorized agent prior to the start of the shift, or as soon thereafter as possible. Extenuating circumstances will be taken into consideration.

(E). In the case of an employee's use of sick leave of more than three (3) days, he or she, if the PSTC Manager or his/her designee requests, must complete a sick leave usage form stating the nature of the illness or whether or not medical assistance was required. The form must be signed by the employee. Refusal to submit the requested form will result in forfeiture of sick leave pay (if sick leave is available) and shall be considered absence without permission. Such refusal will also subject the employee to the disciplinary procedure.

(F) Excessive sick/injured leave is defined as absence from duty due to sickness/injury in excess of four (4) occasions in a continuously rolling twelve (12) month period. Any employee with excessive leave may be designated as a chronic absentee and shall be subject to progressive discipline including discharge.

(G) Sick leave in excess of the amount stipulated in this rule may be granted by the PSTC Manager with the prior approval of the Personnel Director who shall be presented with a complete statement as to the reason and necessity for such extension; provided, however, that sick leave may be extended beyond the time earned up to a limit of thirty (30) days with pay provided that the employee, upon return to work, pays this back at the rate of one-half ($\frac{1}{2}$) day, per month, while the balance of one-half ($\frac{1}{2}$) day may be credited to the employee's account. Sick leave in excess of the amount earned will not become effective until the employee has exhausted all other time due. The employee shall sign a stipulated agreement for personal liability to reimburse to the City in moneys for all time extended or balance due to the City at the time of their leaving the employment of the City.

PERSONAL DAYS

7.1 (A) Non-probationary employees will receive one (1) personal day on July 1st each year. In addition, employees will be granted one (1) additional personal day for perfect attendance for each ninety-one (91) continuous day period of time and (1) additional personal day for perfect attendance for the entire year.

(B) Personal days must be used one (1) year from the date earned and shall be scheduled at least forty-eight (48) hours in advance with the PSTC Manager's prior approval but this shall not preclude the PSTC Manager from granting such time off with lesser notice. Requests for personal days' made at least 48 hours advance cannot be denied until reasonable attempts have been made to fill the vacancies. If multiple requests are received for the same shift, the City reserves the right to deny some of those requests based upon the needs of the PSTC.

Personal days shall be granted preference over all other requests for leave except bereavement and weekly vacations.

(C) The City reserves the right to propose an alternative to the present sick leave program. Such proposal however, shall be subject to full negotiations with the Union and may not be implemented unilaterally by the City. Any such agreed upon change shall be subject to ratification by Union members.

(D) 1. Active employees with more than one year of continuous service shall be eligible for a special personal day off with pay if the summary lost time fraction for all employees is less than .0225 for the prior fiscal year.

2. For the purposes of this section lost time is defined as any absence from work resulting from sick leave, absences without pay, sickness without pay, absence without leave, and worker's compensation.

3. Each quarter the PSTC Manager shall post the summary lost time fraction in the Public Safety Telecommunications Center. The lost time fraction shall be computed by dividing total hours of lost time by total hours worked exclusive of overtime hours. Holiday, vacation, and personal leave shall be omitted from the computation. Only the hours of those employees who are eligible for accruing the special personal day shall be included in the computation.

4. The special personal day off with pay will be credited to each eligible employee at the start of the second fiscal quarter. The day must be used within the next three quarters of the fiscal year. If it is not used by the last quarter, the PSTC Manager may either: 1.) assign it as long as it is contiguous with the employee's regular days off, or; 2.) compensate the employee with the equivalent wages for one regular day of work at straight time.

BEREAVEMENT LEAVE

- 7.2 A. In the event of death in the employee's immediate family or the immediate family of his/her spouse or civil union partner, the employee shall be granted a minimum of three (3) days and may request up to five (5) successive regular work days absence without loss of pay to attend the funeral. Immediate family for purpose of this clause is defined as parents, stepparents, grandparents, spouse, civil union partner, brother, sister, child, stepchild or grandchild and also any relation who is domiciled in the employee's household. Proof of death may be required by the Personnel Director.

B. In the event of the death of the employee's aunt and uncle, daughter-in-law, son-in-law, sister-in-law, brother-in-law, great grandparent, the employee may be granted a maximum of two (2) days off without loss of pay.

WORKERS COMPENSATION

7.3 A. Whenever an employee is absent from work due to an injury or other incapacity resulting from his/her employment with the City, and is entitled to compensation under the Worker's Compensation Act, such absence shall not be charged against the employee's accumulated sick leave for a period not to exceed six months. During said period, such employee shall be paid wages which together with weekly Worker's Compensation checks do not exceed his/her regular net weekly wage. Net pay shall mean gross base pay less deductions for pension, income tax and FICA, if applicable. Any differential paid by the City shall terminate at one year from the date of the original injury.

B. In addition to existing rights, the City has or may have to recover Workers' Compensation payments from responsible third parties, the City shall have the right to recover any payment made by it to supplement said benefits pursuant to this section from such a responsible third party. If the employee recovers a judgment or otherwise settles his or her claim against a responsible third party, the City shall be reimbursed by the employee to the extent of the benefits paid by it under this section.

C. Employees who are out on workers' compensation shall not accrue any sick leave after the first six whole months of absence.

D. No employee will be eligible for sick leave during any period he/she is eligible for and/or collecting Worker's Compensation from an employer other than the City of New Britain.

MILITARY LEAVE

7.4 Any permanent full time employee in the bargaining unit who is a member of the National Guard or Naval Militia or the Military or Naval Forces of the United States who is required to undergo field training therein, shall be entitled to leave of absence with full pay for the period of such field training not to exceed ten (10) working days per fiscal year. The said leave of absence shall be in addition to the annual vacation leave. A statement from military authorities evidencing such attendance shall be required by the City. The statement shall include rank, pay and allowance.

LEAVE OF ABSENCE WITHOUT PAY

7.6 (A) Upon written request and with the approval of the PSTC Manager and

Personnel Director, a leave of absence for a specified purpose and for a specific period not exceeding one (1) calendar year shall be granted to the employee of the City without pay and without loss of seniority. Employees on a leave of absence for other than medical incapacity will be required to pay for their health insurance after the first month of such leave at the group rate if they choose to continue such insurance. Leave of absence shall not be granted for purpose of pursuing other employment.

(B) In addition to (A) above, a leave of absence without pay up to a total of ten (10) working days in any fiscal year may be granted by the PSTC Manager to any employee with not less than six months of employment.

UNION LEAVE

7.7 (A) Union Officers and/or delegates shall be granted leave with pay as follows per fiscal year to conduct union business and to attend officially sponsored meetings, conferences or conventions providing no compensation for loss of time is received by the employees from the Union:

One hundred twenty (120) hours for any member of sublocal 25; and

A total of forty (40) additional hours for officers/executive board members of Statewide, Local 222, Regional, and/or National Union.

Such leave shall only be granted upon prior notification of the Union President to the Personnel Director and the PSTC Manager and shall be subject to their approval. Such approval shall not be withheld if coverage for the employee can be arranged. The Personnel Director shall notify the PSTC Manager.

(B) The Union may designate one steward by notifying the Director of Personnel in writing who shall be permitted to adjust grievances during working hours without loss of pay up to maximum of five (5) hours each month. The steward must obtain permission from the supervisor or PSTC Manager prior to leaving the Public Safety Telecommunications Center.

(C) One officer of the Local Union shall be permitted to adjust grievances during working hours without loss of pay, provided that the total number of hours spent shall not exceed three (3) hours in any calendar week. Meetings requested by, or scheduled with representatives of the City, the State Board of Mediation and Arbitration under any of the provisions of Article XIV, and relating to the negotiation, enforcement, interpretation, or application of this Agreement, shall not be charged against such time limit.

(D) Three employees of the Local Union shall be permitted time off to participate in negotiations for renewal or modification of this contract under

Article XVI without loss of pay for any hours during which they would have been scheduled to work.

(E) One officer of the Local Union shall be permitted time off without loss of pay for all time actually spent in arbitration hearings. The same shall apply for the principal participants as mutually agreed upon by the Personnel Director and the Union.

JURY DUTY

- 7.8 An employee summoned to jury duty will be paid the difference, if any, between the pay for jury service and their regular day's pay; provided that the employee notifies the PSTC Manager at the time of receipt of summons, furnishes proof of jury service, and any payment received, and reports back to the department for work on any day not called. An employee who volunteers for jury duty will be permitted a leave of absence without pay or to use any accumulated, paid vacation or personal leave days.

FMLA

- 7.9 Maternity/paternity leave shall be granted under FMLA for a period of time up to three (3) months unless both parents are employed by the City wherein the three months shall be used by one or shared by both, but shall in no case exceed the three month allotment. Such leave shall begin at a time determined by the employee's personal physician. In the event the employee is unable to return to work at the end of the maternity leave period for medical reasons, an extension of up to three (3) months shall be granted by the Personnel Director providing the employee's physician provides written justification for the need for such an extension.

COMPENSATORY TIME

- 7.10 An employee may elect compensatory time in lieu of overtime under the following conditions:
- a. The employee must notify his/her supervisor in writing at the time of the overtime, if he/she requests payment in compensatory time, otherwise payment will be financial. Compensatory time shall accrue at the rate of 1.5 hours for each overtime hour worked provided the employee has no occurrences of lost time within the workweek as set forth and defined in Section 6.3 of this contract.
 - b. No employee may accrue in excess of eighty hours of compensatory time.
 - c. An employee may use compensatory time only as follows:

When a part-time employee is used to fill the compensatory time vacancy; or when the vacancy has no overtime impact.

- d. The minimum increment of compensatory time usage must be in half hour increments.
- e. Compensatory time may not be substituted for being docked for tardiness.
- f. An employee's last pay week may not consist exclusively of comp time.
- g. Compensatory time off requests shall be made 48 hours in advance but this shall not preclude the shift supervisor or PSTC Manager from granting such time off with lesser notice. Request for leave time made at least 48 hours in advance cannot be denied until reasonable attempts have been made to fill the vacancies. If multiple requests for the same shift off are received, the City reserves the right to deny some of those requests based upon the needs of the PSTC

VACATION

7.11 (A) Employees shall annually earn vacation time according to the schedule cited below in subsection (3). For all employees with two or more years of continuous service, vacation time is credited for completed years of service on the employee's anniversary date with the exception of subsection (1) and (2):

(1) An employee after six months but less than one (1) year of continuous service shall be entitled to a vacation consisting of five (5) working days with pay.

(2) An employee who has completed one (1) full year of continuous service shall be entitled to a vacation consisting of ten (10) working days with pay provided the employee has not exercised the option of subsection (A) above.

(3) An employee who has completed the required years of service in the vacation accrual schedule listed below shall be entitled to a vacation consisting of the corresponding working days with pay as follows:

Vacation Accrual Schedule

Completed Years of Service	<i>Telecommunicators</i>	
	Work days	Hour Conversion
2	10	80
3	10	80
4	10	80
5	15	120
6	15	120

7	15	120
8	15	120
9	16	128
10	17	136
11	18	144
12	19	152
13	20	160
14	20	160
15	20	160
16	20	160
17	20	160
18	20	160
19	20	160
20	21	168
21	22	176
22	23	184
23	24	192
24	25	200
25	25	200

(B) The vacation period will be set by mutual agreement between the PSTC Manager and the employees except that seniority shall govern preference, provided efficiency is not impaired. Vacation requests shall be made 48 hours in advance but this shall not preclude the shift supervisor or PSTC Manager from granting such time off with lesser notice. Requests for vacation made at least 48 hours advance cannot be denied until reasonable attempts have been made to fill the vacancies. If multiple requests are received for the same shift, the City reserves the right to deny some of those requests based upon the needs of the PSTC.

(C) Any accrued pro-rata vacation pay due an employee at the time of separation from City service, regardless of the reason, shall be paid in a lump sum. In the event of the death of an employee, the employee's beneficiary shall receive any accrued, pro-rata vacation pay.

(D) Vacations shall not be accumulated but must be taken within one (1) year of the date earned unless written permission is granted by the Personnel Director, and/or Mayor. The Personnel Director and/or Mayor may grant a carry-over of up to 15 days of vacation. Any days which the Personnel Director and/or Mayor allow to be carried over must be used within 6 months of the employee's anniversary date or said days will be forfeited. The Personnel Director shall notify the PSTC Manager. Employees may opt to take one week's vacation pay in lieu of time one time (1x) per year. An employee opting to take vacation pay in lieu of time shall notify the PSTC Manager by October 1st of each year and the payment shall be made by December 1st each year.

(E) Vacation leave, once granted, shall not be denied except under emergency conditions.

HOLIDAYS

7.12 (A) The recognized paid Holidays shall be as follows: One floating holiday*, New Year's Day, Martin Luther King, Jr. Day, Lincoln's Birthday, Washington's Birthday, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving Day, Christmas Day and any Holiday officially proclaimed as such by the Congress of the United States or the Legislature of the State of Connecticut.

* If Election day is once again declared a federal holiday, the Union shall not be entitled to another holiday but rather the floating holiday shall remain.

(B) Holidays shall be celebrated on the actual holiday.

(C) No holiday pay shall be paid to an employee who is under suspension, has been relieved from duty pursuant to Section 8.4 (F) 1, or is on a leave of absence without pay when the holiday occurs.

(D) If a holiday occurs while an employee is out on sick leave, such holiday shall not be charged against the employee's sick leave account.

(E) Employees who are regularly scheduled to work on Christmas Day, New Year's Day, Thanksgiving Day, Independence Day, Labor Day, will receive pay double time for all hours worked on those days in addition to their holiday pay as described above.

(F) Employees may receive days off in lieu of paid holidays in each fiscal year. Request for such paid holiday shall be made not less than 48 hours in advance of such requested day and approved by the PSTC Manager. Requests for days off in lieu of holiday shall be made 48 hours in advance but this shall not preclude the shift supervisor or PSTC Manager from granting such time off with lesser notice. Requests for day off in lieu of holiday made at least 48 hours in advance cannot be denied until reasonable attempts have been made to fill the vacancies. If multiple requests are received for the same shift, the City reserves the right to deny some of those requests based upon the needs of the PSTC. Employees will be allowed to use holidays in two (2) hour increments

(G) Any unused holidays in excess of four (4) as of April 2nd each year may be assigned by the PSTC Manager prior to June 1st for the remaining part of the fiscal year. An employee shall be paid at the straight time rate upon request for holidays not used or assigned prior to June 30th; such payment shall be made prior to June 30th.

(H) The Union agrees that Public Safety Telecommunicators 1, 2, and 3 are assigned to a schedule that does not provide for conventional holiday leave. The City agrees that the recognized paid holidays are nominal and that employees may accrue this holiday leave and request its use throughout the year. Accordingly, employees with more than two or more years of continuous service at the start of a fiscal year shall be granted credit for these holidays. However, if an employee separates from City service, any holidays that have yet to occur shall be deducted from the balance and the value of any negative balance shall be deducted from the employee's final pay out.

(I) Employees with less than 2 years of employment shall be given an additional sixty (60) days from the accumulation of the Juneteenth Holiday which will be May 1st to request paid leave for such holiday. If an employee is hired before June 19th, they will receive the Juneteenth holiday and it must be used by June 30th. If an employee is hired after June 19th, they will receive the Juneteenth holiday but it must be used within 30 days from the date received

- 7.13 Only two (2) Telecommunicators shall be allowed to be off per shift, per day. A swap of shifts shall not be counted as one employee off.

ARTICLE VIII - DISCIPLINARY PROCEDURE

- 8.0 No employee covered by this Agreement shall be discharged or disciplined except for just cause.
- 8.1 Other than in the case of probationary employees, any disciplinary action including discharge may be appealed through the grievance procedure of this Agreement except as provided for in Article 12.5 and 12.6 and the limitations imposed by section 5.9.
- 8.2 Any disciplinary action shall be stated in writing, giving the reason for same and a copy given to the employee and, if requested by the employee, to the Union President at the time of such action. Notice of this section shall be provided to any employee affected in any disciplinary action. Employees shall be given copies of any discipline to be placed in the employee's personnel file.
- 8.3 Written warnings shall not be used against an employee beyond fourteen (14) months from the date of original issue. The time limits specified herein are valid only when no other disciplinary action has been imposed during the specific time period. The Personnel Director, upon written request of the employee, with the concurrence of the PSTC Manager may seal the written warning in the employee's official personnel file and shall affix to it a label indicating this provision of the agreement.

- 8.4 The parties agree that disciplinary procedures constitute a corrective process designed to improve an employee's behavior through counseling and to make the employee aware of the fact that failure to change will result in increased penalties. In the event it is necessary to discipline an employee, such employee shall be informed that he/she has the right to have a Union Representative present and shall be allowed time to arrange for such representation. Any disciplinary action shall be in writing and a copy given to the employee. An additional copy may be provided to the Union President with the employee's consent.

The procedure for the imposition of disciplinary action shall occur in the following order:

(A) Corrective interview conducted during an informal meeting between the T3 and/or PSTC Manager and the employee. Reference shall be made to require corrective action. This shall not be considered a disciplinary action. A corrective interview shall be documented in the PSTC Manager's files with a copy to the employee. An additional copy may be provided to the Union President with the employee's consent.

(B) Verbal Warning from the PSTC Manager putting the employee on notice that unless improvement is shown, further disciplinary action will be taken. A verbal warning shall be documented with a copy to be given to the employee and placed in the PSTC Manager's files. An additional copy may be provided to the Union President with the employee's consent. Verbal warnings shall not be used against an employee beyond six (6) months from the date of original issue. The time limits specified herein are valid only when no other disciplinary action has been imposed during the specific time period.

(C) Written warning, putting the employee on formal notice that unless improvement is shown, further disciplinary action will be taken.

(D) Letter of reprimand from the PSTC Manager containing a statement of prior efforts made to direct the employee's improvement and specifying a time limit within which a level of improvement must be made.

(E) Suspension without pay.

(F) Dismissal.

The order of disciplinary action specified need not be followed, such as in the case of serious misconduct or when the well-being of other employees or the public is at risk.

(G) Special Suspensions: Relieved From Duty Without Pay

1. The PSTC Manager shall have the right to relieve from duty without pay any employee who is arrested for a felony crime, a sexual offense, or a crime involving larceny in Connecticut or a crime in any other jurisdiction which under Connecticut law would constitute a felony, a sexual offense, or crime involving larceny.

2. Any employee who has been found to under the influence of drugs or alcohol while on duty may be relieved without pay for the remainder of that tour of duty. The PSTC Manager shall review such action within five working days and either reverse or uphold the action or take other appropriate disciplinary action under the contract procedure for such actions.

3. Any employee who engages in violent, offensive, or outrageous behavior while on duty or in the confines of the Police Department or the Public Safety Telecommunications Center may be immediately relieved without pay until a hearing is held with the PSTC Manager on the next administrative day.

4. For the purposes of parts 2 and 3 of this subsection, a Public Safety Telecommunicator 2 or 3 or the Senior Public Safety Telecommunicator 1 on duty may serve as a surrogate for the PSTC Manager in directing that an employee be relieved of duty without pay. The use of this section is limited to those occasions where the PSTC Manager is inaccessible or the situation is such that immediate action is required and in the interests of public safety. The PSTC Manager may issue a Directive providing a policy and procedure that details this process and provides illustrations and advice on its operation and control.

ARTICLE IX - WAGES

- 9.0 Effective 7/1/24 There shall be no general wage increase
Effective 7/1/25 General Wages shall increase by 2.5%
Effective 7/1/26 General Wages shall increase by 2.5%
Effective 7/1/27 General Wages shall increase by 2.75%

Effective July 1, 2024, there shall be adjusted salary schedule with the following conditions:

- a. Step advancements for current Telecommunicators 1s will be frozen for the remainder of this fiscal year;
- b. With respect to the Telecommunicator New Hire schedule, a New Hires will be placed at the START Step and will move to CLEARED Step once cleared to work on his/her own and would remain at CLEARED Step until their 1st anniversary date.

c. The "40 hour" rates have been removed from the salary schedule

(See Wage Appendix A)

9.1 An employee after having served one (1) year (12 months) in grade will advance to the next step of the pay plan. The implementation of this higher rate will become effective the first full work week occurring after such twelve (12) month period, provided the Civil Service requirements governing such increments have been met.

9.2 For each employee covered by this Agreement and hired prior to January 22, 2020 with a minimum of ten (10) years of continuous service as of April 1, each year, the following amounts shall be added to such employee's annual salary for the years of service completed by April 1, of each year:

For ten (10) through fourteen (14) years service	\$250.00
Effective 7/1/08	\$375.00
Effective 7/1/09	\$500.00
For fifteen (15) through nineteen (19) years service	\$325.00
Effective 7/1/08	\$450.00
Effective 7/1/09	\$575.00
For twenty (20) or more years service	\$425.00
Effective 7/1/08	\$550.00
Effective 7/1/09	\$675.00

Such longevity payments shall be made during the month of June of each year in a separate check. In the case of retirement only, the City agrees to prorate the above longevity amounts (1/12 for each month of service).

9.3 All employees hired prior to January 22, 2020 and on the top step of the Wage Appendix for one year shall receive an annual bonus of three hundred fifty dollars (\$350.00) on their anniversary date on that step. Effective July 1, 2009, the top step bonus shall be \$450.00

9.4 No retroactive pay will be paid

9.5 All employees that have a bank account will utilize direct deposit for their paychecks

ARTICLE X - INSURANCE

10.0 (A) ANTHEM Lumenos High Deductible Health Plan with Health Savings Account

1) Effective July 1, 2016, Employees who are eligible participate in the City's medical health insurance plan may participate in a High Deductible Health Plan with a Health Savings Account established by the City effective July 1, 2016. New Hires: Any individual hired by the City after 7/1/2016 shall only be offered the High Deductible Health Plan with HSA for health insurance. The services offered through HDHP shall be same services offered through the current PPO but how they are paid or reimbursed will differ, however coverage for gastric bypass is eliminated effective 7/1/20.

The High Deductible Health Plan with a Health Savings Account Plan: The City shall contribute the following percentage amounts to each eligible employee's HSA account in order to partially fund the deductible amount:

- | | | |
|----|-----------|-----|
| a) | 2019-2020 | 50% |
| b) | 2020-2021 | 50% |
| c) | 2021-2022 | 50% |
| d) | 2022-2023 | 50% |
| e) | 2023-2024 | 50% |

The City's contributions shall be made 50% on July 1 and 50% on January 1 to employee HSA accounts.

Members may choose to contribute their portion of the deductible in equal installments through payroll deduction. Members shall obtain an advance against the January (second) HSA City 50% contribution in the event the member's HSA account has been exhausted and unpaid bills exceed \$200 prior to January 1 annually. If the member is participating in payroll deduction for his/her portion of the annual deductible or has prefunded his/her portion of the deductible and said member has bills exceeding his/her HSA account total, the City shall make an additional contribution, up to the City's 50% unpaid HSA contribution.

Employees shall contribute to medical insurance premiums costs as defined above as follows:

- | | |
|------------------|-------|
| Effective 7/1/24 | 13% |
| Effective 7/1/25 | 13.5% |
| Effective 7/1/26 | 14% |
| Effective 7/1/27 | 14.5% |

Vision is a separate rider and vision rates will be included in the rates of the HDHP. At the Employee's sole cost and only as may be offered by the provider additional coverage beyond the basic vision coverage offered by the City may be elected.

Employees who elect this additional vision coverage will be required to pay the full cost of that additional coverage.

Dental Plan cost share premium shall remain at 16.32% until such time as health insurance cost share premium exceeds 16.32% then the dental cost share premium shall be the same as the health insurance cost share premium

(B) Anthem: Century Preferred PPO

Each full time employee may elect to participate in Anthem Century Preferred PPO in accordance with the following.

The term "premium cost" as used herein shall mean the fully insured rate that each carrier charges or would charge the City to provide the benefits listed below for each level of coverage (i.e., individual, two-person, and family)

Effective July 1, 2016 until July 1, 2020, for any member continuing to be enrolled in the Anthem PPO plan, the City will pay the same dollar amount toward the premium cost for each plan as the City pays for premium cost in the High deductible plan for each member enrolled at each level of coverage. The member shall pay 100% of the difference between the City's total dollar premium (Core Plan) and the total premium cost for the Anthem PPO/Century Preferred plan. Effective July 1, 2020, the Bluecare plan shall no longer be offered

Effective July 1, 2020, the High Deductible Health Plan shall be the only option available.

In addition, the following design plan changes shall be made to the Anthem PPO/Century Preferred Plan :

- Office co-pay increases from \$10 to \$30 PCP/\$45 Specialist
- Inpatient Hospital Stay increases from \$0 to \$500
- Outpatient Hospital visit increases from \$0 to \$250
- Emergency Room visit increases from \$25 to \$100
- Urgent Care visit increases from \$25 to \$75
- Out of Network Deductible remain at \$200/\$400/\$400
- Out of Pocket Maximum remain at \$500/\$1000/\$1000
- Prescription Drug Co-pays increase from \$5/\$10/\$20 to \$10/\$25/\$40
- Mandatory mail-order for long term maintenance drugs
- Mail-order Pharmacy changes from a flat \$5 to 2 copays for a 90 day supply
Maximum is unlimited (no change)
- Eliminate coverage for Gastric Bypass surgery
- Reduce infertility coverage to CT mandate instead of unlimited
- 50 visits combined PT/OT/ST and Chiropractic visits per member per calendar year
- \$45.00 copay for all allergy office visits

All employees, spouses and dependents enrolled in the City's health insurance shall be encouraged to participate in the City of New Britain Health Enhancement Program which requires employees to do the following:

1. Have their physician complete a preventative health attestation form indicating each employee/dependent is current for age appropriate screenings:

- Physical Exam
- Breast cancer screening
- Colon cancer screening
- Cervical cancer screening

2. Have their physician provide them with age appropriate biometrical results including:
LDL, HDL, total cholesterol, blood glucose, height, weight, body mass index, waist circumference, blood pressure and pulse.

At the employee's sole cost, and only as may be offered by the provider additional Delta Dental coverage beyond the basic coverage offered by the City may be elected.

Employees who elect to participate in any health insurance coverage offered by the City will pay the above premium co-shares subject to the IRS 125 Flexible Spending Account.

- 10.1 Each employee may elect to participate in a group life insurance plan of the City of New Britain in the amount of twenty-five thousand dollars (\$25,000) during the term of employment, and at the time of an employee's retirement, in the amount of four thousand dollars (\$4,000) provided that the employee was on the payroll upon execution of this agreement. The City shall assume the full cost for each employee of the coverage and upon the death of such retired employee, shall pay this amount to the employee's designated beneficiary. The employee will also be permitted to purchase additional life insurance at his/her own expense to a maximum of ten thousand dollars (\$10,000) in accordance with the requirements of the optional life benefit program.
- 10.2 The City shall pay the cost of insurance for individuals who have been full-time employees as of January 1, 1997 and who retire on or after the execution of this agreement, for the first seven years of their retirement, subject to the following restrictions:
 - (a) The employee must be eligible for and must be collecting retirement benefits under the Retirement Plan listed in 10.5.
 - (b) For those who retire prior to July 1, 2016, the City will pay the full cost

of coverage for the retiree and spouse in the case of a normal retirement as defined by MERS or retirement under the service connected disability provisions of the pension plan; 80% of such costs for those who retire after at least twenty years of service; 60% of such costs for employees who retire after at least fifteen (15) years of such service; and 40% percent of such cost for employees who retire after at least ten (10) years of such service, provided in each case the employee meets the age and service requirements for early retirement benefits or meets the requirements for service connected disability retirement benefits.

For those who retire after July 1, 2016 – If the retired employee is enrolled in the High Deductible Health Plan/HSA, City shall pay 100% of member's premium cost share for the period of 7 years who are eligible for post- retirement health insurance under the CBA which shall include up to the spouse and family. The City's HSA (or HRA where applicable) deductible contribution shall remain at the percentage that the City was contributing toward active employees at the time of the employee's retirement. For example, if the employee retires on 7/1/2016, the City's contribution shall remain at 60%, if the employee retires on 7/1/2017, the City's contribution shall remain at 55% and if the employee retires on 7/1/2018, the City's contribution shall remain at 50%. The City's HSA deductible contribution for retirees will be handled and paid in as is done in Section 3a above. The City will pay 100% of bills submitted to the Retiree HRA account up to the City's limit of \$1,000 or \$2,000 without payments from the Retiree. At the time of retirement, those employees who are eligible for post-retirement health insurance in accordance with the CBA shall have a one-time option to enroll into PPO. The City shall pay 100% of the cost share premium of the PPO plan, whichever they are enrolled for the employee and spouse only. If the employee does not take the option to enroll in PPO at the time of retirement, they shall remain enrolled in the HDHP/HSA for the 7 year post-retirement period.

If during the seven year period, the employee or the spouse reaches age 65, he or she shall be placed on Medicare (if eligible) as primary and a Medicare supplement as secondary, both subject to the City of New Britain's obligation to pay all or a portion of the cost of the premium as outlined above. If the employee (retiree) and/or spouse are not eligible for Medicare, the City of New Britain's coverage as primary shall continue through the seven-year period. Those employees who are participating in the City's medical insurance plan at the time of retirement shall be eligible to participate in such medical insurance plan which the City provides to its active bargaining unit employees, as such plans may change pursuant to any successor collective bargaining agreement, subject to the same conditions as may exist at any time for such active employees.

- (c) Any retiree who was a full-time employee hired prior to January 1, 1997, and his or her spouse who are both age 65 or older and eligible and enrolled in Medicare as primary who wishes to enroll in a Medicare supplement beyond seven (7) years after the date of retirement and any spouse of a deceased retiree age 65 or older and eligible and enrolled in Medicare as primary who wishes to enroll in a Medicare supplement beyond seven (7) years after the date of retirement shall pay the fully insured premium. This section shall apply only if the Medicare Supplements offered by the City are fully insured. Should the City choose not to be fully insured for the Medicare supplements, it agrees to meet with the Union and negotiate any impact.
- (d) Any retiree who was a full-time employee hired after January 1, 1997 and who retires with a normal service pension as defined by MERS and wishes to remain enrolled on the City's health after retirement may do so if and only if the City of New Britain offers a fully insured health insurance plan to active City employees and shall pay the full costs of such group insurance premiums. Nothing in this language shall be construed to require the City of New Britain to offer a fully insured health insurance plan

10.3 If the City finds it desirable to obtain equivalent coverage from alternate carriers at no additional cost to the employee, the Union agrees to negotiate regarding such change of coverage under written notice from the City of such intent. If the parties are unable to reach agreement, the City may request an evaluation of the equivalency of coverage by an arbitrator chosen under the provisions of section 12.4. If the arbitrator finds the coverage to be equivalent, the City may exercise the option of changing to the equivalent coverage through an alternate carrier.

10.4 An employee who is covered under alternate health insurance through an employer other than the City of New Britain (e.g. spouse) may waive their basic health insurance benefits provided by the City (Blue Cross/Blue Shield Century Preferred with the related riders) for a minimum period of one (1) year. Employees who opt not to accept the health insurance as outlined above shall be compensated on a fiscal year basis in the minimum amount of \$500.00 or one-half (½) of the premium amount, whichever is greater. Such payment (subject to regular deductions) shall be made during the fourth payroll week in July of each year. Employees choosing this option shall only be able to change their option effective July 1 of each fiscal year by notifying the Personnel Director by the preceding April 1. However, any employee who becomes ineligible under some alternate health coverage during the one (1) year period, will be re-enrolled under the City's Health Insurance provisions provided that the City is notified in writing by the employee. No proof of incurability will be required. In a case requiring the re-enrollment of an employee before the one (1) year period has expired, the employee will receive a pro-rated amount for any full months in which he/she participated in the plan; provided however, that a minimum participation of six (6)

full months in the plan is required. Such payment shall be made during the fourth payroll week in July. Any employee choosing this option will be required to sign a waiver of City Insurance (Blue Cross/Blue Shield Century Preferred and the related riders) and submit proof of alternate health insurance coverage to the Personnel PSTC Manager and the Union President. If mandated by employer group insurance requirements, the City reserves the right to limit the number of employees who may participate in the plan. Any current employee who is married to another City employee and is receiving PILO as of January 22, 2020 shall be grandfathered.

Effective upon signing of the contract, employees who waive their basic health insurance benefits and take payment-in-lieu-of will receive up to the below listed amounts:

Single \$1,200.00

Two Person \$2,700.00

Family\$3,700.00

- 10.5 Pension benefits shall be provided for each employee in accordance with Connecticut Municipal Employees Retirement Fund Act as contained in Section 7-425 to 7-459 of the Connecticut General Statutes, as amended.
- 10.6 In the event of a predictable cost, fee or tax due to the Affordable Care Act (i.e. Excise Tax), the parties shall agree to reopen and negotiate coverage afforded by the plan to minimize the obligation and/or bargain the allocation of same amongst the City and union.
- 10.7 The Parties agree should the state partnership Plan 2.0 become more cost effective than the current insurance plans, the Union will notify the City that it wishes to meet and discuss.

ARTICLE XI - WORK ENVIRONMENT

- 11.0 The City shall make reasonable provisions for the safety and health of its employees during the hours of their employment.
- 11.1 A joint labor management committee shall be formed by the City and the Union. The committee which shall be comprised of two (2) representatives designated by the Union and two (2) representatives designated by the City shall meet to review work environment issues including safety and health measures and recommend action. The selection of the appropriate corrective action shall be the sole responsibility of the City. The committee shall meet bi-monthly or on such other schedule as they decide is necessary.

- 11.2 Refrigerator and microwave facilities shall be furnished for non-exclusive use by the bargaining unit members.
- 11.3 Effective 7/1/22 Employees shall pay \$10.00 per month for parking. Employees hired after ratification shall pay \$20.00 per month for parking. The City will designate 13 parking spots for dispatchers to park in the two areas past the gate and an additional 2 parking spots for training if necessary. The City has discretion how many parking spots will be designated in each area.

ARTICLE XII - GRIEVANCE PROCEDURE AND ARBITRATION

- 12.0 A grievance shall mean a claim by an employee or the Union that rights under the specific language of this Agreement have been violated, or that there has been a misinterpretation or misapplication of the specific provisions of this Agreement. As used in this Agreement, the term "Employee" shall mean either (1) an individual employee, or (2) a group of employees having the same grievance.
- 12.1 No grievance may be filed after fifteen (15) working days of the event giving rise to it.
- 12.2 Grievances shall be filed on official Union Grievance forms which specify (a) the facts, (b) the issue, (c) the date(s) of the violation alleged, (d) the controlling contract provision(s) and (e) the remedy or relief sought. Grievances may be modified up to and including step III.
- 12.3 INFORMAL RESOLUTION: The grievance procedure outlined herein is designed to facilitate resolution of disputes at the lowest possible level of the procedure. It is therefore urged that the parties attempt informal resolution of any dispute and to avoid the formal procedures.
- 12.4 NON-DISCIPLINARY GRIEVANCES shall be processed in the following manner:
- STEP I: The employee, in company with the Union Representative, shall first discuss the grievance with the next immediate supervisor excluded from the bargaining unit, who shall answer within two (2) working days. If no satisfactory settlement is reached at this step, the grievance shall be put in writing and may be submitted to the PSTC Manager within ten (10) working days from the date on which the supervisor answered.
- STEP II: Within ten (10) working days of receipt of the grievance, the PSTC Manager shall meet with the employee and/or the Union Representative in an effort to resolve the grievance. The PSTC Manager will answer in writing within three (3) working days after such meeting.
- STEP III: If not settled, the grievance may be submitted within ten (10)

working days after receipt of the answer of the PSTC Manager to the Personnel Director. The Personnel Director shall meet with the employee and/or the Union Representative within five (5) working days of the receipt of the grievance in an attempt to settle it. The Personnel Director shall answer the grievance in writing within five (5) working days after such meeting.

STEP IV: If the grievance is not settled by Step III within the required time, the Union, but not an individual employee, may submit such grievance to arbitration, subject to the limitations imposed by section 5.9. Notice of intention to arbitrate must be in writing addressed to the Personnel Director, and must be made not later than thirty (30) working days following receipt of the Step III decision or the expiration of the time limits for making such decision, whichever shall occur first. The matter shall be heard by the Connecticut State Board of Mediation and Arbitration in accordance with its administrative procedures, practices and rules. The arbitrator shall be bound by and must comply with all the terms of this Agreement. The arbitrator shall have no power to add to, delete from or modify in any way any of the provisions of this Agreement. The decision of the arbitrator shall be binding upon both parties during the life of this Agreement, as provided by law. Fees and expenses, if any, of the arbitrator shall be borne equally by the Union and the City. References to "Arbitrator" include a single arbitrator or a panel of arbitrators.

- 12.5 DISCIPLINARY GRIEVANCES: Pursuant to the provisions of Article VIII, the PSTC Manager may discipline an employee up to and including discharge for just cause. The PSTC Manager will notify the employee and the Union President of the reason(s) for such discipline. The employee, a Union Representative, and the PSTC Manager shall meet within five (5) working days of such notification and attempt to resolve the issue. If resolution is reached, the settlement shall be reduced to writing by the PSTC Manager within three (3) working days of the meeting and signed by the employee, the Union Representative, and the Personnel Director with copies provided to each. If settlement is not reached within three (3) working days of the meeting, the PSTC Manager shall submit his decision to the Personnel Director with copies to the employee and the Union President.
- 12.6 An employee disciplined by the PSTC Manager in accordance with the provisions of Section 12.5, may appeal such action beginning at Step III as provided for in Section 12.4.
- 12.7 The grievance procedure shall be the sole method of processing claims concerning rights and/or privileges provided herein or concerning the interpretation or application of provisions of this Agreement.
- 12.8 (A) Any time limits specified within this article, except for the initial filing of a grievance, may be extended by mutual agreement of the Union and the City provided that if a grievance is not submitted to a higher step in the above procedure, it shall be deemed settled on the basis of the City's answer in the last step considered.

(B) In the event the City fails to answer a grievance at any step within the time limits set forth in the Agreement, the grievance may be taken to the next step subject to the provisions herein.

ARTICLE XIII - GENERAL PROVISIONS

- 13.0 No amendments, additions, subtractions or modifications shall be made to rules and regulations of the employer which shall override or contradict specific provisions of this Agreement or reduce the benefits provided herein without the mutual agreement of the parties.
- 13.1 The City and Union agree there shall be no discrimination against any Employee due to race, color, ethnicity, national origin, disability, religious belief or lack thereof, sexual orientation, gender identity, political belief or affiliation, union activity, or genetic information. Nothing in the 'political belief or affiliation' clause of this article shall be construed as mandating either party to tolerate membership in a fascist or overtly racist political organization which may be classified as a 'hate group,' except as may be required by law. In addition, nothing in the 'political belief or affiliation' clause of this article shall be construed as tolerating a political affiliation which discriminates against coworkers or members of the public on the basis of a legally protected category.
- 13.2 Nothing in this Agreement shall be construed as abridging any right, benefit or privilege that employees have enjoyed heretofore unless it is specifically stated that said practice has been superseded by a provision of this Agreement.
- 13.3 There shall be no residency requirements during the term of this Agreement for bargaining unit employees.
- 13.4 The City and the Union recognize the value of counseling and assistance programs to those employees who have personal problems which interfere with the employee's efficient and productive performance of his/her job duties and responsibilities. The City agrees to provide an employee assistance program.
- 13.5 Bulletin Board. The City will post at Union expense one bulletin board no larger than three feet high by four feet wide for the exclusive use of the Union. This bulletin board shall be placed within the PSTC. All notices from the union shall be posted on this board for member review. Both the City and the Union agree that it would be improper to post abusive, false, misleading, or obscene material on bulletin boards and agree to remove same as soon as it is discovered.
- 13.6 An employee may receive partial or full reimbursement for any job-related courses for which the employee received written approval, including a notice of maximum of reimbursement, from the PSTC Manager, in advance. Reimbursements will be limited to pre-approved courses, subject to limitations of the municipal budget, and will be made for passing grades of a C+ or a numerical grade of 80 on a 100 scale, whichever is greater. All requests for reimbursement

must be made in the same fiscal year as the course attended. Reimbursement may include books and lab fees but the maximum reimbursement shall be established at the time of course approval.

- 13.7 The City agrees that it will provide legal assistance for any members covered by this Agreement against any legal action, demand or suit, brought by third parties against such members, provided, however, that such claim, demand or suit shall arise out of the performance of their duty. It shall be presumed members were not acting ultra vires despite any such allegation by a third party, until a judgment on such allegation is rendered against such members and in that event the members shall reimburse the City for any attorneys' fees, not including the cost of representation by the City's attorney. This section shall not apply to criminal charges brought against any member.
- 13.8 The below listed employees who have 1 or more years of service and who speak and who can interpret a specific foreign language (Spanish, Polish, Mandarin Chinese, French, Italian, Arabic and other languages that the PSTC Manager feels would benefit the PSTC) into English and English into the foreign language (Spanish, Polish, Mandarin Chinese, French, Italian, Arabic and other languages that the PSTC Manager feels would benefit the PSTC), during the performance of their duties, shall be paid a yearly bonus of \$500.00 to perform that bi-lingual interpretation services as required or upon the request of a supervisor. This payment shall be made on each December 1st

Margaret Dabrowski – Polish
Margaret Hook – Polish
Patricia Krysiak – Spanish
Christina Pinto - Spanish
Emily Strzalka - Polish
Jesneiry Barbosa – Spanish
Irrahily Davila – Spanish
Suzanne Saxon– Polish
Leticia DosSantos – Portuguese

Employees who stipulated on their application for employment as a telecommunicator or during an interview for employment that they possessed the requisite skills to provide bi-lingual services may not refuse or otherwise decline to do so in the course of their duties as a telecommunicator. Employees who request the bi-lingual bonus will be required to continue to offer these services for the duration of their employment with the City. As proof that the employee has the requisite skills to perform interpretation the employee shall submit and pass an examination by an expert selected by the City. The current employees who are listed above are grandfathered in and do not need to submit to an examination.

The bi-lingual bonus is language universal. Hence, an employee who speaks more than one of the designated specific foreign languages is still eligible for only one bonus.

Telecommunicators shall not be requested to provide bi-lingual services to criminal suspects or prisoners except under exigent circumstances. If any of these arise, the safety of the telecommunicator must be fully protected by the New Britain Police Department.

ARTICLE XIV - SUBSTANCE ABUSE POLICY AND TESTING

The Union and the City agree that the critical mission and function of the Public Safety Telecommunications Center justifies the maintenance of a drug free work environment. It is the standing policy of the Public Safety Telecommunications Center that its employees are prohibited from the use of any and all illegal and/or illicit controlled substances, narcotics or drugs. A drug free workplace is safety sensitive and critically important to the public interest. The public has a right to expect that those persons assigned to answer and evaluate emergency calls from the public and assign those calls to emergency responders shall be physically and mentally prepared to competently assume those duties. In support of this objective, the Union and City agree that a drug and alcohol free environment is mandatory. Prior to the implementation of this program the PSTC Manager and the Union shall co-develop a written directive and corresponding training bulletin detailing the procedures and sensitivity levels of the tests to be used in the substance abuse testing program. In addition, this Directive shall reference the City's Employee Assistance Program and shall highlight the opportunities for employees to obtain professional assistance in dealing with substance abuse.

The following will be taken to ensure a drug free environment:

1. The City will provide at no cost to the employees of the Public Safety Telecommunications Center an employee and supervisor substance abuse education and training program.
2. The City will implement a drug and alcohol testing program for employees which will include both mandatory and random drug and alcohol screening for the following categories of drugs and all substances produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

Alcohol	Cannabinoids	Barbituates
	Cocaine	Benzodiazepine
	Opiates	Methadone
	Phencyclidine	Methaqualone
	Amphetamines	Propoxyphene

3. In the event, tests are developed which can detect the presence of hallucinogens, designer drugs or other illicit substances with NIDA approved sensitivity cut of

levels, these tests may be incorporated into this program.

4. Employees who test positive under the guidelines of the drug testing program for Cocaine, Phencyclidine, Methaqualone, or Opiates that in and of themselves are illegal to possess shall be terminated.
5. Employees who test positive under the guidelines of the drug testing program to any other Narcotic and/or controlled substance identified in section 3 shall be subject to termination. Provided however, that these employees (other than probationary employees) shall be offered the opportunity to consent to a "Last Chance Agreement" provided the employee has not been the subject of a substantial disciplinary action within the past five years. In the event an employee has been the subject of a substantial disciplinary action within the past five years, the PSTC Manager, at his sole discretion, may offer a "Last Chance Agreement" to the employee in lieu of termination.
6. Any employee who refuses to submit to any substance abuse test or fails to report to a testing agency collection site for testing after having been so notified or who engages in conduct designed to alter the results of any test shall be subject to termination. Refusal to provide sufficient sample quantities of saliva, breath, or urine to be tested without a valid medical explanation shall be considered a refusal to submit to the test. In addition, any employee who fails to report to a designated Medical Review Officer or fails to provide timely documentation requested by a Medical Review Officer shall be subject to termination.
7. Employees who test equal to or greater than .04 for alcohol shall be subject to the disciplinary procedure and will be suspended for the remainder of their shift.
8. Employees who test equal to or greater than .08 shall be subject to the disciplinary procedure and will be suspended for the remainder of their shift and may be suspended for a period of ten working days.
9. Employees who test above limits for alcohol on more than one occasion may be terminated.
10. Employees shall refrain from the consumption of alcoholic beverages in the four hours immediately prior to their shift.
11. Employees shall have the right to provide any urine samples in private, unobserved.
12. Employees tested for alcohol using a Breath Alcohol testing device shall have the test administered by a Breath Alcohol Technician.
13. All tests shall be administered in a location that affords visual and aural privacy to the employee being tested which is sufficient to prevent unauthorized persons from seeing or hearing test results.

14. All drug test results will be reviewed by a physician, specially trained, serving as a Medical Review Officer.
15. If the test is negative, the Medical Review Officer will notify the PSTC Manager.
16. If the test is positive, the Medical Review Officer will contact the employee to discuss the test, to determine if the positive result is valid, and to notify the employee that he/she has 72 hours to request a test of the split specimen.
17. The City of New Britain will be notified if the test results are positive after the Medical Review Officer has discussed or made reasonable efforts to discuss the test results with the employee. The specific drug(s) may be disclosed to the City of New Britain but not the levels detected, except in the instance of alcohol.
18. All employees will be tested at least once under a mandatory testing program and thereafter in random tests as well as for "reasonable cause".
19. No current employee will be tested for the first sixty days after the program Directive is announced except for "reasonable cause".
20. All costs associated with the testing program shall be borne exclusively by the City.
21. "Reasonable cause" Selection

Reasonable cause is a belief based on objective and articulable facts sufficient to lead a reasonably prudent person to suspect that an employee's is under the influence of drugs so that the employee's ability to perform the functions of the job are impaired or so that the employee's ability to perform his/her job function safely and/or competently is reduced.

ARTICLE XV - DURATION AND RENEWAL

- 15.0 This Agreement shall be binding upon the City and the Union from July 1, 2024, and shall continue in full force and effect until June 30, 2028.
- 15.1 If either the Union or the City desire to meet for the purpose of negotiating changes or modifications in the provisions of this Agreement, they shall give written notice of such desire to the other by mail not more than one hundred fifty (150) days prior to the expiration of this Agreement.

SIGNED

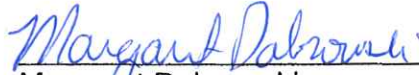
IN WITNESS WHEREOF, the parties here have caused to be signed and sealed this AGREEMENT and on this 6th day of January, 2025.

FOR THE CITY

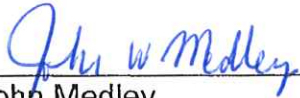


Erin E. Stewart
Mayor

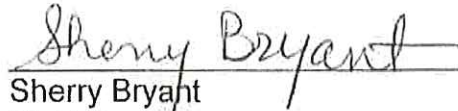
UE LOCAL 222, #25



Margaret Dabrowski
Local President



John Medley
PSTC Manager,



Sherry Bryant
Field Organizer

LEGACY MEMORANDUM OF UNDERSTANDING

AGREEMENT made this 20th day of May, 2002, by and between the City of New Britain and Local #25 of the Connecticut Independent Labor Union, hereinafter referred to as the parties:

WHEREAS, certain elements of memoranda of understanding agreed to under the original collective bargaining have been and continue to be equitable for both labor and management; and

WHEREAS, the City has a long standing practice of effective personnel management and labor relations; and

NOW, THEREFORE, the parties agree to the following terms and conditions that are the outcome of a collaborative arrangement between labor and management:

1. All prior memoranda of understanding are rescinded effective on the date of the successor agreement.
2. Any element of a rescinded memorandum of understanding that both parties desire to have continued for the period of the successor agreement shall be included in this legacy memorandum of understanding.
3. The wage schedule is for all regular work weeks, including those weeks where the employee is scheduled only for thirty-two hours, which shall be based on forty hours. This wage schedule shall only be used for calculating straight time wages consistent with weekly and annual schedules in the agreement.
4. The revised start date of employment for employee Suzanne Patterson shall be August 5, 1998.
5. The Union agrees that the City may establish standards for the procurement, maintenance and appearance of these uniforms. The Union agrees that the PSTC Manager may assign two telecommunicators to assist in developing these standards and in the selection of uniform materials.
6. In the event that space become available for a limited amount of exercise equipment and/or an exercise area for PSTC staff, the Union may approach the City with a proposal for after work, off duty, use and furnishing of such facilities. The use of such facilities shall not be unreasonably withheld. Nothing in this section shall imply or require the City to provide space or exercise equipment for the PSTC
7. The February 19, 2019 Agreement between the City of New Britain and UE Local 222 related to the T3/Supervisor in Charge of Quality Assurance positions.

ATTACHMENT A

Example 1: An employee is off sick for eight hours followed by working 32 regular hours in the same week. The employee then works 16 hours additional hours. Under this scenario, the employee would be paid as follows:

- i. Sick leave: 8 hours
- ii. Regular: 40 hours
- iii. Overtime at the 1.5 rate: 8 hours

Example 2: An employee returns from a compensable injury midway through their normally scheduled 4-day work week. Based on this attendance, they were absent two full days due to compensable injury, they worked two days as regularly scheduled and then worked their three regularly scheduled days off. Under this scenario, the employee would be paid as follows:

- iv. Compensable injury: 16 hours
- v. Regular: 32 hours
- vi. Overtime at 1.5 rate: 8 hours

Yearly Salary										Yearly Salary										Yearly Salary									
Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%
START	53373.67	54974.88	55508.62	56042.36	57109.83	1	58229.41	59976.30	60558.59	61140.88	62305.47	1	65081.48	67033.93	67684.74	68335.56	69637.18	1	72618.74	74797.30	75523.49	76249.67	77702.05	1	72618.74	74797.30	75523.49	76249.67	77702.05
CLEARED	55645.95	57315.33	57871.79	58428.25	59541.17	2	60551.62	62368.17	62973.68	63579.20	64790.24	2	67611.35	69639.69	70315.80	70991.91	72344.14	2	75522.34	77788.02	78543.23	79298.46	80808.91	2	75522.34	77788.02	78543.23	79298.46	80808.91
						3	62960.91	64849.74	65479.35	66108.97	67368.18	3	70227.45	72334.28	73036.55	73738.83	75143.38	3	77764.72	80097.67	80875.32	81652.96	83208.25	3	77764.72	80097.67	80875.32	81652.96	83208.25
						4	65486.32	67450.91	68105.77	68760.63	70070.36	4	72958.57	75147.33	75876.91	76606.50	78065.67	4	80122.10	82525.77	83326.99	84128.21	85730.65	4	80122.10	82525.77	83326.99	84128.21	85730.65
Weekly Salary										Weekly Salary										Weekly Salary									
Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%
START	1026.42	1057.21	1067.47	1077.74	1098.27	1	1119.80	1153.39	1164.59	1175.79	1198.18	1	1251.57	1289.11	1301.63	1314.15	1339.18	1	1396.51	1438.41	1452.37	1466.34	1494.27	1	1396.51	1438.41	1452.37	1466.34	1494.27
CLEARED	1070.11	1102.22	1112.92	1123.62	1145.02	2	1164.45	1199.39	1211.03	1222.68	1245.97	2	1300.22	1339.22	1352.23	1365.23	1391.23	2	1452.35	1495.92	1510.45	1524.97	1554.02	2	1452.35	1495.92	1510.45	1524.97	1554.02
						3	1210.79	1247.11	1259.22	1271.33	1295.54	3	1350.53	1391.04	1404.55	1418.05	1445.06	3	1495.48	1540.34	1555.29	1570.25	1600.16	3	1495.48	1540.34	1555.29	1570.25	1600.16
						4	1259.35	1297.13	1309.73	1322.32	1347.51	4	1403.05	1445.14	1459.17	1473.20	1501.26	4	1540.81	1587.03	1602.44	1617.85	1648.67	4	1540.81	1587.03	1602.44	1617.85	1648.67
Hourly Rate - 37.44 Hour Basis										Hourly Rate - 37.44 Hour Basis										Hourly Rate - 37.44 Hour Basis									
Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%
START	27.41	28.24	28.51	28.79	29.33	1	29.91	30.81	31.11	31.40	32.00	1	33.43	34.43	34.77	35.10	35.77	1	37.30	38.42	38.79	39.17	39.91	1	37.30	38.42	38.79	39.17	39.91
CLEARED	28.58	29.44	29.73	30.01	30.58	2	31.10	32.03	32.35	32.66	33.28	2	34.73	35.77	36.12	36.46	37.16	2	38.79	39.96	40.34	40.73	41.51	2	38.79	39.96	40.34	40.73	41.51
						3	32.34	33.31	33.63	33.96	34.60	3	36.07	37.15	37.51	37.88	38.60	3	39.94	41.14	41.54	41.94	42.74	3	39.94	41.14	41.54	41.94	42.74
						4	33.64	34.65	34.98	35.32	35.99	4	37.47	38.60	38.97	39.35	40.10	4	41.15	42.39	42.80	43.21	44.03	4	41.15	42.39	42.80	43.21	44.03
Hourly Overtime 1.5 Rate - 37.44 Basis										Hourly Overtime 1.5 Rate - 37.44 Basis										Hourly Overtime 1.5 Rate - 37.44 Basis									
Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%
START	41.12	42.36	42.77	43.18	44.00	1	44.86	46.21	46.66	47.11	48.00	1	50.14	51.65	52.15	52.65	53.65	1	55.95	57.63	58.19	58.75	59.87	1	55.95	57.63	58.19	58.75	59.87
CLEARED	42.87	44.16	44.59	45.02	45.87	2	46.65	48.05	48.52	48.99	49.92	2	52.09	53.65	54.18	54.70	55.74	2	58.19	59.93	60.51	61.10	62.26	2	58.19	59.93	60.51	61.10	62.26
						3	48.51	49.96	50.45	50.93	51.90	3	54.11	55.73	56.27	56.81	57.90	3	59.91	61.71	62.31	62.91	64.11	3	59.91	61.71	62.31	62.91	64.11
						4	50.45	51.97	52.47	52.98	53.99	4	56.21	57.90	58.46	59.02	60.15	4	61.73	63.58	64.20	64.82	66.05	4	61.73	63.58	64.20	64.82	66.05
Hourly Double Overtime Rate - 37.44 Basis										Hourly Double Overtime Rate - 37.44 Basis										Hourly Double Overtime Rate - 37.44 Basis									
Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%
START	54.83	56.47	57.02	57.57	58.67	1	59.82	61.61	62.21	62.81	64.01	1	66.86	68.86	69.53	70.20	71.54	1	74.60	76.84	77.58	78.33	79.82	1	74.60	76.84	77.58	78.33	79.82
CLEARED	57.16	58.88	59.45	60.02	61.17	2	62.20	64.07	64.69	65.31	66.56	2	69.46	71.54	72.23	72.93	74.32	2	77.58	79.91	80.69	81.46	83.01	2	77.58	79.91	80.69	81.46	83.01
						3	64.68	66.62	67.27	67.91	69.21	3	72.14	74.31	75.03	75.75	77.19	3	79.89	82.28	83.08	83.88	85.48	3	79.89	82.28	83.08	83.88	85.48
						4	67.27	69.29	69.96	70.64	71.98	4	74.95	77.20	77.95	78.70	80.20	4	82.31	84.78	85.60	86.42	88.07	4	82.31	84.78	85.60	86.42	88.07
						5	69.99	72.09	72.79	73.49	74.89																		
Hourly Rate - 40 Hour Basis										Hourly Rate - 40 Hour Basis										Hourly Rate - 40 Hour Basis									
Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%	Base		3%	4%	5%	7%
START	25.66	26.43	26.69	26.94	27.46	1	27.99	28.83	29.11	29.39	29.95	1	31.29	32.23	32.54	32.85	33.48	1	34.91	35.96	36.31	36.66	37.36	1	34.91	35.96	36.31	36.66	37.36
CLEARED	26.75	27.56	27.82	28.09	28.63	2	29.11	29.98	30.28	30.57	31.15	2	32.51	33.48	33.81	34.13	34.78	2	36.31	37.40	37.76	38.12	38.85	2	36.31	37.40	37.76	38.12	38.85
						3	30.27	31.18	31.48	31.78	32.39	3	33.76	34.78	35.11	35.45	36.13	3	37.39	38.51	38.88	39.26	40.00	3	37.39	38.51	38.88	39.26	40.00
						4	31.48	32.43	32.74	33.06	33.69	4	35.08	36.13	36.48	36.83	37.53	4	38.52	39.68	40.06	40.45	41.22	4	38.52	39.68	40.06	40.45	41.22
						5	32.75	33.74	34.06	34.39	35.05																		

Telecommunicator New Hire

Telecommunicator I - 7/1/2025 - 2.5%

Telecommunicator II - 7/1/2025 - 2.5%

Telecommunicator III - 7/1/2025 - 2.5%

	Yearly Salary					Yearly Salary					Yearly Salary				
	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%
START	54708.01	56349.25	56896.34	57443.42	58537.58	1	59685.14	61475.70	62072.56	62669.40	63863.11	1	66708.52	68709.77	69376.86
CLEARED	57037.10	58748.21	59318.59	59888.95	61029.70	2	62065.41	63927.38	64548.03	65168.69	66409.99	2	69301.63	71380.68	72073.69

3	64534.94	66470.98	67116.33	67761.69	69052.39	3	71983.14	74142.63	74862.47	75582.30	77021.96	3	79708.84	82100.11	82897.20
4	67123.48	69137.18	69808.42	70479.65	71822.12	4	74782.53	77026.01	77773.84	78521.66	80017.31	4	82125.15	84588.91	85410.16
5	69831.02	71925.95	72624.27	73322.58	74719.20										

	Weekly Salary					Weekly Salary					Weekly Salary				
	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%
START	1052.08	1083.64	1094.16	1104.68	1125.72	1	1147.79	1182.23	1193.70	1205.18	1228.14	1	1282.86	1321.34	1334.17
CLEARED	1096.87	1129.77	1140.74	1151.71	1173.65	2	1193.57	1229.37	1241.31	1253.24	1277.12	2	1332.72	1372.71	1386.03
						3	1241.06	1278.29	1290.70	1303.11	1327.93	3	1384.29	1425.82	1439.66
						4	1290.84	1329.56	1342.47	1355.38	1381.19	4	1438.13	1481.27	1495.65
						5	1342.90	1383.19	1396.62	1410.05	1436.91				

					Hourly Rate - 37.44 Hour Basis										Hourly Rate - 37.44 Hour Basis									
Base		3%	4%	5%	7%	Hourly Rate - 37.44 Hour Basis					Hourly Rate - 37.44 Hour Basis					Hourly Rate - 37.44 Hour Basis								
						Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%				
START	28.10	28.94	29.22	29.51	30.07	1	30.66	31.58	31.88	32.19	32.80	1	34.26	35.29	35.63	35.98	36.66	37.38	38.09	38.82	39.56			
CLEARED	29.30	30.18	30.47	30.76	31.35	2	31.88	32.84	33.15	33.47	34.11	2	35.60	36.66	37.02	37.38	38.09	38.82	39.56	40.29	41.03			
						3	33.15	34.14	34.47	34.81	35.47	3	36.97	38.08	38.45	38.82	39.56	40.29	41.03	41.76	42.50			
						4	34.48	35.51	35.86	36.20	36.89	4	38.41	39.56	39.95	40.33	41.10	41.88	42.67	43.46	44.25			
						5	35.87	36.94	37.30	37.66	38.38													
Hourly Overtime 1.5 Rate - 37.44 Basis																								

Hourly Double Overtime Rate - 37.44 Basis					Hourly Overtime 1.5 Rate - 37.44 Basis					Hourly Overtime 1.5 Rate - 37.44 Basis					Hourly Overtime 1.5 Rate - 37.44 Basis								
Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%				
START	42.15	43.42	43.84	44.26	45.10	1	45.99	47.36	47.82	48.28	49.20	1	51.40	52.94	53.45	53.97	54.99	1	57.35	59.07	59.64	60.22	61.36
CLEARED	43.95	45.26	45.70	46.14	47.02	2	47.82	49.25	49.73	50.21	51.17	2	53.39	55.00	55.53	56.06	57.13	2	59.64	61.43	62.03	62.62	63.82
						3	49.72	51.21	51.71	52.21	53.20	3	55.46	57.12	57.68	58.23	59.34	3	61.41	63.26	63.87	64.48	65.71
						4	51.72	53.27	53.78	54.30	55.34	4	57.62	59.35	59.92	60.50	61.65	4	63.27	65.17	65.81	66.44	67.70
						5	53.80	55.42	55.95	56.49	57.57												

Hourly Double Overtime Rate - 37.44 Basis					Hourly Double Overtime Rate - 37.44 Basis					Hourly Double Overtime Rate - 37.44 Basis													
Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%									
START	56.20	57.89	58.45	59.01	60.13	1	61.31	63.15	63.77	64.38	65.61	1	68.53	70.58	71.27	71.96	73.33	1	76.47	78.76	79.52	80.29	81.82
CLEARED	58.59	60.35	60.94	61.52	62.69	2	63.76	65.67	66.31	66.95	68.22	2	71.19	73.33	74.04	74.75	76.18	2	79.52	81.91	82.70	83.50	85.09
						3	66.30	68.28	68.95	69.61	70.94	3	73.95	76.17	76.91	77.64	79.12	3	81.88	84.34	85.16	85.98	87.62
						4	68.95	71.02	71.71	72.40	73.78	4	76.82	79.13	79.90	80.66	82.20	4	84.37	86.90	87.74	88.58	90.27
						5	71.74	73.89	74.61	75.32	76.76												

Hourly Rate - 40 Hour Basis											Hourly Rate - 40 Hour Basis											Hourly Rate - 40 Hour Basis										
	Base	3%	4%	5%	7%		Base	3%	4%	5%	7%		Base	3%	4%	5%	7%		Base	3%	4%	5%	7%									
START	26.30	27.09	27.35	27.62	28.14	1	28.69	29.56	29.84	30.13	30.70	1	32.07	33.03	33.35	33.67	34.32		35.79	36.86	37.22	37.57	38.29									
CLEARED	27.42	28.24	28.52	28.79	29.34	2	29.84	30.73	31.03	31.33	31.93	2	33.32	34.32	34.65	34.98	35.65	2	37.22	38.33	38.71	39.08	39.82									
						3	31.03	31.96	32.27	32.58	33.20	3	34.61	35.65	35.99	36.34	37.03	3	38.47	39.47	39.85	40.24	41.00									
						4	32.27	33.24	33.56	33.88	34.53	4	35.95	37.03	37.39	37.75	38.47	4	39.48	40.67	41.06	41.46	42.25									
						5	33.57	34.58	34.92	35.25	35.92																					

	Yearly Salary					Yearly Salary					Yearly Salary				
	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%
START	56075.71	57757.99	58318.74	58879.50	60001.02	1	61177.27	63012.60	63624.37	64236.14	65459.69	1	68376.23	70427.52	71111.28
CLEARED	58463.03	60216.92	60801.55	61386.18	62555.45	2	63617.05	65525.56	66161.73	66797.90	68070.24	2	71034.17	73165.20	73875.54
						3	66148.31	68132.76	68794.24	69455.73	70778.70	3	73782.72	75996.20	76734.03
						4	68801.57	70865.61	71553.63	72241.64	73617.67	4	76652.10	78951.66	79718.18
						5	71576.80	73724.10	74439.88	75155.64	76587.18				

	Weekly Salary					Weekly Salary					Weekly Salary				
	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%
START	1078.38	1110.73	1121.51	1132.30	1153.87	1	1176.49	1211.78	1223.55	1235.31	1258.84	1	1314.93	1354.38	1367.52
CLEARED	1174.29	1158.02	1169.26	1180.50	1202.99	2	1223.40	1260.11	1272.34	1284.58	1309.04	2	1366.04	1407.02	1420.68
						3	1272.08	1310.25	1322.97	1335.69	1361.13	3	1418.90	1461.47	1475.65
						4	1323.11	1362.80	1376.03	1389.26	1415.72	4	1474.08	1518.30	1533.04
						5	1376.48	1417.77	1431.54	1445.30	1472.83				

		3%		4%		5%		7%		Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										
										Hourly Rate - 37.44 Hour Basis										

		3%		4%		5%		7%		Hourly Overtime 1.5 Rate - 37.44 Basis										Hourly Overtime 1.5 Rate - 37.44 Basis																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Base		43.20		44.50		44.93		45.36		46.23		47.01		48.55		49.02		49.49		50.43		52.68		54.26		54.79		55.32		56.37		58.56		61.13		62.97		63.58		64.19		65.41		67.35		68.10		69.40																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
START		43.20		44.50		44.93		45.36		46.23		47.01		48.55		49.02		49.49		50.43		52.68		54.26		54.79		55.32		56.37		58.56		61.13		62.97		63.58		64.19		65.41		67.35		68.10		69.40																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
CLEARED		45.04		46.39		46.85		47.30		48.20		49.01		50.49		50.98		51.47		52.45		54.73		56.37		56.92		57.47		58.56		61.13		62.95		64.84		65.47		66.10		67.35		68.10		69.40																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													

Hourly Double Overtime Rate - 37.44 Basis											Hourly Double Overtime Rate - 37.44 Basis										
	3%			4%			5%			7%		3%			4%			5%			7%
	Base			Base			Base					Base			Base			Base			
START	57.61	59.33	59.91	60.49	61.64																
CLEARED	60.06	61.86	62.46	63.06	64.26																

Hourly Rate - 40 Hour Basis											Hourly Rate - 40 Hour Basis										
3%			4%			5%			7%	3%			4%			5%			7%		
Base	27.77	28.04	28.31	28.85	7%	Base	30.29	30.59	30.88	31.47	1	Base	33.86	34.19	34.52	35.17	Base	37.78	38.15	38.51	39.25
START	26.96					1	29.41					1	32.87					36.68			
CLEARED	28.11	28.95	29.23	29.51	30.07	2	30.59	31.50	31.81	32.11	32.73	2	34.15	35.18	35.52	35.86	2	38.15	39.29	40.05	40.82
						3	31.80	32.76	33.07	33.39	34.03	3	35.47	36.54	36.89	37.25	3	39.28	40.46	41.24	42.03
						4	33.08	34.07	34.40	34.73	35.39	4	36.85	37.96	38.33	38.69	4	40.47	41.68	42.49	43.30
						5	34.41	35.44	35.79	36.13	36.82										

Telecommunicator New Hire

Telecommunicator I - 7/1/2027 - 2.75%

Telecommunicator II - 7/1/2027 - 2.75%

Telecommunicator III - 7/1/2027 - 2.75%

	Yearly Salary					Yearly Salary					Yearly Salary					Yearly Salary							
	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%			
START	57617.79	59346.33	59922.51	60498.69	61651.05	1	62859.65	64745.44	65374.04	66002.63	67259.83	1	70256.58	72364.27	73066.84	73769.41	75174.54	1	78399.18	80744.97	81538.90	82312.83	83880.70
CLEARED	60070.76	61872.88	62473.60	63074.30	64275.72	2	65366.51	67327.51	67981.17	68634.84	69342.17	2	72987.61	75177.24	75907.11	76686.99	78096.74	2	81527.67	83973.50	84788.77	85604.05	87334.60
						3	67967.39	70006.41	70686.08	71365.77	72075.11	3	75911.74	78086.10	78844.21	79602.33	81118.57	3	83948.35	86466.81	87306.29	88145.78	89924.74
						4	70693.61	72814.42	73521.35	74228.29	75642.16	4	78760.03	81122.83	81910.43	82698.09	84273.23	4	86493.18	89087.99	89952.92	90817.85	92547.71

Weekly Salary					Weekly Salary					Weekly Salary					Weekly Salary								
	Base	3%	4%	5%	7%		Base	3%	4%	5%	7%		Base	3%	4%	5%	7%		Base	3%	4%	5%	7%
START	1108.03	1141.28	1152.36	1163.44	1185.60																		
CLEARED	1155.21	1189.86	1201.42	1212.97	1236.07																		
						1	1208.84	1245.10	1257.19	1269.28	1293.46	1	1351.09	1391.62	1405.13	1418.64	1445.66	1	1507.56	1552.79	1567.86	1582.94	1613.09
						2	1257.05	1294.76	1307.33	1319.90	1345.04	2	1403.61	1445.72	1459.75	1473.79	1501.86	2	1567.84	1614.87	1630.35	1646.23	1677.59
						3	1307.07	1346.28	1359.35	1372.42	1398.56	3	1457.92	1501.66	1516.23	1530.81	1559.97	3	1614.39	1662.82	1678.97	1695.11	1727.40
						4	1359.49	1400.28	1413.87	1427.47	1454.66	4	1514.62	1560.05	1575.20	1590.35	1620.64	4	1663.33	1713.23	1729.86	1746.50	1779.76
Hourly Rate - 37.44 Hour Basis																							
						5	1414.33	1456.76	1470.90	1485.05	1513.33												
5	73545.16	75751.52	76486.97	77222.42	78693.33																		

	Base	3%	4%	5%	7%	Hourly Rate - 37.44 Hour Basis					Hourly Rate - 37.44 Hour Basis					Hourly Rate - 37.44 Hour Basis							
						Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%			
START	29.59	30.48	30.78	31.07	31.67																		
CLEARED	30.85	31.78	32.09	32.40	33.01	1	32.29	33.26	33.58	33.90	34.55	1	36.09	37.17	37.53	37.89	38.61	40.27	41.47	41.88	42.28	43.08	
						2	33.58	34.58	34.92	35.25	35.99	2	37.49	38.61	38.99	39.36	40.11	2	41.88	43.13	43.55	43.97	44.81
						3	34.91	35.96	36.31	36.66	37.35	3	38.94	40.11	40.50	40.89	41.67	3	43.12	44.41	44.84	45.28	46.14
						4	36.31	37.40	37.76	38.13	38.85	4	40.45	41.67	42.07	42.48	43.29	4	44.43	45.76	46.20	46.65	47.54
						5	37.78	38.91	39.29	39.66	40.42												
	Hourly Overtime 1.5 Rate - 37.44 Basis																						

	Base	3%	4%	5%	7%	Hourly Overtime 1.5 Rate - 37.44 Basis					Hourly Overtime 1.5 Rate - 37.44 Basis					Hourly Overtime 1.5 Rate - 37.44 Basis								
START	44.39	45.72	46.17	46.61	47.50																			
CLEARED	46.28	47.67	48.13	48.60	49.52	1	48.43	49.88	50.37	50.85	51.82	1	54.13	55.75	56.30	56.84	57.92	1	60.40	62.21	62.82	63.42	64.83	
						2	50.36	51.87	52.38	52.88	53.89	2	56.23	57.92	58.48	59.05	60.17	2	62.81	64.70	65.33	65.95	67.21	
						3	52.37	53.94	54.46	54.98	56.03	3	58.41	60.16	60.75	61.33	62.50	3	64.88	66.62	67.27	67.91	69.21	
						4	54.47	56.10	56.65	57.19	58.28	4	60.68	62.50	63.11	63.72	64.93	4	66.64	68.64	69.31	69.97	71.30	
						5	56.66	58.36	58.93	59.50	60.63													
	Hourly Double Overtime Rate - 37.44 Basis																							

	Base	3%	4%	5%	7%	Hourly Double Overtime Rate - 37.44 Basis						Hourly Double Overtime Rate - 37.44 Basis						Hourly Double Overtime Rate - 37.44 Basis					
						Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%			
START	59.19	60.97	61.56	62.15	63.33																		
CLEARED	61.71	63.56	64.18	64.80	66.03	1	64.57	66.51	67.16	67.80	69.09	1	72.17	74.34	75.06	75.78	77.23	1	80.53	82.95	83.75	84.56	86.17
						2	67.15	69.16	69.84	70.51	71.85	2	74.98	77.23	77.98	78.73	80.23	2	83.75	86.26	87.10	87.94	89.61
						3	69.82	71.92	72.61	73.31	74.71	3	77.88	80.22	81.00	81.77	83.33	3	86.24	88.83	89.69	90.55	92.28
						4	72.62	74.80	75.53	76.25	77.71	4	80.91	83.34	84.15	84.95	86.57	4	88.85	91.52	92.41	93.30	95.07
						5	75.55	77.82	78.57	79.33	80.84												

	Hourly Rate - 40 Hour Basis					Hourly Rate - 40 Hour Basis					Hourly Rate - 40 Hour Basis					Hourly Rate - 40 Hour Basis							
	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%	Base	3%	4%	5%	7%			
START	27.70	28.53	28.81	29.09	29.64	1	30.22	31.13	31.43	31.73	32.34	1	33.78	34.79	35.13	35.47	36.14	37.69	38.82	39.20	39.57	40.33	
CLEARED	28.88	29.75	30.04	30.32	30.90	2	31.43	32.37	32.68	33.00	33.63	2	35.09	36.14	36.49	36.84	37.55	2	39.20	40.37	40.76	41.15	41.94
						3	32.68	33.66	33.98	34.31	34.96	3	36.45	37.54	37.91	38.27	39.00	3	40.36	41.57	41.97	42.38	43.18
						4	33.99	35.01	35.35	35.69	36.37	4	37.87	39.00	39.38	39.76	40.52	4	41.58	42.83	43.25	43.66	44.49
						5	35.36	36.42	36.77	37.13	37.83												

Lumenos HSA Plan Summary

The Lumenos® HSA plan is designed to empower you to take control of your health, as well as the dollars you spend on your health care. This plan gives you the benefits you would receive from a typical health plan, plus health care dollars to spend your way. And you'll have access to personalized services and online tools to help you reach your health potential.

City of New Britain H S A

Your Lumenos HSA Plan

First - Use your HSA to pay for covered services:

Health Savings Account

With the Lumenos Health Savings Account (HSA), you can contribute pre-tax dollars to your HSA account. Others may also contribute dollars to your account. You can use these dollars to help meet your annual deductible responsibility. Unused dollars can be saved or invested and accumulate through retirement.

Contributions to Your HSA

For 2025, contributions can be made to your HSA up to the following:

\$4,300 individual coverage

\$8,550 family coverage

Note: These limits apply to all combined contributions from any source.

Plus - To help you stay healthy, use:

Preventive Care

100% coverage for nationally recommended services. Included are the preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

Preventive Care

No deductions from the HSA or out-of-pocket costs for you as long as you receive your preventive care from an in-network provider. If you choose to go to an out-of-network provider, your deductible or Traditional Health Coverage benefits will apply.

Plus -

Your Bridge Responsibility

The Bridge is an amount you pay out of your pocket until you meet your annual deductible responsibility.

Your Bridge amount will vary depending on how many of your HSA dollars, if any, you choose to spend to help you meet your annual deductible responsibility. If you contribute HSA dollars up to the amount of your deductible and use them, your Bridge will equal \$0.

HSA dollars spent on covered services plus your Bridge Responsibility add up to your annual deductible responsibility.

Health Account + Bridge = Deductible

Bridge

Your Bridge responsibility will vary.

Annual Deductible Responsibility In Network and Out of Network Providers

\$2,000 individual coverage

\$4,000 family coverage

If needed -

Traditional Health Coverage

Your Traditional Health Coverage begins after you have met your Bridge responsibility.

Additional protection:

For your protection, the total amount you spend out of your pocket is limited. Once you spend that amount, the plan pays 100% of the cost for covered services for the remainder of the plan year.

Traditional Health Coverage

After your Bridge, the plan pays:

100% for in-network providers

80% for out-of-network providers

Annual Out-of-Pocket Maximum

In-Network Providers:

\$2,000 individual coverage

\$4,000 family coverage

Out-of-Network Providers:

\$4,000 individual coverage

\$8,000 family coverage

Your annual out-of-pocket maximum consists of funds you spend from your HSA, your Bridge responsibility and your coinsurance amounts.

Tools and Personalized Services

You will have access to our award-winning online health site and the following programs to help you reach your health potential:

Future Moms: Individualized obstetric support for expectant high-risk and non-high-risk mothers.

Healthy Lifestyles Online: All covered adults age 18 and over can join the program, complete the Well-Being Assessment and set up a Well-Being Plan.

Enroll in ConditionCare: Disease management for prevalent, high-cost conditions (asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease and heart failure) Members who have more than one health problem will enroll in one combined program — not separate ones for each condition.

Graduate from ConditionCare: - There's no limit to the number of family members that can graduate from the program.. Members who have more than one health problem will graduate from one combined program — not separate ones for each condition.

Summary of Covered Services

Preventive Care

Anthem's Lumenos HSA plan covers preventive services recommended by the U.S. Preventive Services Task Force, the American Cancer Society, the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics. The Preventive Care benefit includes screening tests, immunizations and counseling services designed to detect and treat medical conditions to prevent avoidable premature injury, illness and death.

All preventive services received from an in-network provider are covered at 100%, are not deducted from your HSA and do not apply to your deductible. If you see an out-of-network provider, then your deductible or out-of-network coinsurance responsibility will apply.

The following is a list of covered preventive care services:

Well Baby and Well Child Preventive Care

Office Visits through age 18; including preventive vision exams.

Screening Tests for vision, hearing, and lead exposure. Also includes pelvic exam, Pap test and contraceptive management for females who are age 18, or have been sexually active.

Immunizations:

Hepatitis A
Hepatitis B
Diphtheria, Tetanus, Pertussis (DtaP)
Varicella (chicken pox)
Influenza – flu shot
Pneumococcal Conjugate (pneumonia)
Human Papilloma Virus (HPV) – cervical cancer
H. Influenza type b
Polio
Measles, Mumps, Rubella (MMR)

Adult Preventive Care

Office Visits after age 18; including preventive vision exams.

Screening Tests for vision and hearing, coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Also includes mammograms, as well as pelvic exams, Pap test and contraceptive management.

Immunizations:

Hepatitis A
Hepatitis B
Diphtheria, Tetanus, Pertussis (DtaP)
Varicella (chicken pox)
Influenza – flu shot
Pneumococcal Conjugate (pneumonia)
Human Papilloma Virus (HPV) – cervical cancer

If you have questions, please call toll-free 1-888-224-4896.

Summary of Covered Services (Continued)**Medical Care**

Anthem's Lumenos HSA plan covers a wide range of medical services to treat an illness or injury. You can use your available HSA funds to pay for these covered services. Once you spend up to your deductible amount for covered services, you will have Traditional Health Coverage available to help pay for additional covered services.

The following is a summary of covered medical services under Anthem's Lumenos HSA plan:

- Physician Office Visits
- Inpatient Hospital Services
- Outpatient Surgery Services
- Diagnostic X-rays/Lab Tests
- Emergency Hospital Services
- Inpatient and Outpatient Mental Health and Substance Abuse Services
- Maternity Care
- Chiropractic Care
- Prescription Drugs
- Home health care and hospice care
- Physical, Speech and Occupational Therapy Services
- Durable Medical Equipment

Some covered services may have limitations or other restrictions. With Anthem's Lumenos HSA plan, the following services are limited:

- Skilled nursing facility services limited to 120 days per member per calendar year.
- Home Health care services limited to 200 visits per member per calendar year.
- Inpatient rehabilitative services limited to 100 days per member per calendar year.
- PT/OT/ST and chiropractic services limited to a combined total of 50 visits per member per calendar year.
- Inpatient hospitalizations require authorizations.
- Coverage for Surgical Treatment of Morbid Obesity is excluded.
- Members are required to use Mail Order for maintenance drugs following 3 fills at Retail.
- Your Lumenos HSA plan includes an unlimited lifetime maximum for in- and out-of-network services.

* For a complete list of exclusions and limitations, please reference your Certificate of Coverage.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

If you have questions, please call toll-free 1-888-224-4896.



Lumenos HSA Plan Summary



This summary is a brief outline of the benefits and coverage provided under the Lumenos plan. It is not intended to be a complete list of the benefits of the plan. This summary is for a full year in the Lumenos plan. If you join the plan mid-year or have a qualified change of status, your actual benefit levels may vary.

Additional limitations and exclusions may apply.



In Connecticut, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. In New Hampshire Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. In Maine, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc., Independent licensees of the Blue Cross and Blue Shield Association. ® Registered marks Blue Cross and Blue Shield Association. ® LUMENOS is a registered trademark.

If you have questions, please call toll-free 1-888-224-4896.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 899-7070 to request a copy.

Important Questions		Answers	Why This Matters:
What is the overall deductible?		\$2,000/person or \$4,000/family for In-Network Providers. \$2,000/person or \$4,000/family for Non-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?		Yes. Preventive Care. Children's eye exam. For more information see below.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?		No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?		\$2,000/person or \$4,000/family for In-Network Providers. \$4,000/person or \$8,000/family for Non-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?		Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?		Yes, Century Preferred. See www.anthem.com or call (833) 899-7070 for a list of network providers. Costs may vary by site of service and how the provider bills.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?		No.	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	20% coinsurance	Virtual visits (Telehealth) benefits available.
	Specialist visit	0% coinsurance	20% coinsurance	Virtual visits (Telehealth) benefits available.
	Preventive care/screening/immunization	No charge	20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	20% coinsurance	-----none-----
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	-----none-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at http://www.anthem.com/pharmacyinformation/	Typically Generic (Tier 1)	\$0/prescription (retail and home delivery)	20% coinsurance (retail) and Not covered (home delivery)	For more information, refer to "National Drug List" at http://www.anthem.com/pharmacyinformation/ *See Prescription Drug section
	Typically Preferred Brand (Tier 2)	\$0/prescription (retail and home delivery)	20% coinsurance (retail) and Not covered (home delivery)	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	\$0/prescription (retail and home delivery)	20% coinsurance (retail) and Not covered (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	20% coinsurance	-----none-----
	Physician/surgeon fees	0% coinsurance	20% coinsurance	-----none-----
	Emergency room care	0% coinsurance	Covered as In-Network	-----none-----
If you need immediate medical attention	Emergency medical transportation	0% coinsurance	Covered as In-Network	-----none-----
	Urgent care	0% coinsurance	20% coinsurance	-----none-----
	Facility fee (e.g., hospital room)	0% coinsurance	20% coinsurance	100 days/benefit period for Inpatient rehabilitation.
If you have a hospital stay	Physician/surgeon fees	0% coinsurance	20% coinsurance	-----none-----

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit 20% coinsurance Other Outpatient 20% coinsurance	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient -----none----- -----none-----
	Inpatient services	0% coinsurance	20% coinsurance	-----none-----
If you are pregnant	Office visits	No charge	20% coinsurance	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	20% coinsurance	200 visits/benefit period.
	Rehabilitation services	0% coinsurance	20% coinsurance	*See Therapy Services section.
	Habilitation services	0% coinsurance	20% coinsurance	120 days/benefit period for skilled nursing services.
	Skilled nursing care	0% coinsurance	20% coinsurance	*See Durable Medical Equipment Section
	Durable medical equipment	0% coinsurance	20% coinsurance	-----none-----
	Hospice services	0% coinsurance	20% coinsurance	*See Vision Services section
If your child needs dental or eye care	Children's eye exam	No charge	20% coinsurance	-----none-----
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none"> Children's dental check-up Glasses for a child Weight loss programs 	<ul style="list-style-type: none"> Cosmetic surgery Dental care (Adult) Routine foot care unless you have been diagnosed with diabetes
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none"> Acupuncture Hearing aids 1 unit every 24 months 	<ul style="list-style-type: none"> Chiropractic care 50 visits/benefit period combined with all other therapies

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

- Private-duty nursing \$15,000 maximum/benefit period in a Home Setting only
- Infertility treatment 3 cycles/lifetime for Artificial Insemination and 2 cycles/lifetime for In vitro Fertilization
- Routine eye care (Adult) 1 exam/benefit period (In-Network)
- Most coverage provided outside the United States. See www.bcbglobalcare.com

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297-3000, (800) 203-3447, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.ccio.cms.gov, or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 1038, North Haven, CT 06473-4201

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.ccio.cms.gov
Connecticut Office of Healthcare Advocate, P.O. Box 1543, Hartford, CT 06144, (866) 466-4446, www.ct.gov/oha, healthcare.advocate@ct.gov

Does this plan provide Minimum Essential Coverage? Yes/No.

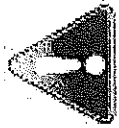
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for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

Does this plan meet the Minimum Value Standards? Yes/No.

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

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

About these Coverage Examples:



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

Peg is Having a Baby

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

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

This EXAMPLE event includes services

like:

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

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

In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,060

Managing Joe's Type 2 Diabetes

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

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

This EXAMPLE event includes services

like:

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

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$2,020

Mia's Simple Fracture

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

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

This EXAMPLE event includes services

like:

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

Total Example Cost	\$2,800
--------------------	---------

In this example, Mia would pay:

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

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

The Lumenos[®] HRA plan is designed to empower you to take control of your health, as well as the dollars you spend on your health care. This plan gives you the benefits you would receive from a typical health plan, plus health care dollars to spend your way. And you'll have access to personalized services and online tools to help you reach your health potential.

City of New Britain

Your Lumenos HRA Plan

First - Use your HRA to pay for covered services:

Health Reimbursement Account

With the Lumenos Health Reimbursement Account (HRA), you receive an annual allocation from your employer in your HRA. Money in your HRA is used to help meet your annual deductible responsibility.

HRA Allocation from your employer

\$ 1,000 individual coverage

\$ 2,000 family coverage

The maximum amount of unused dollars that can roll over year to year is \$3,600 individual / \$7,200 family.

Plus - To help you stay healthy, use:

Preventive Care

100% coverage for nationally recommended services. Included are the preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

Preventive Care

No deductions from the HRA or out-of-pocket costs for you as long as you receive your preventive care from an in-network provider. If you choose to go to an out-of-network provider your deductible or traditional health coverage benefits will apply.

Then -

Your Bridge

After you use all of the money in your HRA, you then pay a Bridge amount out of your pocket until you meet your annual deductible responsibility. Your HRA dollars plus your Bridge amount add up to your annual deductible responsibility.

Health Account + Bridge = Deductible

Bridge

Your bridge responsibility will vary

Annual Deductible Responsibility

In Network and Out of Network Providers

\$ 2,000 individual coverage

\$ 4,000 family coverage

If Needed -

Traditional Health Coverage

Your Traditional Health Coverage begins after you have paid your Bridge amount.

Traditional Health Coverage

After your bridge, the plan pays:

100% for in-network providers

80% for out-of-network providers

Additional Protection

For your protection, the total amount you spend out of your pocket is limited. Once you spend that amount, the plan pays 100% of the cost for covered services for the remainder of the plan year.

Annual Out-of-Pocket Maximum

In-Network Providers

\$ 2,000 individual coverage

\$ 4,000 family coverage

Out-of-Network Providers

\$ 4,000 individual coverage

\$ 8,000 family coverage

Your annual out-of-pocket maximum consists of funds you spend from your HRA, your Bridge responsibility and your copay and coinsurance amounts.

If you have questions, please call toll-free 1-888-224-4896.

Healthy Rewards Program

You will have access to our award-winning online health site and the following programs to help you reach your health potential:

Future Moms: Individualized obstetric support for expectant high-risk and non-high-risk mothers.

Healthy Lifestyles Online: All covered adults age 18 and over can join the program, complete the Well-Being Assessment and set up a Well-Being Plan.

Enroll in ConditionCare: Disease management for prevalent, high-cost conditions (asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease and heart failure) Members who have more than one health problem will enroll in one combined program — not separate ones for each condition.

Graduate from ConditionCare: - There's no limit to the number of family members that can graduate from the program.. Members who have more than one health problem will graduate from one combined program — not separate ones for each condition.

Summary of Covered Services**Preventive Care**

Anthem's Lumenos HRA plan covers preventive services recommended by the U.S. Preventive Services Task Force, the American Cancer Society, the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics. The Preventive Care benefit includes screening tests, immunizations and counseling services designed to detect and treat medical conditions to prevent avoidable premature injury, illness and death.

All preventive services received from an in-network provider are covered at 100%, are not deducted from your HRA and do not apply to your deductible. If you see an out-of-network provider, then your deductible or out-of-network coinsurance responsibility will apply.

The following is a list of covered preventive care services:

Well Baby and Well Child Preventive Care

Office Visits through age 18; including preventive vision exams.

Screening Tests for vision, hearing, and lead exposure. Also includes pelvic exam, Pap test and contraceptive management for females who are age 18, or have been sexually active.

Immunizations:

Hepatitis A
Hepatitis B
Diphtheria, Tetanus, Pertussis (DtaP)
Varicella (chicken pox)
Influenza – flu shot
Pneumococcal Conjugate (pneumonia)
Human Papilloma Virus (HPV) – cervical cancer
H. Influenza type b
Polio
Measles, Mumps, Rubella (MMR)

Adult Preventive Care

Office Visits after age 18; including preventive vision exams.

Screening Tests for vision and hearing, coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Also includes mammograms, as well as pelvic exams, Pap test and contraceptive management.

Immunizations:

Hepatitis A
Hepatitis B
Diphtheria, Tetanus, Pertussis (DtaP)
Varicella (chicken pox)
Influenza – flu shot
Pneumococcal Conjugate (pneumonia)
Human Papilloma Virus (HPV) – cervical cancer

If you have questions, please call toll-free 1-888-224-4896.

Summary of Covered Services (Continued)

Medical Care

Anthem's Lumenos HRA plan covers a wide range of medical services to treat an illness or injury. You can use your available HRA funds to pay for these covered services. Once you spend up to your deductible amount for covered services, you will have Traditional Health Coverage available to help pay for additional covered services.

The following is a summary of covered medical services under Anthem's Lumenos HRA plan:

- Physician Office Visits
- Inpatient Hospital Services
- Outpatient Surgery Services
- Diagnostic X-rays/Lab Tests
- Emergency Hospital Services
- Inpatient and Outpatient Mental Health and Substance Abuse Services
- Durable Medical Equipment including Orthotics
- Maternity Care
- Chiropractic Care
- Prescription Drugs
- Home health care and hospice care
- Physical, Speech and Occupational Therapy Services
- Oral surgery to remove an impacted tooth, cutting procedures on gum or mouth tissues to treat disease and anesthesia used during surgery

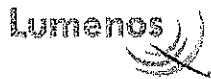
Some covered services may have limitations or other restrictions. With Anthem's Lumenos HRA plan, the following services are limited:

- Skilled nursing facility services limited to 120 days per member per calendar year.
- Home Health care services subject to a 200 visit limit per member per calendar year.
- Inpatient rehabilitative services limited to 100 days per member per calendar year.
- Physical, speech and occupational therapy and chiropractic services limited to a combined total of 50 visits per member per calendar year.
- Some restrictions may apply to infertility services.
- Inpatient hospitalizations require authorizations.
- Coverage for Surgical Treatment of Morbid Obesity is excluded.
- Your Lumenos HRA plan includes an unlimited lifetime maximum.
- Members are required to use Mail Order for maintenance drugs following 3 fills at Retail.

* For a complete list of exclusions and limitations, please reference your Certificate of Coverage.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

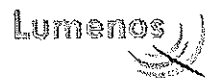
If you have questions, please call toll-free 1-888-224-4896.



Lumenos HRA Plan Summary

This summary is a brief outline of the benefits and coverage provided under the Lumenos plan. It is not intended to be a complete list of the benefits of the plan. This summary is for a full year in the Lumenos plan. If you join the plan mid-year or have a qualified change of status, your actual benefit levels may vary.

Additional limitations and exclusions may apply.



In Connecticut, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. In New Hampshire Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. In Maine, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc., Independent licensees of the Blue Cross and Blue Shield Association. ® Registered marks Blue Cross and Blue Shield Association. ® LUMENOS is a registered trademark.

If you have questions, please call toll-free 1-888-224-4896.

New Britain
CGHRA2270 NGF

City of New Britain: Anthem Century Preferred PPO HRA PS



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 899-7070 to request a copy.

Important Questions		Answers	Why This Matters:
What is the overall deductible?		\$2,000/person or \$4,000/family for In-Network Providers. \$2,000/person or \$4,000/family for Non-Network Providers. An HRA is available to reimburse you for certain deductible and coinsurance amounts.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?		Yes. Preventive Care. Children's eye exam. For more information see below.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?		No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?		\$2,000/person or \$4,000/family for In-Network Providers. \$4,000/person or \$8,000/family for Non-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?		Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?		Yes, Century Preferred. See www.anthem.com or call (833) 899-7070 for a list of network providers. Costs may vary by site of service and how the provider bills.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .
--	-----	--

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Virtual visits (Telehealth) benefits available.
	Specialist visit	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Virtual visits (Telehealth) benefits available.
	Preventive care/screening/immunization	No charge	20% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at http://www.anthem.com/pharmacy/	Typically Generic (Tier 1)	\$0/prescription (retail and home delivery)	20% <u>coinsurance</u> (retail) and Not covered (home delivery)	For more information, refer to "National Drug List" at http://www.anthem.com/pharmacyinformation/ *See Prescription Drug section
	Typically Preferred Brand (Tier 2)	\$0/prescription (retail and home delivery)	20% <u>coinsurance</u> (retail) and Not covered (home delivery)	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	\$0/prescription (retail and home delivery)	20% <u>coinsurance</u> (retail) and Not covered (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	Physician/surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
If you need immediate medical attention	Emergency room care	0% <u>coinsurance</u>	Covered as In-Network	-----none-----
	Emergency medical transportation	0% <u>coinsurance</u>	Covered as In-Network	-----none-----
	Urgent care	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	100 days/benefit period for Inpatient rehabilitation.

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Physician/surgeon fees	0% coinsurance	20% coinsurance	-----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit 20% coinsurance Other Outpatient 20% coinsurance	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient -----none-----
	Inpatient services	0% coinsurance	20% coinsurance	-----none-----
	Office visits	No charge	20% coinsurance	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
If you are pregnant	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	
	Home health care	0% coinsurance	20% coinsurance	200 visits/benefit period.
	Rehabilitation services	0% coinsurance	20% coinsurance	*See Therapy Services section.
	Habilitation services	0% coinsurance	20% coinsurance	120 days/benefit period for skilled nursing services.
If you need help recovering or have other special health needs	Skilled nursing care	0% coinsurance	20% coinsurance	*See Durable Medical Equipment Section
	Durable medical equipment	0% coinsurance	20% coinsurance	-----none-----
	Hospice services	0% coinsurance	20% coinsurance	
If your child needs dental or eye care	Children's eye exam	No charge	20% coinsurance	*See Vision Services section
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	-----none-----

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none"> Children's dental check-up Glasses for a child Weight loss programs 	<ul style="list-style-type: none"> Dental care (Adult) Routine foot care unless you have been diagnosed with diabetes
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none"> Acupuncture 	<ul style="list-style-type: none"> Chiropractic care 50 visits/benefit period combined with all other therapies

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

- Hearing aids 1 unit every 24 months
- Private-duty nursing \$15,000 maximum/benefit period in a Home Setting only
- Infertility treatment 3 cycles/lifetime for Artificial Insemination and 2 cycles/lifetime for In vitro Fertilization
- Routine eye care (Adult) 1 exam/benefit period (In-Network)
- Most coverage provided outside the United States. See www.bcbglobalcare.com

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297-3000, (800) 203-3447, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.ctcio.cms.gov, or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 1038, North Haven, CT 06473-4201

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.ctcio.cms.gov
Connecticut Office of Healthcare Advocate, P.O. Box 1543, Hartford, CT 06144, (866) 466-4446, www.ct.gov/oha, healthcare.advocate@ct.gov

Does this plan provide Minimum Essential Coverage? Yes/No.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes/No.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

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

About these Coverage Examples:



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

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

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

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,060

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

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

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$2,020

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

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

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,000

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

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at 1-866-723-0515.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$0 copay	Up to \$50 allowance	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$64 allowance	Once every calendar year
Eyeglass Lenses (<i>instead of contact lenses</i>)			
One pair of standard plastic prescription lenses: <ul style="list-style-type: none">Single vision lensesBifocal lensesTrifocal lensesLenticular lenses	\$20 copay \$20 copay \$20 copay \$20 copay	Up to \$60 allowance Up to \$70 allowance Up to \$90 allowance Up to \$130 allowance	Once every calendar year
Eyeglass Lens Enhancements			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none">Transitions Lenses (for a child under age 19)Standard polycarbonate (for a child under age 19)Factory scratch coating	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (<i>instead of eyeglass lenses</i>)			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none">Elective conventional (non-disposable) OR <ul style="list-style-type: none">Elective disposable OR <ul style="list-style-type: none">Non-elective (medically necessary)	\$130 allowance, then 15% off any remaining balance \$130 allowance (no additional discount) Covered in full	Up to \$125 allowance Up to \$125 allowance Up to \$225 allowance	Once every calendar year

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY

In-network Member Cost
(after any applicable copay)

Retinal Imaging - at member's option can be performed at time of eye exam

Not more than \$39

Eyeglass lens upgrades

When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.

• Transitions lenses (Adults)	\$75
• Standard Polycarbonate (Adults)	\$40
• Tint (Solid and Gradient)	\$15
• UV Coating	\$15
• Progressive Lenses ¹	
• Standard	\$65
• Premium Tier 1	\$85
• Premium Tier 2	\$95
• Premium Tier 3	\$110
• Anti-Reflective Coating ²	
• Standard	\$45
• Premium Tier 1	\$57
• Premium Tier 2	\$68
• Other Add-ons	20% off retail price

Additional Pairs of Eyeglasses

Anytime from any Blue View Vision network provider.

• Complete Pair	40% off retail price
• Eyeglass materials purchased separately	20% off retail price

Eyewear Accessories

• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
---	----------------------

Contact lens fit and follow-up

A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.

• Standard contact lens fitting ³	Up to \$55
• Premium contact lens fitting ⁴	10% off retail price

Conventional Contact Lenses

• Discount applies to materials only	15% off retail price
--------------------------------------	----------------------

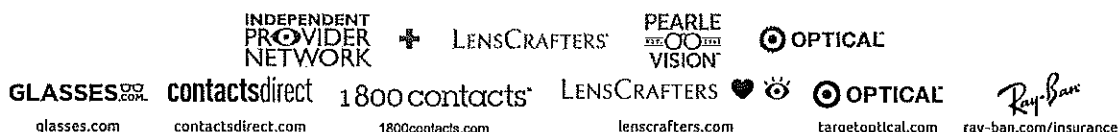
¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available coating brands by tier.

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM *

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

Transitions and the swirl are registered trademarks of Transitions Optical, Inc.

Anthem Blue Cross and Blue Shield is the trade name of: In Connecticut: Anthem Health Plans, Inc. In Maine: Anthem Health Plans of Maine, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Blue View Vision FS 2017

CITY OF NEW BRITAIN FLEX DENTAL

GROUP# 001097-130,154,155,165,166,170,179,180,181,183,185,187,188,193,280+285

Description of Benefits	You Pay:
Annual Deductible (<i>individual/family</i>)	N/A
Annual Maximum <i>per member per calendar year</i>	\$750.00
Lifetime Orthodontic Maximum <i>per member</i>	N/A
DIAGNOSTIC & PREVENTIVE SERVICES	No Charge
<ul style="list-style-type: none"> Initial evaluation Cleanings, twice a year Space maintainers to age 19 Periodic evaluations Fluoride treatment to age 19 Emergency palliative treatment Periapical X-ray (as needed) Periodontal maintenance Simple Extractions (1 per lifetime) Bitewing X-rays (2/yr) Full Series/Panorex X-rays (1 every 3 yrs) 	
BASIC SERVICES	Not Covered
<ul style="list-style-type: none"> Fillings Endodontics including but not limited to root canal therapy Recement Crown Simple and surgical extractions Repair and relining of dentures Recement Bridge Oral surgery 	
MAJOR SERVICES	Not Covered
<ul style="list-style-type: none"> Periodontics Prosthodontics including but not limited to bridgework, partial and full dentures Crowns Post and core Inlays Onlays 	
ORTHODONTIC SERVICES (<i>child or adult</i>)	Not Covered
<ul style="list-style-type: none"> Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth Records Tooth guidance Repositioning (straightening) of the teeth Examination 	

ACCESSING BENEFITS:

Participating Benefits: When a member receives care from one of our 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 Dentist's usual charge or maximum allowable amount as determined by Anthem BCBS. The participating Dentist will accept Anthem BCBS's payment in full and make no additional charge to the member, except as otherwise specified in the member's certificate of coverage.

Non-Participating Benefits: Anthem BCBS will pay the maximum allowable amount as determined by Anthem BCBS. The member is responsible for any difference between the amount paid by Anthem BCBS and the fee charged by the Dentist.

Dental claims should be submitted to Anthem BCBS Dental, P.O. Box 659444, San Antonio, TX 78265.

PRINCIPAL LIMITATIONS AND EXCLUSIONS

Services received from a dental or medical department maintained by an employer, a mutual benefit association, labor union, trustee or other similar person or group; Services for which the member incurs no Dentists' Charge or which are services of a type ordinarily performed by a physician, or charges which would not have been made if insurance was not available; Services with respect to congenital malformations; Services, treatment or supplies furnished by or at the direction of any government, state or political subdivision; Any items not specifically listed in this Policy; Lost or stolen dentures or denture duplication; Gold foil restorations; Temporary services and appliances; such as crown or tooth preparations and temporary fillings, crowns, bridges and dentures; Application of sealants, regardless of reason; Services as determined by the company, that are rendered in a manner contrary to normal dental practice. A complete list of exclusions appears in the Certificate of Coverage.

This is not a legal policy or contract. It is only a general description of your benefits. If there are discrepancies between the Certificate of Coverage and this summary, the Certificate of Coverage shall control.



City of New Britain – Group # 4538
Delta Dental PPO plus Premier™
0001 Active / 0002 COBRA

**If a Delta Dental PPOSM, Delta
Dental Premier®, or Non
Participating Dentist is used**

Calendar Year Deductible

- Per Person

\$0

Plan Pays:

Initial Oral Exam – 1/36 mos.	100%
Periodic Oral Exams, Cleaning (2 per calendar year per person)	100%
Space Maintainers (for children to age 19)	100%
Fluoride Treatments (twice in a 12 month period for persons 18 and under)	100%
X-rays	100%
Emergency Treatment	100%
Simple Extractions (#7140)	100%

Calendar Year Annual Maximum

\$750

Dependent children are covered to age 25

Carryover *Carryover MaxSM* from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for services such as bridges, crowns, and root canals.

Carryover MaxSM is easy and automatic.

- To qualify for *Carryover MaxSM*, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the *Carryover MaxSM* benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover MaxSM allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000, and you use \$200, you can carry over \$200 (\$800 x 25% = \$200)
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover MaxSM dollars are used after the standard annual maximum is met.

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. Maximum benefit may be derived by utilizing the services of a participating dentist.

Where the eligible patient is treated by a Delta Dental PPOSM dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier® dentist who does not participate in Delta Dental PPO or by a Participating Specialist, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or Participating Specialists are paid based on the lesser of the dentist's actual charge or the prevailing fee. Members utilizing non-participating dentists may be billed for the difference between the dentist's charge and Delta Dental's allowable charge. Visit www.deltadentalct.com for a directory of participating dentists.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Member ID number. If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. In CT, Delta Dental of Connecticut writes dental coverage on an Insured basis and Delta Dental of New Jersey administers self-funded dental benefit programs. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.

2024



City of New Britain - Group # 4538
Delta Dental PPO plus Premier™
Supervisors – Buy Up Option
1001 Active / 1002 COBRA

If a Delta Dental PPOSM, Delta Dental Premier®, or Non Participating Dentist is used

Calendar Year Deductible	
• Per Person	\$0
	Plan Pays:
Preventive & Diagnostic	100%
Fluoride Treatments (<i>twice in a 12 month period for persons 18 and under</i>)	100%
	100%
Fillings (<i>composite fillings on all teeth, posterior and anterior</i>)	
Endodontics	100%
Simple Restorations	100%
Simple Extractions	100%
Repair of Dentures	100%
Oral Surgery	80%
Crowns, Inlays and Gold Restorations	50%
Non Surgical Periodontics (\$500 maximum per person per year)	50%
Prosthodontics	50%
Orthodontic Benefits (Adults & Children - \$1,000 lifetime maximum per person)	60%
Annual Maximum	\$1,750
Dependent children are covered to age 25	

Carryover *Carryover MaxSM* from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for services such as bridges, crowns, and root canals.

Carryover MaxSM is easy and automatic.

- To qualify for *Carryover MaxSM*, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the *Carryover MaxSM* benefit if less than half of the standard annual maximum is used in the prior benefit year.
- *Carryover MaxSM* allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000, and you use \$200, you can carry over \$200 (\$800 x 25% = \$200)
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover *MaxSM* dollars are used after the standard annual maximum is met.

Over 300,000 participating dental offices nationwide participate with the national Delta Dental system, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. Maximum benefit may be derived by utilizing the services of a participating dentist.

Where the eligible patient is treated by a Delta Dental PPOSM dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the eligible patient is treated by a Delta Dental Premier® dentist who does not participate in Delta Dental PPO or by a Participating Specialist, the dentist has agreed not to charge eligible patients more than the dentist's filed fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentists based on the least of the actual fee, the filed fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or Participating Specialists are paid based on the lesser of the dentist's actual charge or the prevailing fee. Members utilizing non-participating dentists may be billed for the difference between the dentist's charge and Delta Dental's allowable charge. Visit www.deltadentalct.com for a directory of participating dentists.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Member ID number. If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. In CT, Delta Dental of Connecticut writes dental coverage on an insured basis and Delta Dental of New Jersey administers self-funded dental benefit programs. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.

