

**AGREEMENT**  
**BETWEEN**  
**THE TOWN OF OLD SAYBROOK**  
**-and-**  
**LOCAL 1303-278 OF COUNCIL #4**  
**AMERICAN FEDERATION OF STATE,**  
**COUNTY AND MUNICIPAL EMPLOYEES**  
**AFL-CIO**  
**(Support Staff)**

**July 1, 2017 through June 30, 2021**

## TABLE OF CONTENTS

PREAMBLE .....	1
ARTICLE I – RECOGNITION .....	1
ARTICLE II – UNION SECURITY .....	2
ARTICLE III – NON-DISCRIMINATION .....	2
ARTICLE IV – SENIORITY .....	3
ARTICLE V – HOURS OF WORK .....	3
ARTICLE VI – WAGES AND BENEFITS .....	5
ARTICLE VII – HOLIDAYS.....	8
ARTICLE VIII – VACATIONS.....	9
ARTICLE IX – LEAVE PROVISIONS.....	11
ARTICLE X – GRIEVANCE PROCEDURE.....	15
ARTICLE XI – SAFETY AND HEALTH.....	16
ARTICLE XII – SAVINGS CLAUSE .....	16
ARTICLE XIII – REDUCTION IN FORCE.....	17
ARTICLE XIV – MISCELLANEOUS .....	17
ARTICLE XV – RECRUITMENT .....	19
ARTICLE XVI – DISCIPLINARY ACTION.....	20
ARTICLE XVII – MANAGEMENT RIGHTS .....	20
ARTICLE XVIII – DURATION.....	22
APPENDIX A – AFSCME DUES DEDUCTION FORM.....	23
APPENDIX B – WAGE SCHEDULES .....	24
APPENDIX B-1 – ACTON LIBRARY WAGE SCHEDULES .....	28
APPENDIX C-1 – SUMMARY OF HDHP/HSA PLAN (7/1/2017-6/30/2019).....	30
APPENDIX C-2 – SUMMARY OF HDHP/HSA PLAN (7/1/2019-6/30/2020) .....	37
APPENDIX C-3 – SUMMARY OF HDHP/HSA PLAN (7/1/2020-6/30/2021) .....	44
APPENDIX D – MEMORANDUM OF AGREEMENT.....	51

## PREAMBLE

The Town and the Union agree that the purpose of this Agreement is to set forth the terms and conditions of employment for bargaining unit members. The parties agree that all employees are expected to treat each other with respect, dignity and professionalism and to conduct their business affairs in furtherance of the best interests of the Town.

## ARTICLE I RECOGNITION

### Section 1.0

The Town of Old Saybrook ("Town" or "Employer") hereby recognizes Local 1303-278 of Council #4, AFSCME, AFL-CIO ("Union") as the sole and exclusive representative for the purposes of collective bargaining on matters of wages, hours and other conditions of employment for all employees holding positions listed in Appendix B and Appendix B-1, except those excluded under the Municipal Employee Relations Act, and excluding Dispatchers, the Library Director and Children's Librarian/Assistant Library Director. The parties further agree that to be an eligible bargaining unit member, the employee must be regularly scheduled to work a minimum of twenty (20) hours per week.

### Section 1.1

The parties agree that under the terms of this Agreement, full-time employees shall include employees who are regularly scheduled to work thirty-five (35) hours per week or more. Part-time employees include those who regularly work fewer than thirty-five (35) hours per week, but more than twenty (20) hours per week, throughout the year.

### Section 1.2

The Town may continue to use non-bargaining unit grant personnel and/or outside contractors to provide certain social service functions in the Youth and Family Service Department provided such use does not adversely impact bargaining unit personnel or reduce the number of bargaining unit positions. Where said contractors provide services identical to that provided by bargaining unit personnel, the Town shall not use discretionary funds, if any, to compensate said non-bargaining unit grant personnel and/or contractors in an amount which results in a significantly different cost factor to the Town.

## **ARTICLE II**

### **UNION SECURITY**

#### **Section 2.0**

All employees in the bargaining unit shall, as a condition of employment, become members of the Union in good standing, or pay a service fee equal to the monthly Union dues, for the duration of this Agreement or any extension thereof.

#### **Section 2.1**

Upon receipt of a signed signature form from the employee involved, a copy of which is attached to this Agreement as Appendix A, the Employer agrees to deduct from the employee's pay each payroll period, such dues and/or service fees as determined by the Union. New employees shall sign a payroll deduction card at their time of hire, effective the first payroll period following their completion of thirty (30) days of employment.

#### **Section 2.2**

The amount of dues and/or fees to be deducted will be certified by the President of Local 1303 in writing and may be raised or lowered by the Union at any time upon a thirty (30) day written notification by the Union to the Employer. Such payroll deductions as provided herein shall be remitted to the Council #4 Office along with an itemized list of employees with each employee's address, social security number and showing the amount of dues deducted.

#### **Section 2.3**

During the life of this Agreement there shall be no strike, slowdown, suspension or stoppage of work in any part of the Employer's operation by the employees of this bargaining unit, nor shall there be any lockout by the Employer in any part of the Employer's operation affecting employees within this bargaining unit.

## **ARTICLE III**

### **NON-DISCRIMINATION**

#### **Section 3.0**

The Town and the Union recognized their responsibilities under Federal, State and local law, relating to fair employment practices and reaffirm that there shall be no discrimination because of race, sex, color, creed, nationality or political belief, or for participation in, or affiliation with any labor organization.

## **ARTICLE IV**

### **SENIORITY**

#### **Section 4.0**

Seniority is defined as the continuous length of service from the date of hire with the Town. The Town shall provide the Union with an accurate and comprehensive seniority list upon request annually on or about September 1<sup>st</sup>. The Union will notify the Town of any discrepancies within thirty (30) days of receipt of the list. Upon completion of the probationary period, new employees shall be added to this list and credited with service to the date of hire.

#### **Section 4.1**

All new employees hired after the date of the signing of this Agreement shall serve a probationary period of ninety (90) calendar days. During this probationary period, employees shall not be eligible to take part in the grievance procedure. During this probationary period an employee may be dismissed from a position on the recommendation of the Chief Administrative Officer and approval by the Board of Selectmen by a majority of the members of said Board present.

#### **Section 4.2**

An employee shall lose seniority for the following:

- a. Having quit voluntarily.
- b. Dismissal for cause.
- c. Failure to return to work following a period of approved leave of absence.
- d. Retirement.
- e. If recall from layoff time limit has expired.
- f. An absence, except in the case of a layoff, for three (3) consecutive working days without notifying the Town unless an emergency situation occurs that prevents a bargaining unit employee from calling in.

## **ARTICLE V**

### **HOURS OF WORK**

#### **Section 5.0**

The work schedules currently in effect shall remain in effect during the term of this Agreement except as otherwise provided below. Modifications to these schedules may be made by mutual agreement between the employee and the Chief Administrative Officer or his/her designee. The Town shall have the right to modify the hours of work at the Town's Transfer Station to meet business needs. In the event that the Town changes the hours of work, the Town shall give employees affected by such change thirty (30) days' notice of the change in work schedule, except in emergencies. Further, the Town agrees that full-time employees at the Transfer Station

will be regularly scheduled to work forty (40) hours per week and that Sunday shall not be a regular work day at the Transfer Station.

#### Section 5.1 – Overtime

- a. For all full-time employees, time and one-half (1½) shall be paid for all work performed in excess of eight (8) hours in one day, forty (40) hours in one (1) week or on Saturday as such.
- b. All employees who are authorized to work beyond their regularly scheduled hours in a week, or on Saturday, by the Chief Administrative Officer shall, for the additional hours worked up to forty (40) hours per week be allowed straight time pay or compensatory time off at the straight time rate. For all hours worked in excess of forty (40) hours in a workweek, such employees shall be allowed overtime pay or compensatory time off at the rate of one and one-half (1½) hours of compensatory time for every hour worked in excess of forty (40) hours per week, provided that no employee shall be permitted to accumulate more than two hundred and forty (240) hours of compensatory time off. The Town shall have the right to pay employees regular or overtime wages rather than allow such employees to accumulate compensatory time off in its discretion.
- c. Support employees must be authorized in advanced to work in excess of their regular hours by their supervisor. Employees shall be paid at the rate of time and one-half (1½) for all hours worked in excess of forty (40) hours per week.
- d. When an employee who is not scheduled to work on a holiday is required to work on that holiday, he/she shall be paid time and one-half (1½) for all hours worked, in addition to the holiday pay. When an employee who is not scheduled to work on Sunday is required to work on a Sunday, he/she shall be paid double time for all hours worked at his/her hourly rate of pay.
- e. The Town and the Union agree that flex time may be utilized by employees per approval of the Supervisor, provided the total hours worked per week does not exceed the normal scheduled total hours per week. Flex time shall mean that the length of the daily work schedule may be altered by mutual agreement between the department head and the employee subject to the department operating requirements.

#### Section 5.2 – Overtime Assignments

Full-time employees shall be given preference on all overtime assignments within their Department.

- a. Overtime shall be divided or rotated as equally as possible within a Department, by classification according to seniority and among those who regularly perform such work. In the event a Department needs additional employees to perform overtime work, this overtime work shall be divided and rotated as equally as possible among other employees in the bargaining unit according to seniority who are qualified to perform the work.

- b. Employees who do not desire to be placed on the overtime list, may so inform their supervisor and have their name removed for overtime eligibility, except for emergency calls, as declared by the Chief Administrative Officer. The employee shall give his/her Department Head, the specific reason for the request to be excused.
- c. For Public Works employees there shall be a list of positions, in seniority order, which the Department Head shall be guided by when offering overtime. The seniority list must be posted in an area where employees have access (i.e., the bulletin board) and must be kept up-to-date. The Department Head shall offer overtime work to available employees who meet all requirements of the assignment in seniority order. When an employee declines an offer of work, the employee shall be moved to the bottom of the list, unless the refusal was for a legitimate reason.
- d. Any employee who is on an authorized absence during a basic workweek and has paid leave to his/her credit will be considered as having met the basic workweek requirements.

#### Section 5.3 – Call-In Minimum

When an employee is called in for work outside his/her regularly scheduled working hours, he/she shall be paid a minimum of three (3) hours at the applicable overtime rate.

### **ARTICLE VI** **WAGES AND BENEFITS**

#### Section 6.0

Employees shall be paid in accordance with the salary set forth in Appendices B and B-1 hereof.

#### Section 6.1

Effective and retroactive to July 1, 2017, all rates of pay in effect on June 30, 2017 shall increase by 2.35% with steps.

Effective July 1, 2018, all rates of pay in effect on June 30, 2018 shall increase by 2.25% with steps.

Effective July 1, 2019, all rates of pay in effect as of June 30, 2019 shall increase by 2.35% with steps.

Effective July 1, 2020, all rates of pay in effect as of June 30, 2020 shall increase by 2.45% with steps.

## Section 6.2

- a. Employees not at maximum shall advance one step on the salary schedule on July 1<sup>st</sup>, and annually thereafter (i.e., every July 1<sup>st</sup>, provided they have completed at least one (1) full year of service).
- b. Employees promoted one (1) wage grade or more will receive a minimum increase of twenty cents (\$.20) per hour, effective immediately with that promotion.
- c. Any promoted employee will advance to the nearest next step in the new wage grade effective July 1<sup>st</sup> following the promotion.
- d. If said promotion with minimum twenty cents (\$.20) increase, as per (c) of this section, leaves the employee below step one (1) of that grade, the employee will advance to step one (1) within thirty (30) days of the promotion.
- e. Nothing herein prevents the Town from advancing a promotee to any step level the Town feels is commensurate with the experience and abilities of said promotee as demonstrated or documented.
- f. Any job which is upgraded via job description re-evaluation or re-classification the employee(s) hourly rate will be assigned to the same step level in the new grade as they just held in the previous grade.
- g. If an employee is laterally transferred from one job to another within the same wage grade he/she will remain at the same step level previously attained within that grade and advance to the next level the July 1<sup>st</sup> following the lateral transfer.

## Section 6.3

Except as otherwise provided below, the Town agrees to provide the following medical coverage for full-time employees and their dependents as described below. The Town shall have the right to change insurance carriers, plan and/or self-insure, so long as comparable coverage is provided.

- A. High Deductible Health Plan with Health Savings Account (HDHP/HSA, \$2000/\$4000 effective July 1, 2017 - June 30, 2020, and \$2500/\$5000 effective July 1, 2020 - June 30, 2021).

July 1, 2017 - June 30, 2019 terms as set forth in Appendix C-1;  
July 1, 2019 - June 30, 2020 terms as set forth in Appendix C-2; and  
July 1, 2020 - June 30, 2021 terms as set forth in Appendix C-3.

Employee Premium Cost Sharing:

1. Effective July 1, 2017 – twelve percent (12%)
2. Effective July 1, 2018 – thirteen percent (13%)
3. Effective July 1, 2019 – fourteen percent (14%)



4. Effective July 1, 2020 – fifteen percent (15%)

Deductible Funding / HSA Contributions:

For each of the four years of this contract the Town shall fund thirty-seven and one-half percent (37.5%) of the deductible amounts as noted above.

Prescription Drug Copayments after Exhaustion of Plan Deductibles:

Effective July 1, 2019, retail prescription copays will be \$5 for generic, \$20 for formulary brand, and \$35 for non-formulary brand prescription drugs.

- B. Life Insurance and Accidental Death and Dismemberment shall be in an amount of \$50,000 or one and one-half (1½) times the employee's salary, whichever is greater.
- C. BC/BS Full Service Dental Plan with amendatory riders for additional basic benefits, postodontics, and periodontics.

Section 6.4

Employees may elect to waive, in writing, the medical insurance (both health and dental) coverage provided by the Town and in lieu thereof may receive an annual payment from the Town of \$1000 for waiving single coverage and \$2000 for waiving single plus one or family coverage for each fiscal year during which the employee continues to elect not to participate in such coverage. Such payment will be issued in equal payments of either \$500 or \$1000 in December and June of each fiscal year, and will be subject to normal employment tax withholding and deductions. To receive such payment, an eligible employee must complete and submit a form provided by the Town no later than June 1<sup>st</sup> of each fiscal year indicating his/her intent not to participate in the medical (both health and dental) insurance coverage provided by the Town. Further, such employees must present evidence to the town that they are covered under another health insurance program. Employees may elect to resume medical (both health and dental) insurance coverage due to the occurrence of one of the following conditions for which documentation and a request for reinstatement must be submitted to the Chief Administrative Officer or his designee in writing.

- 1. Involuntary termination of the alternative health benefits plan coverage;
- 2. Ineligibility of the employee and/or dependent(s) under the alternative plan;
- 3. The employee acquires a new dependent through marriage, birth or adoption and the new dependent is not covered by the alternative plan;
- 4. Coverage under the alternative plan is substantially reduced or the cost of the plan to the employee substantially increases.

Upon receipt of such request and documentation, insurance coverage provided by the Town shall be reinstated as soon as possible, including waiting periods, which may be prescribed by the applicable plan. Employees who are reinstated to insurance coverage provided by the Town shall reimburse the Town by payroll deduction the pro-rata share of any waiver payment made. The Town agrees to grandfather the one (1) bargaining unit employee who has been receiving the waiver payment but still electing dental benefits as of July 1, 2017.

#### Section 6.5 – Pension Benefits

Employees hired on or before June 30, 2017 shall be permitted to continue to be covered by the Pension Plan of the Town.

#### Section 6.6 – Defined Contribution Plan

- a. Employees hired on or before June 30, 2017 may elect to withdraw from the Defined Benefit Plan and migrate to a Defined Contribution Plan under terms set by the Town Defined Contribution Plan, below.
- b. Employees hired on or after July 1, 2017 shall participate in the Defined Contribution Plan under terms set by the Town Defined Contribution Plan:
  1. Employees must contribute at least five percent (5%) of base pay;
  2. The Town agrees to match employee contributions up to a maximum of eight percent (8%) of base pay.

#### Section 6.7 – Automobile Reimbursement

An employee who uses his or her personal vehicle in the service of the Town shall receive the vehicle usage rate as determined by the U.S. Internal Revenue Service.

### **ARTICLE VII** **HOLIDAYS**

#### Section 7.0

Full-time employees covered under this Agreement shall receive the following paid holidays:

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

In the event that the Town or one or more of its departments conducts business on any of the above holidays, employees who work such day shall receive a floating holiday in lieu of the holiday off. More specifically, the Town may conduct business as a normal work day on the Day after Thanksgiving each year and, if it elects to do so, shall provide advance notice to the Union and to affected employees. Floating holidays shall be scheduled in advance by individual employees with their supervisors. Employee requests to take any accrued floating holidays shall not be unreasonably denied.

Part time employees will be provided holiday pay based on their daily average of scheduled hours each week.

#### Section 7.1 – Federal/State Observance

Holidays falling on a Saturday, shall be celebrated on the preceding Friday. Holidays falling on a Sunday, shall be celebrated on Monday, as established by the Federal and or State Governments. Employees shall be paid for all holidays at their scheduled rate of pay.

#### Section 7.2

Part-time employees who are regularly scheduled to work more than twenty (20) hours per week throughout the year shall be granted time off with pay for the above holidays based on the current practice.

### **ARTICLE VIII** **VACATIONS**

#### Section 8.0

Vacations shall accrue based on each employee's anniversary date. Each employee who has less than one year of completed service shall be eligible for one (1) day of paid vacation for each month of completed service up to a maximum of ten (10) working days of vacation. Part-time employees shall be eligible for vacation on a pro-rated basis.

#### Section 8.1

Each employee who has completed one (1) full year of service shall be eligible for ten (10) working days of paid vacation.

#### Section 8.2

Each employee who has completed between five (5) and ten (10) years of service shall be eligible for fifteen (15) working days of paid vacation.

### Section 8.3

Following the tenth (10<sup>th</sup>) year of service, employees shall be eligible for one additional day of vacation leave for each additional year of service. Following the twelfth (12<sup>th</sup>) year of service employees shall be eligible for twenty (20) working days of paid vacation.

### Section 8.4

In the event of the death of an employee, his/her spouse and/or minor children shall receive his/her pro-rata accumulated vacation leave pay. If the employee has neither spouse nor children the pro-rata accumulated vacation leave pay shall be paid to the estate of the deceased employee.

### Section 8.5

All vacation earned but not taken shall be paid in the event an employee is laid off by the Town or resigns with two weeks' notice.

### Section 8.6

With permission of the Chief Administrative Officer, employees may be permitted to carry over ten (10) unused vacation days from one fiscal year to the next providing the vacation days carried forward are used in the first six months of the new fiscal year. Such permission shall not be unreasonably denied.

### Section 8.7

Vacation eligibility will not accrue, during personal leaves of absence.

### Section 8.8

Should a holiday prescribed by Article VII occur during an employee's vacation period, the employee will not be charged with a vacation day for such holiday.

### Section 8.9 – Vacation Scheduling

Vacation requests of five (5) or more days shall be submitted for approval not less than two (2) weeks in advance to the Department Head. Vacation requests shall be approved subject to the operating needs of the Town.

The Town shall respond to vacation requests within five (5) days of the submission of such request to the Department Head.

### Section 8.10 – Segments

Vacation shall not be taken in segments of less than a half (½) day, except that for part-time employees vacation may be taken in hourly segments.

**ARTICLE IX**  
**LEAVE PROVISIONS**

**Section 9.0 – Earned Sick Leave**

- a. Effective July 1, 2017 and thereafter, employees shall earn a maximum of fifteen (15) days paid sick leave per year at the rate of one and one-quarter (1 ¼) days per month. Employees may accumulate a maximum of ninety (90) days sick leave. Part-time employees shall accrue sick leave on a pro-rata basis.
- b. New employees, upon completion of the probationary period, shall be eligible for sick leave computed from their date of employment.
- c. For absences over three (3) consecutive working days, the Town may require proof of illness. Proof of illness may include a doctor's certificate, personal affidavit, or other reasonable verification available to the employee which is acceptable to the Department Head and the Chief Administrative Officer.
- d. All sick days accumulated by employees in excess of ninety (90) days, but not to exceed one hundred twenty (120) days for each employee, shall be put into a pool for use by employees who, because of a lengthy illness or injury, have exhausted their accumulated sick days.
- e. Days allotted to the pool shall thereafter be allocated to non-probationary employees with catastrophic or extended, long term illnesses or injuries. To be eligible for allocation of sick days from the pool an employee must meet the following conditions:
  - 1. The employee must have exhausted all of their paid leave inclusive of sick leave, vacation, and personal leave.
  - 2. The illness or injury is not covered by workers' compensation or such benefit has been exhausted.
  - 3. A medical certificate supporting the absence is on file.
  - 4. A written request from the employee is received.
  - 5. The pool is not depleted.
  - 6. The employee has no disciplinary action on record during that fiscal year for attendance.
- f. Employees may withdraw up to a maximum fifty (50) days per fiscal year.
- g. The withdrawals will be distributed equally from each employee's total allotted sick pool days.
- h. All unused sick pool days shall be carried over from year to year and shall not lapse. Once sick days are allotted to the pool they will remain there until used by allocated equal distribution.

- i. The Town will keep all records of the sick pool days and will provide semi-annual status reports of accumulated and used sick days to the AFSCME Local 1303-278 President upon request.

#### Section 9.1 – Sick Leave Recognition

The Town provides sick leave as a benefit to members of the bargaining unit for specific illness or injury. The Town recognizes additional use of sick leave as follows:

In the event of the retirement, death, resignation or termination (except for cause) of an employee, with at least ten (10) years of continuous service, the employee or employee's estate shall receive payment for up to one-half of the employee's accumulated sick leave, up to a maximum payment of forty-five (45) days unused accumulated sick leave, at the rate of pay in effect at the time of said qualifying event.

#### Section 9.2 – Emergency Leave

In the event of illness or injury in the immediate family, which requires the attendance or aid of the employee, the employee may utilize earned sick leave.

#### Section 9.3 – Jury Leave

Leave shall be granted for jury duty, and the Town will pay the difference between the employee's regular pay and his/her compensation for said jury duty, providing the employee has notified the Department Head and proper certification of said jury duty compensation has been provided.

#### Section 9.4 – Military Leave

Military Leave and the rights and benefits associated therewith shall be provided in accordance with State and Federal law (USERRA), as amended from time to time. Military Leave, not to exceed ten (10) working days, shall be granted to regular employees when required to serve a period of active reserve or National Guard Duty. During this period, the employee shall be paid the difference, if any, between his/her regular and military salary, upon receipt of military finance certification. Copies of active duty orders or a written request for a military reserve leave shall be provided to the Chief Administrative Officer or his/her designee as soon as the employee is informed of the dates of the military training or service.

#### Section 9.5 – Personal Leave

Each employee shall be entitled up to three (3) personal days each year of the contract without loss of pay, non-accumulative, for the purpose of transacting personal business which cannot be carried out on the employee's regularly scheduled day off. Personal leave time may not be taken in lieu of sick days or vacation days. Any employee wishing to take personal leave time shall normally request such leave at least three (3) days in advance, with the reason given to his/her Department Head. In cases of extreme emergency when such notice cannot be given, the

employee shall, upon request, supply a written statement of reasons. Personal leave shall not be taken on days immediately before or immediately after vacation leave, sick leave or holidays, unless an emergency occurs for which it is necessary to use the personal day, provided such use has been approved by the Department Head. Part-time employees shall accrue personal leave on a pro-rated basis.

#### Section 9.6 – Leave of Absence

- a. Leave of absence without pay up to twelve (12) months may be authorized by the Chief Executive, in cases of exceptional need for those employees who have acquired seniority, with a minimum of one (1) year of employment. Leaves may be granted for such reasons as military, study, personal business, government and/or professional service, but not for the purpose of obtaining gainful employment elsewhere. Employees accepting such employment elsewhere during a leave of absence, except as provided elsewhere in this Agreement, shall be considered to have quit without notice.

#### Family and Medical Leave Act (FMLA) Leave

1. The Employer agrees that under the Federal Family and Medical Leave Act (FMLA), each eligible employee is entitled to take up to twelve (12) weeks of leave in any twelve (12) month period. The parties agree that this twelve (12) month period shall be measured commencing on the date the employee first takes FMLA leave.
  2. To the extent an employee has paid leave available, the employee shall use such paid leave concurrent with his/her FMLA leave. An employee shall use available paid sick leave, personal leave, and then vacation leave in the event of an approved FMLA leave for a family member's or his/her own serious health condition.
  3. The Employer shall continue all medical insurance provided in this Agreement, under the same terms and conditions applicable to working employees, during any period when an employee is taking FMLA leave to which the employee is entitled.
- b. An employee requesting a leave of absence shall do so in writing stating the reason for and the length of such leave, to the Department Head, who shall review and forward with a recommendation to the Chief Administrative Officer for final decision. An application for extension of a leave of absence shall also be processed in the aforementioned procedure.
  - c. An employee on a leave of absence without pay shall not accrue sick/or vacation time and will not receive pay for holidays falling within the leave of absence. During the period of leave without pay, except for military leave, the employee shall not be credited for length of service. However, the employee's length of service and accumulated sick and vacation time will be reinstated upon return from the absence.

- d. Subject to and consistent with the regulations of the carrier, the group life insurance coverage may be continued during a leave of absence, provided direct payment of the monthly premium is made through and as prescribed by the Finance Director.
- e. When a leave of absence without pay is granted due to illness or disability which requires the services of a physician, then the employee must procure and make available certification that the employee is physically and/or mentally fit to perform his/her duties.
- f. An employee returning from a leave of absence, shall notify the Department Head and the Personnel Office, in writing, ten (10) working days prior to the actual return date.
- g. An employee returning from a leave of absence of a fixed period of time, will be reinstated to his/her former classification, or one of comparable status, unless the employee's or employer's circumstances have so changed as to make it unreasonable to do so. In such a case, the employee will be placed in a classification for which she/he has the ability to perform the work.
- h. An employee who fails to report for work on the specified date after the expiration date of leave of absence shall be considered terminated. However, if the employee's failure to return to work is on account of sickness, injury or other serious reason beyond his/her control, employment will be reinstated provided he/she has notified the Department Head and the Chief Administrative Officer or his/her designee, prior to the specified return date, the cause of delay and the expected return date.

#### Section 9.7 – Bereavement Leave

- a. Special leave, not to exceed five (5) working days with pay shall be granted an employee in the event of a death of a spouse, mother, father, mother-in-law, father-in-law, grandmother, grandfather, child, grandchild, sister or brother. Said leave shall be granted only for those days on which the employee was scheduled to work.
- b. Special leave, not to exceed three (3) working days with pay, shall be granted for the death of a sister-in-law, brother-in-law, aunt, uncle. Said leave shall be granted only for those days on which the employee was scheduled to work. Other arrangements may be worked out between employee and Supervisor when certain circumstances occur.
- c. Part-time employees shall accrue bereavement leave on a prorated basis.



**ARTICLE X**  
**GRIEVANCE PROCEDURE**

**Section 10.0**

A grievance is defined as a dispute concerning an alleged breach of the provisions of this Agreement. A grievance shall be processed in the following manner:

**Step I – Department Head**

The employee and/or his representative shall present the grievance to the Department Head or his designated representative within twenty (20) working days of the circumstance that gives rise to the grievance. Grievances over decisions made by the Chief Administrative Officer shall be filed at Step II within twenty (20) working days of the circumstance that gives rise to the grievance. The Department Head or his designated representative shall notify the employee and his representative of his decision in writing within five (5) working days from the day the grievance was submitted.

**Step II – Chief Administrative Officer**

If the grievance is not resolved by the decision received above, the employee and/or his/her representative may request further review by the Chief Administrative Officer, or designee, within five (5) working days of the receipt of said decision. The Chief Administrative Officer or designee, shall, within five (5) working days, review the facts with all those concerned present at a special meeting to be called by the Chief Administrative Officer or designee. Within five (5) working days thereafter, the employee and/or his/her representative shall be notified in writing of the decision which has been reached.

**Step III – Mediation**

If the grievance is not resolved by the decision of the Chief Administrative Officer or designee, the Union may, within ten (10) days of the receipt of said answer, submit a request for mediation to the Connecticut State Board of Mediation and Arbitration, with a copy of the request provided to the First Selectperson within such time period.

**Step IV – Arbitration**

If the grievance is not resolved by mediation, the Union may submit the matter to the Connecticut State Board of Mediation and Arbitration for arbitration in accordance with its rules providing the grievance must be submitted to arbitration within twenty (20) days following mediation, with a copy of the request provided to the Chief Administrative Officer within such time period. The decision of the arbitrators shall be final and binding on all parties. The arbitrator shall be bound by and must comply with all of the terms of this Agreement and shall have no power to add to, subtract from or in any way modify the provisions of this Agreement.

In the event that the Town's representative does not respond within the time periods set forth above, the Union shall have the right to appeal the grievance to the subsequent step.

#### Section 10.1

Any time limits specified within this Article may be extended by mutual agreement of the Union and the Town 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 Town's answer in the last step considered.

#### Section 10.2

A maximum of two officers and stewards, at any one time, as shall be designated by the Union for representing aggrieved employee(s) for the purpose of adjusting grievances shall be afforded the necessary amount of time, without loss of pay, to conduct such business.

#### Section 10.3

One (1) officer of the Local Union shall be permitted time off without loss of pay for all time actually spent in mediation and/or arbitration hearings. The same shall apply for the principal participants as mutually agreed to prior to the hearing.

### **ARTICLE XI SAFETY AND HEALTH**

#### Section 11.0

The Employer agrees to provide a safe and healthy work environment for all employees. The Health and Safety Committee shall meet two (2) times per year with a member from the bargaining unit in attendance.

### **ARTICLE XII SAVINGS CLAUSE**

#### Section 12.0

Should any provision of this Agreement be determined to be invalid by a Court of competent jurisdiction the validity of the remaining portions of this Agreement shall not be affected thereby. The Parties agree to immediately commence negotiations over a substitute for the invalidated provision.

**ARTICLE XIII**  
**REDUCTION IN FORCE**

**Section 13.0**

When the Town determines that a layoff is necessary, the Town shall first determine which position(s) shall be eliminated. The Town shall notify the Union President fourteen (14) days prior to any notification to any employee of layoff. Part-time employees in the affected position(s), if any, shall be laid off before full-time employees in inverse order of seniority.

Employee(s) selected for layoff may bump the least senior employee in a position for which the bumping employee is fully qualified and providing the bumping employee is more senior than the employee bumped.

Seniority rights of a laid off employee shall exist for a period of one (1) year from the date of the layoff. Before new employees are hired for a position in the bargaining unit, the Town shall offer the position to employees laid off from such position who still retain seniority rights, provided the employee remains qualified for the position.

**Section 13.1**

An employee shall be given two (2) weeks' notice of layoff or shall receive two (2) weeks' pay in lieu of said notice.

**ARTICLE XIV**  
**MISCELLANEOUS**

**Section 14.0**

The Town will place a bulletin board in an accessible place in the departments for the exclusive use of the Union.

**Section 14.1 – Contract Distribution**

The Union President or designee shall be informed of all new hires and successful completion of the employee's probationary period. One (1) signed contract and an electronic copy will be provided to the Council #4 Staff Representative.

**Section 14.2 – Medical**

The Town shall provide to the employee, upon his/her consent and free of charge, such medical injections for common and contagious diseases as determined by a joint committee, to be necessary for safety, health and welfare of the employees. Such injections shall be administered by a medical provider approved by the Town. Whenever the Town convenes a meeting of a joint

committee for safety, health and welfare, the local shall be represented by the Union President or designee on such joint committee.

#### Section 14.3 – Meal Allowance

The Town agrees to maintain the current practice with regard to meal allowance for certain eligible members of this unit.

#### Section 14.4 – Clothing Allowance

The Town agrees to provide uniforms and/or clothing allowance for certain members of this unit who work in the Public Works, Transfer Station, Parks and Recreation, and Building Maintenance.

The Town provides employees with safety boots at the expense of the Town up to a maximum of two-hundred dollars (\$200) per year and such boots must be worn by the employee.

The Town provides employees with clothing at the expense of the Town up to a maximum of two-hundred and fifty dollars (\$250) per year.

#### Section 14.5

Employees shall receive their pay on a weekly basis provided that when all other employees switch to a bi-weekly payment of wages then employees in this bargaining unit will do so as well, with sixty (60) days' notice to the membership. The Town will implement bi-weekly pay no earlier than July 1, 2018. Overtime shall be paid one pay period in arrears.

The Town may implement direct deposit provided employees will be given access to a Town computer to access their electronic pay stubs. In the alternative, the Finance Office will prepare a remittance receipt for the employee. Pay stubs will show hours worked, hourly wages earned, and total number overtime hours worked in the pay period.

#### Section 14.6

Employees on leave due to a work related injury shall be paid the difference between their regular wages and the amount of workers' compensation payments. Employees may initially draw from their sick leave bank sufficient leave time to receive full pay until such time as worker's compensation payments commence. At such time the employee's sick leave account shall be restored when the employee reimburses the Town for the sick leave taken. Beginning June 30, 2017 the maximum duration for which employees shall be paid the difference between regular wages and the amount of workers compensation payments shall be nine (9) months.

#### Section 14.7

The Town shall determine the content of all job descriptions provided any changes of current job descriptions shall be submitted by the Town to the Union for its review and comment. It is

understood that incidental duties, within the scope of the description, whether enumerated in job descriptions or not, shall be performed by employees. Job descriptions will be reviewed, revised and updated as necessary.

## **ARTICLE XV** **RECRUITMENT**

### **Section 15.0**

All vacancies within the bargaining unit shall be posted for a period of ten working days with a notification to the Union President. All employees interested in said position shall be given the opportunity to designate such interest by filling out an application to the Chief Administrative Officer's office or his/her designee. The senior qualified employee who has bid on the vacancy shall be appointed to the position. If no qualified employee applies, the Town may fill the vacancy by outside recruitment. A copy of the applicable job description will be attached to the posting.

### **Section 15.1**

If the appointment in Section 15.0 above is a promotional opportunity for the appointed employee, then said employee shall be on probation in his/her new job for a period of thirty (30) working days but shall not be considered a probationary employee as set forth in Article 4. If at the end of said period, the employer is not satisfied with the employee's performance in the promoted position, he/she shall be returned to his/her former position.

### **Section 15.2**

When an employee is required to perform the work of a higher paid position on a temporary basis of more than four (4) consecutive days, he/she shall be paid at the same step level in the wage grade for that position effective on the fifth (5<sup>th</sup>) consecutive day working in that temporary higher paid position.

### **Section 15.3**

If a vacancy occurs in the Supervisory Unit (Local 818) and is not filled from within such unit, qualified bargaining unit members who apply for this position shall be interviewed first, but the Town shall retain full discretion over the filling of such vacancy.

**ARTICLE XVI**  
**DISCIPLINARY ACTION**

**Section 16.0 – Objective**

All disciplinary actions shall be applied in a fair manner and shall be consistent with the infraction for which the disciplinary action is being applied.

- a. All disciplinary action shall be for just cause and shall be stated in writing with the reason given and a copy given to the employee. Oral warnings and verbal reprimands shall not be made a part of the employee's personnel file, and shall not be grievable.
- b. When an employee has received no disciplinary action for a period of twenty-four (24) consecutive months, his/her record will be considered clear and no prior violations may be considered in any future disciplinary actions.

**Section 16.1 – Probationary Employees**

Probationary employees may be terminated at any time during the probationary period without recourse to the grievance and arbitration provisions of this Agreement.

**Section 16.2 – Suspension/Discharge Approval**

In no case shall a supervisor or Department Head, impose suspension or discharge upon an employee unless the proposed disciplinary action has been reviewed and concurred with by the Chief Administrative Officer or his/her designee.

**ARTICLE XVII**  
**MANAGEMENT RIGHTS**

**Section 17.0**

It is understood and agreed that the Town of Old Saybrook possesses the sole right and authority to operate and direct the employees of the Town and its various departments in all aspects, including employees of this bargaining unit. Such authority shall include but not be limited to all rights and authority exercised by the Town prior to the execution of this Agreement, except as modified in this Agreement and further provided that no right enumerated herein shall be exercised or enforced in a manner contrary to or inconsistent with the provisions of this Agreement. These rights include, but are not limited to:

- a. To determine the care, maintenance and operation of equipment and property used for and in behalf of the purposes of the Town.

- b. To establish or continue policies, practices and procedures for the conduct of Town business and, from time to time, to change or abolish such policies, practices or procedures.
- c. To discontinue processes or operations or to discontinue their performance by employees.
- d. To select and to determine the number and types of employees required to perform the Town's operation.
- e. To employ, transfer, promote or demote employees, or to lay off, furlough, terminate or otherwise relieve employees from duty or lack of work or other legitimate reasons when it shall be in the best interests of the Town.
- f. To prescribe and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the Town, provided such rules and regulations are made known in a reasonable manner to the employees affected by them.
- g. To create job specifications and revise existing job specifications as deemed necessary.
- h. To decide staffing levels in all Town operations.
- i. To take any action which the Town reasonably believes is necessary to comply with any legal requirements regardless of the terms otherwise set forth in this Agreement.

**ARTICLE XVIII**  
**DURATION**

Section 18.0

Unless specifically provided otherwise, this contract shall be in full force and effect from July 1, 2017 until June 30, 2021. Negotiations for a successor agreement shall proceed according to the provisions of the Municipal Employee Relations Act, but shall commence no later than January 1, 2021.

The parties have rendered this Agreement this 12<sup>th</sup> day of December, 2017.

TOWN OF OLD SAYBROOK

By [Signature]  
Cari P. Fortuna Jr.  
First Selectman

LOCAL 1303-278 OF COUNCIL #4  
AFSCME, AFL-CIO

By [Signature]  
Sgt. J. P. Council #4 AFSCME  
By [Signature] 12/12/17  
By [Signature] 12/12/17  
By [Signature] 12/14/17  
By [Signature]  
By [Signature]  
By [Signature]  
By \_\_\_\_\_



**APPENDIX A**

CONNECTICUT COUNCIL NO. 4

AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES AFL-CIO

**AUTHORIZATION FOR REPRESENTATION AND PAYROLL DEDUCTION**

BY \_\_\_\_\_  
(Please Print)    LAST NAME                      FIRST NAME                      MIDDLE NAME

TO \_\_\_\_\_  
NAME OF EMPLOYER

Effective \_\_\_\_\_ I hereby authorize the AFSCME Connecticut Council No. 4 and/or its appropriate affiliates to be my representative for collective bargaining.

Effective \_\_\_\_\_ I hereby authorize you to deduct from my earnings each \_\_\_\_\_ a sufficient amount to provide for the

Payroll period

regular payment of the current rate of monthly union dues or service fees as certified by the Union. The amount deducted shall be paid to the treasurer of \_\_\_\_\_ of the

Union Name and Number

American Federation of State, County and Municipal Employees: This authorization shall remain in effect in accordance with the working agreement or upon termination of my employment.

\_\_\_\_\_  
Signature (DO NOT PRINT)

\_\_\_\_\_  
Street Address (Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City and State (Print)

\_\_\_\_\_  
Zip Code

## APPENDIX B

### WAGE GRADE – JOB TITLES

<u>GRADE</u>	<u>JOB TITLE</u>
1	
2	
3	Administrative Clerk I for Fire Marshall's Office Highway Maintainer I Transfer Station Attendant
4	Library Assistant I*
5	Program/Facility Assistant for Parks & Recreation Dept. Administrative Clerk for Chief Administrative Officer's Office Tech Services – Library*
6	Building Maintainer I Library Assistant II*
7	Assessor Clerk Assistant Town Clerk Building Maintainer II Parks & Recreation Dept. Grounds Maintainer Head of Circulation – Library* Youth & Family Services Program Coordinator
8	Exec. Director of Economic Development Comm. Highway Maintainer II Transfer Station Operator Administrative Clerk I for Parks & Recreation Dept. Administrative Assistant – Library*
9	Administrative Assistant for Youth & Family Services Administrative Secretary II for Building Dept. Assistant to Assessor Assistant to Tax Collector Assistant to Town Clerk Bookkeeper II Ref/Young Adult Librarian* Ref/Cataloging Librarian*
10	Assistant Director Parks and Recreation Assistant Planner for Land Use Social Services Coordinator Administrative Assistant I for Land Use

<b><u>GRADE</u></b>	<b><u>JOB TITLE</u></b>
11	Highway Maintainer III Administrative Secretary I for Chief Administrative Officer's Office
12	Crew Leaders for Public Works Dept. Youth & Family Services Counselors
13	Enforcement Officer Septic System Inspector

\* Indicates positions in the Acton Library whose pay rates are contained in Appendix B-1.

**APPENDIX B**

<b>WAGE GRADE</b>	<b>STEP 1</b>	<b>STEP 2</b>	<b>STEP 3</b>	<b>STEP 4</b>	<b>STEP 5</b>
<b>1</b>					
7-1-17	\$15.68	\$16.10	\$16.47	\$16.91	\$17.35
7-1-18	\$16.03	\$16.46	\$16.84	\$17.29	\$17.74
7-1-19	\$16.41	\$16.85	\$17.23	\$17.69	\$18.16
7-1-20	\$16.81	\$17.26	\$17.66	\$18.13	\$18.60
<b>2</b>					
7-1-17	\$16.65	\$17.08	\$17.48	\$17.94	\$18.39
7-1-18	\$17.03	\$17.47	\$17.87	\$18.35	\$18.81
7-1-19	\$17.43	\$17.88	\$18.29	\$18.78	\$19.25
7-1-20	\$17.85	\$18.32	\$18.74	\$19.24	\$19.72
<b>3</b>					
7-1-17	\$17.61	\$18.09	\$18.54	\$18.98	\$19.44
7-1-18	\$18.01	\$18.49	\$18.95	\$19.40	\$19.87
7-1-19	\$18.43	\$18.93	\$19.40	\$19.86	\$20.34
7-1-20	\$18.89	\$19.39	\$19.87	\$20.35	\$20.84
<b>4</b>					
7-1-17	\$18.70	\$19.18	\$19.67	\$20.16	\$20.67
7-1-18	\$19.12	\$19.61	\$20.11	\$20.62	\$21.14
7-1-19	\$19.57	\$20.07	\$20.59	\$21.10	\$21.64
7-1-20	\$20.05	\$20.56	\$21.09	\$21.62	\$22.17
<b>5</b>					
7-1-17	\$19.78	\$20.29	\$20.81	\$21.35	\$21.88
7-1-18	\$20.23	\$20.74	\$21.28	\$21.83	\$22.37
7-1-19	\$20.70	\$21.23	\$21.78	\$22.34	\$22.90
7-1-20	\$21.21	\$21.75	\$22.31	\$22.89	\$23.46
<b>6</b>					
7-1-17	\$20.94	\$21.50	\$22.04	\$22.62	\$23.18
7-1-18	\$21.41	\$21.99	\$22.53	\$23.13	\$23.70
7-1-19	\$21.92	\$22.50	\$23.06	\$23.67	\$24.26
7-1-20	\$22.45	\$23.06	\$23.63	\$24.25	\$24.86
<b>7</b>					
7-1-17	\$22.24	\$22.83	\$23.40	\$24.02	\$24.63
7-1-18	\$22.74	\$23.35	\$23.92	\$24.56	\$25.18
7-1-19	\$23.28	\$23.90	\$24.49	\$25.14	\$25.77
7-1-20	\$23.85	\$24.48	\$25.09	\$25.76	\$26.40

WAGE GRADE	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
<b>8</b>					
7-1-17	\$23.56	\$24.18	\$24.79	\$25.44	\$26.08
7-1-18	\$24.09	\$24.72	\$25.35	\$26.02	\$26.67
7-1-19	\$24.66	\$25.30	\$25.94	\$26.63	\$27.29
7-1-20	\$25.26	\$25.92	\$26.58	\$27.28	\$27.96
<b>9</b>					
7-1-17	\$25.00	\$25.63	\$26.30	\$26.98	\$27.65
7-1-18	\$25.57	\$26.21	\$26.90	\$27.59	\$28.28
7-1-19	\$26.17	\$26.82	\$27.53	\$28.23	\$28.94
7-1-20	\$26.81	\$27.48	\$28.20	\$28.93	\$29.65
<b>10</b>					
7-1-17	\$26.49	\$27.62	\$27.87	\$28.59	\$29.30
7-1-18	\$27.08	\$28.25	\$28.50	\$29.23	\$29.96
7-1-19	\$27.72	\$28.91	\$29.17	\$29.92	\$30.67
7-1-20	\$28.40	\$29.62	\$29.88	\$30.65	\$31.42
<b>11</b>					
7-1-17	\$28.08	\$28.79	\$29.54	\$30.29	\$31.07
7-1-18	\$28.72	\$29.44	\$30.20	\$30.97	\$31.77
7-1-19	\$29.39	\$30.13	\$30.91	\$31.69	\$32.52
7-1-20	\$30.11	\$30.87	\$31.67	\$32.47	\$33.32
7-1-17					
<b>12</b>					
7-1-17	\$29.76	\$30.55	\$31.30	\$32.12	\$32.96
7-1-18	\$30.43	\$31.24	\$32.00	\$32.84	\$33.70
7-1-19	\$31.15	\$31.97	\$32.75	\$33.61	\$34.49
7-1-20	\$31.91	\$32.76	\$33.56	\$34.44	\$35.34
<b>13</b>					
7-1-17	\$31.57	\$32.39	\$33.19	\$34.05	\$34.94
7-1-18	\$32.29	\$33.12	\$33.94	\$34.82	\$35.73
7-1-19	\$33.04	\$33.90	\$34.74	\$35.64	\$36.57
7-1-20	\$33.85	\$34.73	\$35.59	\$36.51	\$37.46
<b>14</b>					
7-1-17	\$33.43	\$34.26	\$35.15	\$36.05	\$36.99
7-1-18	\$34.18	\$35.03	\$35.94	\$36.86	\$37.82
7-1-19	\$34.98	\$35.85	\$36.78	\$37.72	\$38.71
7-1-20	\$35.84	\$36.73	\$37.68	\$38.65	\$39.66

**APPENDIX B-1**

**ACTON LIBRARY WAGE GRADES AND STEPS**

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<b>WAGE GRADE</b>	<b>STEP 1</b>	<b>STEP 2</b>	<b>STEP 3</b>	<b>STEP 4</b>	<b>STEP 5</b>
<b>1</b>					
<b>for future use</b>					
<b>2</b>					
<b>for future use</b>					
<b>3</b>					
<b>for future use</b>					
<b>4</b>					
7-1-17	\$13.43	\$13.69	\$13.97	\$14.25	\$14.52
7-1-18	\$13.73	\$14.00	\$14.29	\$14.57	\$14.85
7-1-19	\$14.05	\$14.33	\$14.62	\$14.91	\$15.20
7-1-20	\$14.40	\$14.68	\$14.98	\$15.28	\$15.57
<b>5</b>					
7-1-17	\$15.61	\$15.93	\$16.24	\$16.57	\$16.90
7-1-18	\$15.96	\$16.28	\$16.61	\$16.94	\$17.28
7-1-19	\$16.33	\$16.67	\$17.00	\$17.34	\$17.68
7-1-20	\$16.73	\$17.07	\$17.42	\$17.77	\$18.12
<b>6</b>					
7-1-17	\$15.82	\$16.14	\$16.47	\$16.80	\$17.13
7-1-18	\$16.18	\$16.50	\$16.84	\$17.17	\$17.52
7-1-19	\$16.56	\$16.89	\$17.23	\$17.58	\$17.93
7-1-20	\$16.97	\$17.31	\$17.66	\$18.01	\$18.37
<b>7</b>					
7-1-17	\$21.46	\$21.88	\$22.32	\$22.77	\$23.22
7-1-18	\$21.95	\$22.37	\$22.82	\$23.29	\$23.75
7-1-19	\$22.46	\$22.90	\$23.36	\$23.83	\$24.30
7-1-20	\$23.01	\$23.46	\$23.93	\$24.42	\$24.90
<b>8</b>					
7-1-17	\$23.77	\$24.25	\$24.72	\$25.21	\$25.71
7-1-18	\$24.30	\$24.79	\$25.27	\$25.78	\$26.29
7-1-19	\$24.87	\$25.37	\$25.87	\$26.38	\$26.91
7-1-20	\$25.48	\$26.00	\$26.50	\$27.03	\$27.57

WAGE GRADE	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
9					
7-1-17	\$24.55	\$25.05	\$25.55	\$26.07	\$26.58
7-1-18	\$25.11	\$25.61	\$26.12	\$26.66	\$27.18
7-1-19	\$25.70	\$26.21	\$26.74	\$27.28	\$27.82
7-1-20	\$26.33	\$26.85	\$27.39	\$27.95	\$28.50

## APPENDIX C-1

### Plan for Years One and Two of Contract - Effective 7/1/17 through 6/30/19

#### ConnectiCare

#### FlexPOS-CNT-HSA-2000I/4000F-83-Combined Open Access Contract Year Benefit Summary (A)

The Individual Deductible and Maximum Out-of-Pocket applies if you have coverage only for yourself and not for any dependents. The Family Deductible and Maximum Out-of-Pocket applies if you have coverage for yourself and one or more eligible dependents. In addition, if you have family coverage, any applicable copayments or coinsurance will not apply to services until the total deductible is met for the family, without regard to how much any one family member has met. No one Member will exceed an In-Network Maximum Out-of-Pocket greater than \$6,850.

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

**Personalized for: Town of Old Saybrook**

#### Getting care in our network

##### **In-Network Preventive Services**

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

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

##### **Your care costs**

Costs for these services are shared by you and ConnectiCare as follows when you use a doctor or facility in our network.

	Single Coverage	Family Coverage
<b>In-network deductible</b> Plan deductible is combined for in and out-of-network	\$2,000	\$4,000
<b>In-network maximum out-of-pocket</b> Out-of-pocket maximum is combined for in and out-of-network	\$4,000	\$8,000
After you've spent the in-network maximum out-of-pocket amount in deductibles, copays and coinsurance, ConnectiCare will pay 100% of your covered health care expenses for the remainder of that year.		
<b>Screenings</b>	<b>Your cost</b>	
<b>Baseline routine mammography</b>	\$0 plan deductible waived	
<b>Routine mammography</b> including tomosynthesis screening	\$0 plan deductible waived	



Screenings	Your cost
Breast ultrasound screening	\$0 after plan deductible
Routine exam one exam per year	\$0 plan deductible waived
Allergy testing Unlimited	\$0 after plan deductible
Hearing Screenings one exam per year	\$0 plan deductible waived
Ongoing Care and Sick Visits	Your cost
Primary care services	\$0 after plan deductible
Specialist services	\$0 after plan deductible
Gynecologist services	\$0 after plan deductible
Maternity and pre-natal care visits	\$0 plan deductible waived
Allergy injections Unlimited	\$0 after plan deductible
Telemedicine visit	\$0 after plan deductible
Retail clinic	\$0 after plan deductible
Nutritional Counseling Limit 3 visits per year	\$0 after plan deductible
Infertility (Infertility benefits outlined in the Certificate of Coverage are unlimited, with no age or cycle restrictions)	\$0 (Office visit) after plan deductible \$0 (Ambulatory Services Outpatient) after plan deductible \$0 (Inpatient Hospital ) after plan deductible
<b>Lab and Radiology</b> Performed in a hospital, lab or radiology facility (Please refer to the provider directory for facility type)	
Laboratory services	\$0 after plan deductible
Non-advanced radiology X-ray, diagnostic	\$0 after plan deductible
Advanced radiology MRI, PET and CAT scan and nuclear cardiology	\$0 after plan deductible
<b>Sudden and Unexpected Care</b> The In-network cost share applies for both the In-Network and Out-of-Network services	
Urgent care or other walk-in clinic	\$0 after plan deductible
Emergency room	\$0 after plan deductible

<b>Sudden and Unexpected Care</b> The In-network cost share applies for both the In-Network and Out-of-Network services	
<b>Ambulance</b>	\$0 after plan deductible
<b>Inpatient Hospital Services</b>	
<b>Inpatient hospital services, including room and board</b>	\$0 after plan deductible
<b>Skilled nursing and rehabilitation facilities</b> up to 220 days per year	\$0 after plan deductible
<b>Private duty nursing</b>	\$0 after plan deductible
<b>Outpatient Hospital Services and Home Care</b> (Please refer to the provider directory for facility type)	
<b>Hospital outpatient facilities</b>	\$0 after plan deductible
<b>Ambulatory surgical center</b>	\$0 after plan deductible
<b>Home health services</b> Unlimited	\$0 after plan deductible
<b>Outpatient Rehabilitative Services</b>	
<b>Rehabilitative services</b> Unlimited (includes services combined for physical, speech and occupational therapy and chiropractic services)	\$0 after plan deductible
<b>Mental Health and Substance Abuse</b>	
<b>Inpatient mental health services</b>	\$0 after plan deductible
<b>Inpatient alcohol and substance abuse treatment</b>	\$0 after plan deductible
<b>Outpatient mental health, alcohol and substance abuse treatment</b> (office visits and home services)	\$0 after plan deductible
<b>Outpatient mental health, alcohol and substance abuse treatment</b> (intensive outpatient treatment and partial hospitalization)	\$0 after plan deductible

Supplies	
Durable medical equipment including prosthetics and disposable medical supplies (Includes Wigs prescribed by an oncologist for Member suffering hair loss as a result of chemotherapy or radiation therapy up to one wig per year)	\$0 after plan deductible
Diabetic equipment and supplies	\$0 after plan deductible
Modified food products and specialized formula pharmacy tier	\$0 after plan deductible

Vision Hardware Services Coverage is limited to one of the following every twelve months	In-Network Member Pays	Out-of-Network Member pays
Frames for prescription lenses and any one of the following:	Any amount over \$100	Any amount over \$55
Single vision lenses	\$0	Any amount over \$32
Bifocal lenses	\$0	Any amount over \$55
Trifocal lenses	\$0	Any amount over \$65
OR		
Contact lenses	Any amount over \$100	Any amount over \$87

### Getting care outside of our network

You may also get care outside of our network; however, your share of the costs will be higher. Out-of-network doctors and facilities do not appear in the "Find a doctor" directory on connecticare.com.		
	Single Coverage	Family Coverage
Out-of-network deductible Plan deductible is combined for in and out-of-network	\$2,000	\$4,000
Out-of-network coinsurance	20% after plan deductible	20% after plan deductible
Out-of-network home health care	20% after plan deductible	20% after plan deductible
Out-of-network durable medical equipment	20% after plan deductible	20% after plan deductible
Out-of-network maximum out-of-pocket Out-of-pocket maximum is combined for in and out-of-network	\$4,000	\$8,000

#### Important Information

- This is a brief summary of benefits. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for complete details on benefits, conditions, limitations and exclusions, or consult with your benefits manager. All benefits described are per member per Contract year.
- A Referral from your Primary Care Provider is not required.
- If you have questions regarding your plan, visit our website at [www.connecticare.com](http://www.connecticare.com) or call us at (860) 674-5757 or 1-800-251-7722.
- Many services require that you obtain our pre-certification or pre-authorization prior to obtaining care prescribed or rendered by network providers or non-participating providers. A reduction will apply if you do not obtain pre-authorization for these specified services. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- For mental health, alcohol, and substance abuse services call 1-888-946-4658 to obtain pre-authorization.
- Out-of-Network cost shares are reimbursed at the maximum allowable amount. Members are responsible to pay any charges in excess of this amount. Please refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- If you are a Massachusetts resident, please refer to your *amendatory rider for Massachusetts mandated benefits* for additional details of your mandated benefits.
- If you are a Massachusetts resident, this plan along with pharmacy services meets Massachusetts Minimum Creditable Coverage standards for 2017.
- Your plan is insured by ConnectiCare Insurance Company, Inc.

# ConnectiCare

## FlexPOS Combined Deductible Prescription Drug Plan for Use with Health Savings Account (HSA) Benefit Summary

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

Covered prescription drugs through retail Participating Pharmacies or our mail order service. Your Plan includes the following: Mandatory Drug Substitution, Tiered Cost-Share Program, and Voluntary Mail Order Program.		
	Single Coverage	Family Coverage
<b>In-network Contract Year plan deductible</b> (Deductible is combined for In and out-of-network)	\$2,000	\$4,000
<b>In-network maximum out-of-pocket</b> (Maximum is combined for In and out-of-network)	\$4,000	\$8,000
	<b>Your cost retail</b> (up to a 34 day supply per prescription)	<b>Your cost mail order</b> (up to a 100 day supply per prescription)
<b>Generic drugs</b>	\$0 after plan deductible	\$0 after plan deductible
<b>Preferred brand drugs</b>	\$0 after plan deductible	\$0 after plan deductible
<b>Non-preferred brand drugs</b>	\$0 after plan deductible	\$0 after plan deductible
Getting care outside of our network		
You may also get care outside of our network; however, your share of the costs will be higher.		
	Single Coverage	Family Coverage
<b>Out-of-network deductible</b> (Deductible is combined for In and out-of-network)	\$2,000	\$4,000
<b>Out-of-network coinsurance</b>	20% after plan deductible	20% after plan deductible
<b>Out-of-network mail order</b>	100%	100%
<b>Out-of-network maximum out-of-pocket</b> (Maximum is combined for In and out-of-network)	\$4,000	\$8,000

#### Additional Information

- Under this program covered prescription drugs and supplies are put into categories (i.e., tiers) to designate how they are to be covered and the member's cost-share. The placement of a drug or supply into one of the tiers is determined by the ConnectiCare Pharmacy Services Department and approved by the ConnectiCare Pharmacy & Therapeutics Committee based on the drug's or supply's clinical effectiveness and cost, not on whether it is a generic drug or supply or brand name drug or supply.
- Generic drugs can reduce your out-of-pocket prescription costs. Generics have the same active ingredients as brand name drugs, but usually cost much less. So, ask your doctor or pharmacist if a generic alternative is available for your prescription. Also, remember to use a participating pharmacy. Most pharmacies in the United States participate in our network. To find one, visit our Web site at [www.connecticare.com](http://www.connecticare.com) or call our Member Services Department at 1-800-251-7722.
- Amounts paid by members because they must pay a price difference for a brand name drug do not count towards meeting any deductible, coinsurance, copayment, or cost share maximum.
- Certain prescription drugs and supplies require pre-authorization from us before they will be covered under the prescription drug rider. You should visit our Web site at [www.connecticare.com](http://www.connecticare.com) or call our Member Services Department at 1-800-251-7722 to find out if a prescription drug or supply requires pre-authorization.
- Most Specialty drugs are dispensed through Specialty Pharmacies by mail, up to 30 day supply. Specialty Pharmacies have the same Member Cost Share as all other participating pharmacies and are not part of ConnectiCare's Voluntary Mail Order program. The Member Cost Share for Specialty Pharmacy is different from the Cost Share for ConnectiCare's Mail Order program.
- Always remember to carry your ConnectiCare ID Card.
- If you are a Massachusetts resident, please refer to your amendatory rider for Massachusetts mandated benefits for additional details of your benefits.

## APPENDIX C-2

### Plan for Year Three of Contract - Effective 7/1/19 through 6/30/20

The Individual Deductible and Maximum Out-of-Pocket applies if you have coverage only for yourself and not for any dependents. The Family Deductible and Maximum Out-of-Pocket applies if you have coverage for yourself and one or more eligible dependents. In addition, if you have family coverage, any applicable copayments or coinsurance will not apply to services until the total deductible is met for the family, without regard to how much any one family member has met. No one Member will exceed an In-Network Maximum Out-of-Pocket greater than \$6,850.

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

Personalized for: Town of Old Saybrook

#### Getting care in our network

<b>In-Network Preventive Services</b> These services are no cost to you when you use an in-network doctor or facility. Frequency is based on age and gender. For a complete list of preventive services and to find a doctor, refer to <a href="http://connecticare.com">connecticare.com</a> .	
<ul style="list-style-type: none"><li>• Physical</li><li>• Well woman visit and pap test</li><li>• More than 25 screenings, including mammograms and colonoscopies</li></ul>	<ul style="list-style-type: none"><li>• Flu shot</li><li>• Vaccinations</li><li>• Certain birth control and other prevention medications</li></ul>

<b>Your care costs</b> Costs for these services are shared by you and ConnectiCare as follows when you use a doctor or facility in our network.		
	<b>Single Coverage</b>	<b>Family Coverage</b>
<b>In-network deductible</b> Plan deductible is combined for in and out-of-network	\$2,000	\$4,000
<b>In-network maximum out-of-pocket</b> Out-of-pocket maximum is combined for in and out-of-network	\$4,000	\$8,000
After you've spent the in-network maximum out-of-pocket amount in deductibles, copays and coinsurance, ConnectiCare will pay 100% of your covered health care expenses for the remainder of that year.		
<b>Screenings</b>	<b>Your cost</b>	
<b>Baseline routine mammography</b>	\$0 plan deductible waived	
<b>Routine mammography</b> including tomosynthesis screening	\$0 plan deductible waived	

<b>Screenings</b>	<b>Your cost</b>
<b>Breast ultrasound screening</b>	\$0 after plan deductible
<b>Routine exam</b> one exam per year	\$0 plan deductible waived
<b>Allergy testing</b> Unlimited	\$0 after plan deductible
<b>Hearing Screenings</b> one exam per year	\$0 plan deductible waived
<b>Ongoing Care and Sick Visits</b>	<b>Your cost</b>
<b>Primary care services</b>	\$0 after plan deductible
<b>Specialist services</b>	\$0 after plan deductible
<b>Gynecologist services</b>	\$0 after plan deductible
<b>Maternity and pre-natal care visits</b>	\$0 plan deductible waived
<b>Allergy injections</b> Unlimited	\$0 after plan deductible
<b>Telemedicine visit</b>	\$0 after plan deductible
<b>Retail clinic</b>	\$0 after plan deductible
<b>Nutritional Counseling</b> Limit 3 visits per year	\$0 after plan deductible
<b>Infertility</b> (Infertility benefits outlined in the Certificate of Coverage are unlimited, with no age or cycle restrictions)	\$0 (Office visit) after plan deductible \$0 (Ambulatory Services Outpatient) after plan deductible \$0 (Inpatient Hospital ) after plan deductible
<b>Lab and Radiology</b> Performed in a hospital, lab or radiology facility (Please refer to the provider directory for facility type)	
<b>Laboratory services</b>	\$0 after plan deductible
<b>Non-advanced radiology</b> X-ray, diagnostic	\$0 after plan deductible
<b>Advanced radiology</b> MRI, PET and CAT scan and nuclear cardiology	\$0 after plan deductible
<b>Sudden and Unexpected Care</b> The In-network cost share applies for both the In-Network and Out-of-Network services	
<b>Urgent care or other walk-in clinic</b>	\$0 after plan deductible
<b>Emergency room</b>	\$0 after plan deductible



<b>Sudden and Unexpected Care</b> The In-network cost share applies for both the In-Network and Out-of-Network services	
<b>Ambulance</b>	\$0 after plan deductible
<b>Inpatient Hospital Services</b>	
<b>Inpatient hospital services, including room and board</b>	\$0 after plan deductible
<b>Skilled nursing and rehabilitation facilities</b> up to 220 days per year	\$0 after plan deductible
<b>Private duty nursing</b>	\$0 after plan deductible
<b>Outpatient Hospital Services and Home Care</b> (Please refer to the provider directory for facility type)	
<b>Hospital outpatient facilities</b>	\$0 after plan deductible
<b>Ambulatory surgical center</b>	\$0 after plan deductible
<b>Home health services</b> Unlimited	\$0 after plan deductible
<b>Outpatient Rehabilitative Services</b>	
<b>Rehabilitative services</b> Unlimited (includes services combined for physical, speech and occupational therapy and chiropractic services)	\$0 after plan deductible
<b>Mental Health and Substance Abuse</b>	
<b>Inpatient mental health services</b>	\$0 after plan deductible
<b>Inpatient alcohol and substance abuse treatment</b>	\$0 after plan deductible
<b>Outpatient mental health, alcohol and substance abuse treatment</b> (office visits and home services)	\$0 after plan deductible
<b>Outpatient mental health, alcohol and substance abuse treatment</b> (intensive outpatient treatment and partial hospitalization)	\$0 after plan deductible

Supplies	
<b>Durable medical equipment including prosthetics and disposable medical supplies</b> (Includes Wigs prescribed by an oncologist for Member suffering hair loss as a result of chemotherapy or radiation therapy up to one wig per year)	\$0 after plan deductible
<b>Diabetic equipment and supplies</b>	\$0 after plan deductible
<b>Modified food products and specialized formula pharmacy tier</b>	\$0 after plan deductible

<b>Vision Hardware Services</b> Coverage is limited to one of the following every twelve months	<b>In-Network Member Pays</b>	<b>Out-of-Network Member pays</b>
<b>Frames for prescription lenses and any one of the following:</b>	Any amount over \$100	Any amount over \$55
Single vision lenses	\$0	Any amount over \$32
Bifocal lenses	\$0	Any amount over \$55
Trifocal lenses	\$0	Any amount over \$65
<b>OR</b>		
<b>Contact lenses</b>	Any amount over \$100	Any amount over \$87

## Getting care outside of our network

You may also get care outside of our network; however, your share of the costs will be higher. Out-of-network doctors and facilities do not appear in the "Find a doctor" directory on connecticare.com.		
	<b>Single Coverage</b>	<b>Family Coverage</b>
<b>Out-of-network deductible</b> Plan deductible is combined for in and out-of-network	\$2,000	\$4,000
<b>Out-of-network coinsurance</b>	20% after plan deductible	20% after plan deductible
<b>Out-of-network home health care</b>	20% after plan deductible	20% after plan deductible
<b>Out-of-network durable medical equipment</b>	20% after plan deductible	20% after plan deductible
<b>Out-of-network maximum out-of-pocket</b> Out-of-pocket maximum is combined for in and out-of-network	\$4,000	\$8,000

#### Important Information

- This is a brief summary of benefits. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for complete details on benefits, conditions, limitations and exclusions, or consult with your benefits manager. All benefits described are per member per Contract year.
- A Referral from your Primary Care Provider is not required.
- If you have questions regarding your plan, visit our website at [www.connecticare.com](http://www.connecticare.com) or call us at (860) 674-5757 or 1-800-251-7722.
- Many services require that you obtain our pre-certification or pre-authorization prior to obtaining care prescribed or rendered by network providers or non-participating providers. A reduction will apply if you do not obtain pre-authorization for these specified services. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- For mental health, alcohol, and substance abuse services call 1-888-946-4658 to obtain pre-authorization.
- Out-of-Network cost shares are reimbursed at the maximum allowable amount. Members are responsible to pay any charges in excess of this amount. Please refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- If you are a Massachusetts resident, please refer to your *amendatory rider for Massachusetts mandated benefits* for additional details of your mandated benefits.
- If you are a Massachusetts resident, this plan along with pharmacy services meets Massachusetts Minimum Creditable Coverage standards for 2017.
- Your plan is Insured by ConnectiCare Insurance Company, Inc.

## FlexPOS Combined Deductible Prescription Drug Plan for Use with Health Savings Account (HSA) Benefit Summary

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

Personalized for: Town of Old Saybrook

Covered prescription drugs through retail Participating Pharmacies or our mail order service. Your Plan includes the following: Mandatory Drug Substitution, Tiered Cost-Share Program, and Voluntary Mail Order Program.		
	Single Coverage	Family Coverage
<b>In-network Contract Year plan deductible</b> (Deductible is combined for In and out-of-network)	\$2,000	\$4,000
<b>In-network maximum out-of-pocket</b> (Maximum is combined for In and out-of-network)	\$4,000	\$8,000
	<b>Your cost retail</b> (up to a 34 day supply per prescription)	<b>Your cost mail order</b> (up to a 100 day supply per prescription)
<b>Generic drugs</b>	\$5 after plan deductible	\$10 after plan deductible
<b>Preferred brand drugs</b>	\$20 after plan deductible	\$40 after plan deductible
<b>Non-preferred brand drugs</b>	\$35 after plan deductible	\$70 after plan deductible
<b>Getting care outside of our network</b>		
You may also get care outside of our network; however, your share of the costs will be higher.		
	Single Coverage	Family Coverage
<b>Out-of-network deductible</b> (Deductible is combined for In and out-of-network)	\$2,000	\$4,000
<b>Out-of-network coinsurance</b>	20% after plan deductible	20% after plan deductible
<b>Out-of-network mail order</b>	100%	100%
<b>Out-of-network maximum out-of-pocket</b> (Maximum is combined for In and out-of-network)	\$4,000	\$8,000

#### Additional Information

- Under this program covered prescription drugs and supplies are put into categories (i.e., tiers) to designate how they are to be covered and the member's cost-share. The placement of a drug or supply into one of the tiers is determined by the ConnectiCare Pharmacy Services Department and approved by the ConnectiCare Pharmacy & Therapeutics Committee based on the drug's or supply's clinical effectiveness and cost, not on whether it is a generic drug or supply or brand name drug or supply.
- Generic drugs can reduce your out-of-pocket prescription costs. Generics have the same active ingredients as brand name drugs, but usually cost much less. So, ask your doctor or pharmacist if a generic alternative is available for your prescription. Also, remember to use a participating pharmacy. Most pharmacies in the United States participate in our network. To find one, visit our Web site at [www.connecticare.com](http://www.connecticare.com) or call our Member Services Department at 1-800-251-7722.
- Amounts paid by members because they must pay a price difference for a brand name drug do not count towards meeting any deductible, coinsurance, copayment, or cost share maximum.
- Certain prescription drugs and supplies require pre-authorization from us before they will be covered under the prescription drug rider. You should visit our Web site at [www.connecticare.com](http://www.connecticare.com) or call our Member Services Department at 1-800-251-7722 to find out if a prescription drug or supply requires pre-authorization.
- Most Specialty drugs are dispensed through Specialty Pharmacies by mail, up to 30 day supply. Specialty Pharmacies have the same Member Cost Share as all other participating pharmacies and are not part of ConnectiCare's Voluntary Mail Order program. The Member Cost Share for Specialty Pharmacy is different from the Cost Share for ConnectiCare's Mail Order program.
- Always remember to carry your ConnectiCare ID Card.
- If you are a Massachusetts resident, please refer to your amendatory rider for Massachusetts mandated benefits for additional details of your benefits.

### APPENDIX C-3

#### **Plan for Year Four of Contract - Effective 7/1/20 through 6/30/21**

The Individual Deductible and Maximum Out-of-Pocket applies if you have coverage only for yourself and not for any dependents. The Family Deductible and Maximum Out-of-Pocket applies if you have coverage for yourself and one or more eligible dependents. In addition, if you have family coverage, any applicable copayments or coinsurance will not apply to services until the total deductible is met for the family, without regard to how much any one family member has met. No one Member will exceed an In-Network Maximum Out-of-Pocket greater than \$6,850.

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

Personalized for: Town of Old Saybrook

#### **Getting care in our network**

<b>In-Network Preventive Services</b> These services are no cost to you when you use an in-network doctor or facility. Frequency is based on age and gender. For a complete list of preventive services and to find a doctor, refer to <a href="http://connecticare.com">connecticare.com</a> .	
<ul style="list-style-type: none"><li>• Physical</li><li>• Well woman visit and pap test</li><li>• More than 25 screenings, including mammograms and colonoscopies</li></ul>	<ul style="list-style-type: none"><li>• Flu shot</li><li>• Vaccinations</li><li>• Certain birth control and other prevention medications</li></ul>

<b>Your care costs</b> Costs for these services are shared by you and ConnectiCare as follows when you use a doctor or facility in our network.		
	<b>Single Coverage</b>	<b>Family Coverage</b>
<b>In-network deductible</b> Plan deductible is combined for in and out-of-network	\$2,500	\$5,000
<b>In-network maximum out-of-pocket</b> Out-of-pocket maximum is combined for in and out-of-network	\$5,000	\$10,000
After you've spent the in-network maximum out-of-pocket amount in deductibles, copays and coinsurance, ConnectiCare will pay 100% of your covered health care expenses for the remainder of that year.		
<b>Screenings</b>	<b>Your cost</b>	
<b>Baseline routine mammography</b>	\$0 plan deductible waived	
<b>Routine mammography</b> including tomosynthesis screening	\$0 plan deductible waived	

<b>Screenings</b>	<b>Your cost</b>
<b>Breast ultrasound screening</b>	\$0 after plan deductible
<b>Routine exam</b> one exam per year	\$0 plan deductible waived
<b>Allergy testing</b> Unlimited	\$0 after plan deductible
<b>Hearing Screenings</b> one exam per year	\$0 plan deductible waived
<b>Ongoing Care and Sick Visits</b>	<b>Your cost</b>
<b>Primary care services</b>	\$0 after plan deductible
<b>Specialist services</b>	\$0 after plan deductible
<b>Gynecologist services</b>	\$0 after plan deductible
<b>Maternity and pre-natal care visits</b>	\$0 plan deductible waived
<b>Allergy injections</b> Unlimited	\$0 after plan deductible
<b>Telemedicine visit</b>	\$0 after plan deductible
<b>Retail clinic</b>	\$0 after plan deductible
<b>Nutritional Counseling</b> Limit 3 visits per year	\$0 after plan deductible
<b>Infertility</b> (Infertility benefits outlined in the Certificate of Coverage are unlimited, with no age or cycle restrictions)	\$0 (Office visit) after plan deductible \$0 (Ambulatory Services Outpatient) after plan deductible \$0 (Inpatient Hospital ) after plan deductible
<b>Lab and Radiology</b> Performed in a hospital, lab or radiology facility (Please refer to the provider directory for facility type)	
<b>Laboratory services</b>	\$0 after plan deductible
<b>Non-advanced radiology</b> X-ray, diagnostic	\$0 after plan deductible
<b>Advanced radiology</b> MRI, PET and CAT scan and nuclear cardiology	\$0 after plan deductible
<b>Sudden and Unexpected Care</b> The In-network cost share applies for both the In-Network and Out-of-Network services	
<b>Urgent care or other walk-in clinic</b>	\$0 after plan deductible
<b>Emergency room</b>	\$0 after plan deductible

<b>Sudden and Unexpected Care</b> The In-network cost share applies for both the In-Network and Out-of-Network services	
<b>Ambulance</b>	\$0 after plan deductible
<b>Inpatient Hospital Services</b>	
<b>Inpatient hospital services, including room and board</b>	\$0 after plan deductible
<b>Skilled nursing and rehabilitation facilities</b> up to 220 days per year	\$0 after plan deductible
<b>Private duty nursing</b>	\$0 after plan deductible
<b>Outpatient Hospital Services and Home Care</b> (Please refer to the provider directory for facility type)	
<b>Hospital outpatient facilities</b>	\$0 after plan deductible
<b>Ambulatory surgical center</b>	\$0 after plan deductible
<b>Home health services</b> Unlimited	\$0 after plan deductible
<b>Outpatient Rehabilitative Services</b>	
<b>Rehabilitative services</b> Unlimited (includes services combined for physical, speech and occupational therapy and chiropractic services)	\$0 after plan deductible
<b>Mental Health and Substance Abuse</b>	
<b>Inpatient mental health services</b>	\$0 after plan deductible
<b>Inpatient alcohol and substance abuse treatment</b>	\$0 after plan deductible
<b>Outpatient mental health, alcohol and substance abuse treatment</b> (office visits and home services)	\$0 after plan deductible
<b>Outpatient mental health, alcohol and substance abuse treatment</b> (intensive outpatient treatment and partial hospitalization)	\$0 after plan deductible



Supplies	
<b>Durable medical equipment including prosthetics and disposable medical supplies</b> (Includes Wigs prescribed by an oncologist for Member suffering hair loss as a result of chemotherapy or radiation therapy up to one wig per year)	\$0 after plan deductible
<b>Diabetic equipment and supplies</b>	\$0 after plan deductible
<b>Modified food products and specialized formula pharmacy tier</b>	\$0 after plan deductible

<b>Vision Hardware Services</b> Coverage is limited to one of the following every twelve months	<b>In-Network Member Pays</b>	<b>Out-of-Network Member pays</b>
<b>Frames for prescription lenses and any one of the following:</b>	Any amount over \$100	Any amount over \$55
<b>Single vision lenses</b>	\$0	Any amount over \$32
<b>Bifocal lenses</b>	\$0	Any amount over \$55
<b>Trifocal lenses</b>	\$0	Any amount over \$65
<b>OR</b>		
<b>Contact lenses</b>	Any amount over \$100	Any amount over \$87

## Getting care outside of our network

You may also get care outside of our network; however, your share of the costs will be higher. Out-of-network doctors and facilities do not appear in the "Find a doctor" directory on <a href="http://connecticare.com">connecticare.com</a> .		
	<b>Single Coverage</b>	<b>Family Coverage</b>
<b>Out-of-network deductible</b> Plan deductible is combined for in and out-of-network	\$2,500	\$5,000
<b>Out-of-network coinsurance</b>	20% after plan deductible	20% after plan deductible
<b>Out-of-network home health care</b>	20% after plan deductible	20% after plan deductible
<b>Out-of-network durable medical equipment</b>	20% after plan deductible	20% after plan deductible
<b>Out-of-network maximum out-of-pocket</b> Out-of-pocket maximum is combined for in and out-of-network	\$5,000	\$10,000

#### Important Information

- This is a brief summary of benefits. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for complete details on benefits, conditions, limitations and exclusions, or consult with your benefits manager. All benefits described are per member per Contract year.
- A Referral from your Primary Care Provider is not required.
- If you have questions regarding your plan, visit our website at [www.connecticare.com](http://www.connecticare.com) or call us at (860) 674-5757 or 1-800-251-7722.
- Many services require that you obtain our pre-certification or pre-authorization prior to obtaining care prescribed or rendered by network providers or non-participating providers. A reduction will apply if you do not obtain pre-authorization for these specified services. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- For mental health, alcohol, and substance abuse services call 1-888-946-4658 to obtain pre-authorization.
- Out-of-Network cost shares are reimbursed at the maximum allowable amount. Members are responsible to pay any charges in excess of this amount. Please refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- If you are a Massachusetts resident, please refer to your *amendatory rider for Massachusetts mandated benefits* for additional details of your mandated benefits.
- If you are a Massachusetts resident, this plan along with pharmacy services meets Massachusetts Minimum Creditable Coverage standards for 2017.
- Your plan is Insured by ConnectiCare Insurance Company, Inc.

## FlexPOS Combined Deductible Prescription Drug Plan for Use with Health Savings Account (HSA) Benefit Summary

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

Personalized for: Town of Old Saybrook

Covered prescription drugs through retail Participating Pharmacies or our mail order service. Your Plan includes the following: Mandatory Drug Substitution, Tiered Cost-Share Program, and Voluntary Mail Order Program.		
	Single Coverage	Family Coverage
<b>In-network Contract Year plan deductible</b> (Deductible is combined for In and out-of-network)	\$2,500	\$5,000
<b>In-network maximum out-of-pocket</b> (Maximum is combined for In and out-of-network)	\$5,000	\$10,000
	<b>Your cost retail</b> (up to a 34 day supply per prescription)	<b>Your cost mail order</b> (up to a 100 day supply per prescription)
<b>Generic drugs</b>	\$5 after plan deductible	\$10 after plan deductible
<b>Preferred brand drugs</b>	\$20 after plan deductible	\$40 after plan deductible
<b>Non-preferred brand drugs</b>	\$35 after plan deductible	\$70 after plan deductible
Getting care outside of our network		
You may also get care outside of our network; however, your share of the costs will be higher.		
	Single Coverage	Family Coverage
<b>Out-of-network deductible</b> (Deductible is combined for In and out-of-network)	\$2,500	\$5,000
<b>Out-of-network coinsurance</b>	20% after plan deductible	20% after plan deductible
<b>Out-of-network mail order</b>	100%	100%
<b>Out-of-network maximum out-of-pocket</b> (Maximum is combined for In and out-of-network)	\$5,000	\$10,000

#### Additional Information

- Under this program covered prescription drugs and supplies are put into categories (i.e., tiers) to designate how they are to be covered and the member's cost-share. The placement of a drug or supply into one of the tiers is determined by the ConnectiCare Pharmacy Services Department and approved by the ConnectiCare Pharmacy & Therapeutics Committee based on the drug's or supply's clinical effectiveness and cost, not on whether it is a generic drug or supply or brand name drug or supply.
- Generic drugs can reduce your out-of-pocket prescription costs. Generics have the same active ingredients as brand name drugs, but usually cost much less. So, ask your doctor or pharmacist if a generic alternative is available for your prescription. Also, remember to use a participating pharmacy. Most pharmacies in the United States participate in our network. To find one, visit our Web site at [www.connecticare.com](http://www.connecticare.com) or call our Member Services Department at 1-800-251-7722.
- Amounts paid by members because they must pay a price difference for a brand name drug do not count towards meeting any deductible, coinsurance, copayment, or cost share maximum.
- Certain prescription drugs and supplies require pre-authorization from us before they will be covered under the prescription drug rider. You should visit our Web site at [www.connecticare.com](http://www.connecticare.com) or call our Member Services Department at 1-800-251-7722 to find out if a prescription drug or supply requires pre-authorization.
- Most Specialty drugs are dispensed through Specialty Pharmacies by mail, up to 30 day supply. Specialty Pharmacies have the same Member Cost Share as all other participating pharmacies and are not part of ConnectiCare's Voluntary Mail Order program. The Member Cost Share for Specialty Pharmacy is different from the Cost Share for ConnectiCare's Mail Order program.
- Always remember to carry your ConnectiCare ID Card.
- If you are a Massachusetts resident, please refer to your amendatory rider for Massachusetts mandated benefits for additional details of your benefits.

## APPENDIX D

### MEMORANDUM OF AGREEMENT

This Memorandum of Agreement ("Agreement") is entered into by and between the Town of Old Saybrook ("Town") and Local 1303-278 of Council 4, AFSCME, AFL-CIO ("Union"). The Town and the Union are parties to a Collective Bargaining Agreement dated July 1, 2001 through June 30, 2005.

Although there exists no contractual references to bargaining unit employees' eligibility for health insurance benefits at retirement, the parties mutually agree that for some time there has been a practice of the Town providing certain retirees with health insurance benefits at retirement. Through a Tentative Agreement dated May 27, 1998 the parties attempted to clarify the terms under which bargaining unit employees had been eligible to receive health insurance benefits at retirement. The purpose of this Agreement is to fully set forth the terms under which employees will be eligible for such health (including dental) insurance benefits following their retirement in the future. More specifically, the parties hereby agree as follows:

#### Eligibility Rules for Retirees

1. For full-time employees who retire from their employment with the Town of Old Saybrook following the date of this Agreement, with a minimum of fifteen (15) years of service with the Town and having reached a minimum of age fifty-five (55), the Town shall contribute to the cost of continued health insurance benefits (including dental, vision, prescription drug) for the retiree under the same benefit plans applicable to active employees of the Town, as such benefit plans may change from time to time. For eligible retirees, the Town shall contribute the same amount towards the cost of such benefits as it does for active employees, as such amount may change from time to time. To be eligible to receive such Town contribution to health insurance benefits, the retiree shall be required to contribute the same periodic contribution to premium costs as active bargaining unit members are required to pay, as such contributions may change from time to time.

2. In addition, in order to be eligible for any Town contribution to health insurance benefits, the retiree must have been employed in a full-time bargaining unit position on or before the date of this Agreement. All employees hired by the Town of Old Saybrook following the date of this Agreement as well as those who may be currently employed part-time and are later assigned to full time positions shall not be eligible for any contribution from the Town towards the costs of insurance benefits at retirement from the Town.

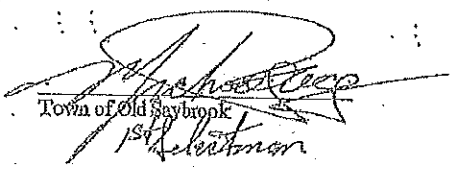
3. Eligible retirees who continuously elect to receive benefits under the Town's health insurance plan following their retirement shall remain eligible to receive a Town contribution towards the cost of health insurance benefits as set forth above until such time as they become eligible for Medicare benefits. When such retirees become eligible for Medicare benefits the Town will provide such retirees with an Anthem Blue

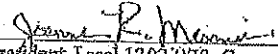
Cross/Blue Shield Medicare Supplemental Benefit Policy (or comparable Medicare Supplemental Benefit Policy) provided that such retirees contribute the same premium contribution paid by active employees, as such premium contributions may change from time to time.

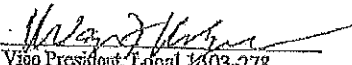
Dependent Coverage

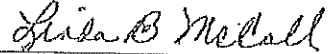
1. Any eligible retiree who wishes to continue health (including dental, vision, prescription drug) insurance benefits for his/her eligible dependents following the retiree's retirement from the Town as set forth above shall be required to pay the full cost of such dependent coverage at the Town's group rates. In the event that the retiree should die, the eligible dependents coverage will be continued for life, providing the eligible dependents continuously pay the full cost of such coverage at the Town's group rates.

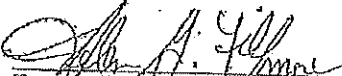
The parties have entered into this Agreement on this 26 day of July, 2004 and mutually agree that this Agreement constitutes the complete terms of their agreement concerning the Town's agreement to contribute to the cost of health insurance benefits (including dental, vision, prescription drug) for eligible bargaining unit members at retirement. As such the parties agree that this Agreement is intended to supersede all prior commitments made by either party with regard to this subject and cannot be altered, amended, or changed unless the parties mutually agree. Furthermore it is understood and agreed upon that this Agreement shall be incorporated into the collective bargaining agreement.

  
Town of Old Saybrook  
1st Selectman

  
President, Local 1303-278, Council 4  
AFSCMB, AFL-CIO

  
Vice President, Local 1303-278,  
Council 4, AFSCMB, AFL-CIO

  
Secretary, Local 1303-278, Council  
4, AFSCMB, AFL-CIO

  
Treasurer, Local 1303-278, Council  
4, AFSCMB, AFL-CIO

AFSCME LOCAL 1303-278 (Non Supervisor)

	NAME	PT DOH	FT DOH
	FULL-TIME EMPLOYEES		
1	Allen, Raymond		06/03/02
2	Baldi, Paul		05/19/03
<del>3</del>	<del>Blasius, Sandra</del>		<del>03/12/90</del>
<del>4</del>	<del>Burgess, Cynthia</del>		<del>04/17/89</del>
5	Champlin, Richard		09/27/99
6	Costa, Chris	10/16/00	
7	Dahlstrom, Robert	11/01/03	03/01/04
<del>8</del>	<del>Fillmore, Helen</del>		<del>01/04/82</del>
<del>9</del>	<del>Gergler, Nicole</del>	<del>10/15/96</del>	<del>12/01/98</del>
<del>10</del>	<del>Gernhard, Marian</del>	<del>05/03/99</del>	<del>06/14/99</del>
11	Godull, Richard	08/04/03	04/01/04
<del>12</del>	<del>Harvey, Jean-Marie</del>	<del>10/07/97</del>	<del>01/02/98</del>
<del>13</del>	<del>Hills, Martin</del>		<del>06/01/70</del>
<del>14</del>	<del>Jackson, Phillip</del>		<del>08/24/84</del>
15	Labriola, Peter		08/03/99
<del>16</del>	<del>Ladner, Donna</del>		<del>08/26/85</del>
<del>17</del>	<del>Malikowski, Michael J.</del>		<del>07/09/04</del>
18	Marshall, Kathleen	08/30/95	07/01/96
19	McCall, Linda		04/16/90
<del>20</del>	<del>McConochie, Candace</del>		<del>04/07/88</del>
<del>21</del>	<del>McDonald, David</del>	<del>05/24/89</del>	<del>10/01/97</del>
<del>22</del>	<del>Messner, Jeanne</del>	<del>08/18/82</del>	<del>07/01/92</del>
23	Mill, Deborah		10/01/97
24	Peterson, Richard		04/30/85
25	Perler, John		07/17/70
<del>26</del>	<del>Skau, Jeffrey</del>		<del>07/18/89</del>
<del>27</del>	<del>Suits, Carol</del>	<del>03/24/89</del>	<del>08/03/84</del>
<del>28</del>	<del>Taylor, David</del>		<del>08/25/97</del>
<del>29</del>	<del>Uricchio, Genstance</del>	<del>02/26/90</del>	<del>07/01/94</del>
30	Wysocki, Wayne	03/11/99	05/31/99

