TOWN OF OLD SAYBROOK

and

LOCAL 818 OF CONNECTICUT COUNCIL #4
AFSCME, AFL-CIO
(Supervisors)

July 1, 2014 - June 30, 2017

65957

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AGREEMENT
between
TOWN OF OLD SAYBROOK
and
OLD SAYBROOK SUPERVISORY EMPLOYEES
LOCAL 818 OF COUNCIL 4
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES
AFL-CIO

This Agreement is entered into by and between the Town of Old Saybrook; hereinafter referred to as the "Employer" and Local 818 of Council 4, of the American Federation of State, County and Municipal Employees, AFL-CIO, hereinafter referred to as the "Union".

The Employer and the Union mutually agree that members of the bargaining unit represented by the Union constitute the Town's supervisory employees and both the Employer and the Union agree that their mutual objective is to manage the affairs of the Town in such a way that promotes efficiency and the highest quality public service.

ARTICLE I
RECOGNITION

Section 1.1

The Town of Old Saybrook hereby recognizes Local 818 of Council 4, of the American Federation of State, County and Municipal Employees, AFL-CIO as the sole and exclusive bargaining agent for all supervisory employees of the Town, as certified in Connecticut State Labor Board No. 2850, dated September 28, 1990, on all matters of collective bargaining including wages, hours, and other conditions of employment as follows:

Certified, that Local 818, Council 4, AFSCME, AFL-CIO has been designated as the representative of the Supervisory employees of the Town of Old Saybrook classified as Director of Public Works, Building/Environment Health Official, Zoning Enforcement Officer, Director of Youth and Family Services, Director of Parks & Recreation, Assessor, Accounts Supervisor, and Fire Marshal, excluding the Director of Public Library and all others; and that Local 818, Council 4, AFSCME, AFL-CIO is the exclusive representative of all said employees for the purpose of collective bargaining unit with respect to wages, hours and other conditions of employment.

ARTICLE II
UNION SECURITY AND PAYROLL DEDUCTION

Section 2.1

All employees in the bargaining unit shall, as a condition of employment become a member of the Union in good standing, or pay a service charge equal to the monthly union dues, exclusive of costs not directly related to administration of the Union, for the duration of this Agreement or any extension thereof.

Section 2.2

Upon receipt of a signed signature form from the employees involved, a copy of which is attached to this Agreement as Appendix A, the Employer agrees to deduct from the employees each payroll period, such dues and/or service fees as determined by the Union.

Section 2.3

The amount of the deduction will be certified by a responsible Union Officer in writing to the Chief Executive Officer, and may be raised or lowered by the Union upon thirty (30) day written notification by the Union to the Chief Executive Officer.

Section 2.4

Such payroll deductions as provided herein, shall be remitted to the Treasurer, Local 818, of Council 4, by the fifteenth (15th) day of the next month following the month in which such dues and/or service fees were deducted along with a list of names of employees from whom the deductions have been made.

Section 2.5

New employees shall sign a payroll deduction card at their time of hire, effective the first payroll period following their completion of thirty (30) calendar days of employment.

Section 2.6

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 of the Employer in any part of the Employer's operation affecting employees within this bargaining unit.

ARTICLE III
SENIORITY

Section 3.1

Employees hired on and after the date of the signing of this Agreement shall remain probationary until after the completion of six (6) months of full time service from the date of last hiring. Employees shall have no seniority rights during this probationary period, and their employment may be terminated at any time during the probationary period at the sole discretion of the Chief Executive Officer of the Town.

Section 3.2

Seniority, according to this Agreement shall consist of the length of accumulated continuous paid service each employee has with the Employer as a full time employee. Each employee's length of service shall be computed from the date of the employee's first full day of actual employment.

Section 3.3

Seniority shall be the factor used to determine the amount of vacation and vacation preference.

Section 3.4

Seniority is forfeited under any of the following circumstances:

1. Voluntary resignation;

2. Discharge for just cause;

3. Failure to return to work within fifteen (15) days of the mailing of notification of recall, by certified mail, to the last known address of a laid off employee; employee shall not lose seniority during a layoff period, but said employee shall not continue to accrue additional seniority during this layoff period;

4. Retirement.

Section 3.5

A corrected seniority list, which includes each employee by name, classification and rate of pay, will be provided by the Employer to each employee annually.

Section 3.6

In the event a layoff is proposed, or pending, the Employer shall inform the Union President no less than fifteen (15) working days prior to any proposed layoff actions.

Section 3.7

When the Town determines that a layoff is necessary, the Town shall first determine which position(s) shall be eliminated. The Town shall choose employees for layoff, within the position(s) selected, by seniority with the least senior employee in a position being laid off first. Seniority rights of a laid-off employee will continue to accumulate while he/she is laid off for a period of two (2) years from the date of 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, in order of seniority, provided the employee remains qualified for the position.

ARTICLE IV
PROMOTIONS AND TRANSFERS

Section 4.1

All vacant positions, subject to be filled by the Town, within the bargaining unit shall be posted on a bulletin board used for employee notices, for a period of no less than five (5) working days, prior to the issuance of any public notice of said vacancy.

Section 4.2

The Town shall fill vacant positions with the most qualified applicant, based on education, experience, skills and ability, as determined by the Town. Bargaining unit members whose qualifications are equal to those of any outside applicant, as determined by the Town, shall be given preference to fill all promotional or non-promotional vacancies prior to the hiring of any outside applicant for the position.

ARTICLE V
HOURS OF WORK AND OVERTIME

Section 5.1

The normal work week for the Town Supervisors shall be as identified in Appendix B (attached). All employees shall complete time sheets on a daily basis, which shall accurately reflect his/her hours worked each day, in accordance with applicable law.

Section 5.2

The basic work day for forty (40) hour employees shall be eight (8) hours per day, Monday through Friday, between the hours of 7:00 A.M. and 5:30 P.M. subject to change by mutual agreement, with one (1) or one-half (½) hour for lunch.

Section 5.3

A. Supervisory employees must be authorized in advance to work in excess of their regular hours by the Chief Executive. Employees shall be paid at the rate of time and one-half for all hours worked in excess of 40 hours per week. Employees may accrue compensatory time in lieu of overtime pay with the prior approval of the First Selectman. Compensatory time must be utilized within the same fiscal year that is accrued, unless otherwise approved by the First Selectman.

B. Supervisory employees as a part of their job responsibilities are required to attend one (1) evening meeting per month, if necessary, at the discretion of the Chief Executive.

C. With the exception of employees for whom Sunday is a regular workday, the Town shall pay employees required to work on Sunday at the rate of two (2) times their regular rate of pay.

ARTICLE VI
HOLIDAYS

Section 6.1

All employees covered under this Agreement shall receive the following paid holidays:

New Year's Day
Martin Luther King Day
Presidents' Day
Good Friday
Memorial Day
Independence Day
Labor Day
Columbus Day
Veteran's Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve
Christmas 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 or any special premium wage for working such day as further set forth below. Floating holidays shall be scheduled in advance by individual employees with the First Selectman.

Section 6.2

(a) Holidays falling on a Saturday shall be celebrated on the preceding day.

(b) Holidays falling on Sunday shall be celebrated on Monday.

(c) Christmas Eve shall be celebrated on Thursday when Christmas and falls on Saturday.

(d) Christmas Eve shall be celebrated on Friday when Christmas falls on Sunday.

Section 6.3

In the event a holiday occurs during an employee's vacation, the employee will not be charged with a vacation day for such holiday.

Section 6.4

Employees covered by this Agreement shall receive as a paid holiday, any new holidays designated by the Federal or State Government.

Section 6.5

Employees required to work on a holiday shall receive the holiday pay in addition to one and one-half (1½) times their hourly rate of pay for all hours worked.

ARTICLE VII
WAGES

Section 7.1

Wage rates during the term of this Agreement shall be in accordance with Appendix C.

These wage rates reflect the following general wage increases:

(a) Effective and retroactive to **July 1, 2014 – 2.0%**

(b) Effective **July 1, 2015 - 2.25%**

(c) Effective **July 1, 2016 - 2.25%**

Employees not at maximum step for their schedule shall be eligible to advance one step on the salary schedule each July 1st provided that such employees have completed at least one full year of service in their position.

Section 7.2

Each employee shall be paid weekly, by check unless the whole Town goes to bi-weekly pay checks.

ARTICLE VIII
INSURANCE AND PENSION

Section 8.1

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

There shall be two (2) medical plan options as follows:

A. PPO (Appendix D)

Home and office visit co-pay	$20
Emergency Room co-pay	$100
Urgent Care co-pay	$100
Hospital Co-pay	$200
Prescription co-pay:	
Generic	$10
Brand preferred	$20
Brand non-preferred	$30

2x co-pay for 90 day supply via mail order only

Employees who elect the PPO option shall contribute the following percentage of the premium costs:

Contract Year	Percentage
Effective July 1, 2014	12%
Effective July 1, 2015	25%
Effective July 1, 2016	30%

B. High Deductible Health Plan ("HDHP") with a $1500/$3000 deductible. (Appendix E).

For employees who elect the HDHP option the Town shall contribute the following percentage of the deductible cost to employees' HSA accounts:

Contract Year	Percentage
2014-2015	50%
2015-2016	50%
2016-2017	40%

Employees who elect the HDHP option shall contribute the following percentage of the premium costs:

Contract Year	Percentage
Effective July 1, 2014	10%
Effective July 1, 2015	10%
Effective July 1, 2016	11%
Effective ~~July 1, 2017~~ June 30, 2017.	12%

CPF

C. The Town agrees to provide and pay the premium cost of a life insurance, and accidental death and dismemberment policy for each employee in the amount of two (2) times the employee's salary.

Section 8.2

Each employee shall be covered by the provisions of the Town of Old Saybrook Pension Plan in accordance with its eligibility requirements.

Employees will be eligible for health (including dental) insurance benefits following their retirement as set forth under the terms in the attached Memorandum of Agreement.

ARTICLE IX
LEAVE

Section 9.1

A. Each employee shall earn a maximum of eighteen (18) days paid sick leave per year at the rate of one and one-half (1½) days per month. Employees may accumulate a maximum of ninety (90) days sick leave.

B. Emergency Sick Leave Bank

1. There shall be an emergency sick leave bank composed of the contributions of bargaining unit employees who have reached the maximum contractual sick leave accumulation of ninety (90) days. All earned sick leave days thereafter shall be contributed to the pool until the pool has reached a maximum of three hundred (300) days.

   Unused days shall be carried over from year to year and shall not lapse.

2. Days contributed to the bank shall be allocated to non-probationary employees with catastrophic or extended, long-term illnesses, upon written request. Days borrowed from the bank shall be paid back to the bank at the rate of one-half (½) day per month commencing upon the employee's return to work.

3. To be eligible for allocation of sick days from the bank, an employee must meet the following conditions:

   a. Exhaustion of all sick leave;

   b. The illness or injury is not covered by workers' compensation and/or such benefit has been exhausted;

   c. An acceptable medical certificate supporting the absence is on file;

   d. The bank is not depleted.

4. Days shall be allocated by a Labor Management Advisory Committee, consisting of 2 management and 2 Union members. This committee shall have full authority to grant benefits and administer the program in accordance with guidelines outlined in subparagraph (2) above. In addition, the Committee shall consider as a factor the extent and circumstances of the applicant's usage of sick leave prior to the illness in question.

5. Time off without loss of pay or benefits may be granted, as necessary, to members of the Committee to attend meetings to administer this program.

6. The actions or non-actions of this Committee shall in no way be subject to collateral attack or the grievance/arbitration machinery. The panel shall not be considered a Town agency, board or any other subdivision of the employer. No requests shall be conducted as contested cases or otherwise be subject to the Administrative Procedure Act.

Section 9.2

An acceptable medical certificate on the prescribed form and signed by a physician will be required of an employee to substantiate a request for sick leave for the following reasons:

A. Any period of absence consisting of more than three (3) consecutive working days, or in the event of suspected abuse of sick leave as determined by the Town.

B. To support a request for sick leave of any duration during annual vacation.

C. Medical, dental or eye examinations or treatment for which arrangements cannot be made outside of working hours.

Section 9.3

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 45 days unused accumulated sick leave at the rate of the last three (3) year average.

Section 9.4

Family Leave

A. The employer agrees that under the Federal Family and Medical Leave Act (FMLA), each eligible employee is entitled to take up to 12 weeks of leave in any 12-month period. The parties agree that this 12-month period shall be measured commencing on the date the employee first takes FMLA leave.

B. 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 his/her own serious health condition. An employee shall use available personal leave and then vacation leave in the event of an approved FMLA leave for a covered family member.

C. The employer shall continue all fringe benefits provided for 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.

Section 9.5

Up to a maximum of five (5) working days special leave with pay shall be granted for a death in the immediate family. Immediate family includes: spouse, children, mother, father, sister, brother, grandparents, grandchild, mother-in-law and father-in-law. Leave is to be applied between the date of death and the funeral.

Up to a maximum of three (3) working days special leave for the purpose of attending the funeral of any of the following relatives: aunts, uncles, nieces, nephews, cousins, brother-in-law and sister-in-law.

Section 9.6

A. An employee who has completed one (1) year of service from the date of hire shall be entitled to receive three (3) personal leave days per year with pay subject to the discretion of the Chief Executive Officer.

B. Personal days may not be carried over into the following calendar year.

C. Unless authorized by the Chief Executive Officer or Designee, personal days may not be taken immediately prior or immediately subsequent to a vacation or holiday weekend, and notice shall be given forty-eight (48) hours in advance when such leave is to be taken, except in cases of emergency.

The employee shall request personnel leave time as much in advance as possible from their supervisor.

Section 9.7

Additional leave of absence up to a maximum of six (6) months without pay or benefits for legitimate reasons may be granted to an employee upon written request to the Chief Executive. A notice of such leave will be supplied to the Union President. Upon return to work, the employee shall be reinstated to the same position held at the time the leave began. Seniority and accrued benefits shall be reinstated to the employee upon return to work.

Section 9.8

Military leave shall be granted to employees when required to serve a period of active, reserve or National Guard duty in accordance with the requirements of the law.

Section 9.9

An employee who is required to report for jury duty shall be paid the difference between the total amount received for jury duty and the normal rate of pay which would have been paid by the Town for the time spent on jury duty.

To be eligible to receive this difference, an employee must notify the employer within one (1) working day after receiving the notice to report to jury duty. To receive payment, the employee must furnish to the employer, a statement or record from the appropriate public official, detailing the date, time served and the amount of pay received for same.

Section 9.10

Two members of the bargaining unit shall be granted leave with pay for contract negotiations, when said negotiations take place during an employee's scheduled working hours.

Section 9.11

Employees requiring state certification for performance of their duties shall be allowed to attend state approved certification programs when such programs are approved by the Chief Executive. Employees shall be allowed to attend such approved courses without loss of pay. The Town shall reimburse employees for all expenses in connection with these required programs or courses, provided the employee has obtained the prior approval of the Chief Executive with respect to such reimbursement.

ARTICLE X
VACATIONS

Section 10.1

Based on the fiscal year, July 1, through June 30, a vacation with normal rate of pay shall be given annually to all full-time permanent employees on the following basis of continuous employment:

A. One (1) week (5 working days) after six (6) months employment.

B. Two (2) weeks (10 working days) after one (1) year of employment.

C. Three (3) weeks (15 working days) after five (5) years of employment.

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

E. Vacation requests of five (5) days or more shall be submitted for approval two (2) weeks in advance to the Chief Executive Officer. Vacation requests shall be subject to the operating needs of the Town.

Section 10.2

Employees may take vacation in increments of one-half (1/2) day or more.

Section 10.3

In the event of the death of an employee, his/her beneficiary shall receive full payment for any unused vacation time.

Section 10.4

In the event an employee retires, terminates, or is terminated for any reason after six (6) months employment he/she shall receive full pay for any unused accumulated vacation time.

Section 10.5

Employees may carry over up to ten (10) unused vacation days in exceptional circumstances at the discretion of the First Selectman. Any days carried over must be used or forfeited by December 31 of that year.

ARTICLE XI
DISCIPLINARY ACTIONS

Section 11.1

No employee shall be discharged or otherwise disciplined without just cause.

Section 11.2

Subject to Section 11.3, disciplinary actions shall include the following types of discipline:

A. Verbal warning;

B. Written warning;

C. Suspension; and

D. Discharge.

Section 11.3

In cases involving serious offenses, any level of discipline may be imposed at the option of the employer, up to and including discharge.

ARTICLE XII
TRANSPORTATION AND TRAVEL

Section 12.1

Employees of the Town of Old Saybrook shall be reimbursed for all normal expenses incurred while performing official, authorized business. Reimbursement for travel by personal automobile shall be at the rate in cents per mile most recently allowed by the IRS.

Employees using their personal automobile for Town business must maintain insurance liability coverage in the amounts approved by the Board of Selectmen. In cases where use of a personal vehicle is not practical, the Board of Selectmen shall provide a municipal vehicle. Use of municipal vehicles shall be regulated by the Board of Selectmen.

ARTICLE XIII
MISCELLANEOUS

Section 13.1

A. The Employer agrees to provide each employee with a copy of this signed agreement within thirty (30) days following the execution date thereof.

B. The Employer agrees to provide new employees with a copy of this agreement at their time of hire.

C. The Employer agrees to provide the Council 4 Office of the Union with six (6) original, signed, contracts at the time of the signing.

Section 13.2

The Town shall prepare an annual written performance evaluation for each employee. The Chief Executive shall provide the employee with a copy of his/her performance evaluation. Employees shall be permitted to provide a written response to their evaluations to be included in their personnel file.

Section 13.3

Bargaining unit employees will be protected pursuant to Conn. Gen. Stat. Section 7-465 with regard to any claims that are filed against such employees for injuries caused while acting within the scope of their employment with the Town.

ARTICLE XIV
GRIEVANCE PROCEDURE

Section 14.1

A grievance is defined as a dispute concerning an alleged misapplication, misinterpretation or breach of the provisions of this Agreement.

Section 14.2

Step 1 - The employee shall present his/her grievance to the Chief Executive within ten (10) working days after the employee knew or should have known of the occurrence giving rise to the grievance. The Chief Executive or designate will attempt to resolve the grievance at once or submit a written answer to the employee within ten (10) working days of the date submitted to the Chief Executive.

Step 2 - In the event the matter is not resolved in Step 1, the Union may submit the matter to mediation by the Connecticut State Board of Mediation and Arbitration ("SBMA"), in an attempt to reach a mutually agreeable resolve, by submitting a written request for mediation to SBMA within ten (10) days of the Step 1 decision, with a copy of such request provided to the Chief Executive within such time period.

Step 3 - In the event the matter is not resolved in Step 2, the Union may submit the matter to the State Board of Mediation and Arbitration for arbitration in accordance with its rules providing the grievance must be submitted for arbitration within twenty (20) days following mediation, with a copy of such request provided to the Chief Executive within such time period.

Section 14.3

The decision of the Arbitrator(s) shall be final and binding on all parties. The Arbitrator(s) shall be bound by and must comply with all 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. Any time limits specified within this Article may be extended by written mutual agreement of the Union and the Town provided that, if a grievance is not submitted to a higher step in accordance with the above requirements, it shall be deemed settled on the basis of the Town's response at the last step considered.

Section 14.4

An employee who is the subject of a grievance, shall be allowed the necessary time off without loss of pay to attend hearings with the town, when the hearings are held during work hours. A Union officer and required witnesses will also be allowed to attend grievance hearings without loss of pay when the hearings are held during work hours.

Section 14.5

Nothing herein shall be construed as prohibiting any employee from processing his/her own grievance up to and including Step 1 of the grievance procedure. Only the Union shall have the right to file for mediation and/or arbitration on behalf of its members.

ARTICLE XV
SAVINGS CLAUSE

Section 15.1

If any part of this Agreement shall be held to be invalid, void, or inoperative, for any reason, the validity of the balance of the Agreement shall not be affected thereby. It is the intention of the parties in adopting this Agreement that no portion thereof, or provision

herein, shall become inoperative or fail by reason of the invalidity of any other portion or provision and the parties do hereby declare herein, separately and apart from the others.

ARTICLE XVI
COMPLETE AGREEMENT

Section 16.1

This Agreement supersedes and cancels all prior practices, memoranda, understandings and agreements, whether written or oral, unless expressly stated to the contrary and included in writing herein or by side letter attached, and constitutes the complete and entire agreement between the parties and concludes collective bargaining for its term.

The parties acknowledge that during the negotiations which resulted in this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from the area of collective bargaining, and that the understanding and agreement reached by the parties after they exercise that right and opportunity are set forth in this Agreement. Therefore, the Town and the Union, for the duration of this Agreement, each voluntarily and unqualifiedly waives the right and each agrees that the other shall not be obligated, to bargain collectively with respect to any subject or matter referred to or covered in this Agreement, even though such subjects or matters may not have been within the knowledge or contemplation of either or both of the parties at the time they negotiated or signed this Agreement.

ARTICLE XVII
NON-DISCRIMINATION

Section 17.1

The provisions of this contract shall be applied equally to all employees without discrimination because of age, sex, marital status, race, color, creed, national origin, political affiliation or Union membership.

ARTICLE XVIII
MANAGEMENT RIGHTS

Section 18.1

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 supervisory employees. 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. These rights include, but are not limited to the following:

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 establish contracts or sub-contracts for the Town's operations, provided that this right shall not be used for the purpose or intention of undermining the Union or of discriminating against its members. All work customarily performed by the employees of the bargaining unit shall continue to be so performed unless it can be done more economically, effectively or expeditiously otherwise.

h. To create job specifications and revise existing job specifications as deemed necessary.

i. To decide staffing levels in all Town operations.

j. 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 XIX
DURATION

Section 19.1

The terms of this Agreement shall be effective as of **July 1, 2014** and shall remain in full force and effect through **June 30, 2017** and shall not be reopened for negotiations during said period unless as specified herein or by mutual agreement of the parties. Successor Agreements shall be negotiated in accordance with applicable State Statutes.

This Agreement shall become effective upon signing by both the Town and the Union. Salary schedules described in Appendix C, will be for the period **July 1, 2014** to **June 30, 2017**.

IN WITNESS WHEREOF, the parties hereto have set their hands this 11 day of MAY, **2015**.

FOR THE TOWN OF OLD SAYBROOK

Signed:
Carl P. Fortuna Jr.
First Selectman

FOR LOCAL 818 OF COUNCIL #4
AFSCME, AFL-CIO

Signed:

Signed:

Signed:

Signed: Staff Representative
Council #4
AFSCME, AFL-CIO

APPENDIX A

CONNECTICUT MUNICIPAL COUNCIL 4
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES
AFL-CIO

AUTHORIZATION FOR PAYROLL DEDUCTION

By:_____
Last Name First Name Middle

(PLEASE PRINT)

To:_____
NAME OF EMPLOYER

Effective _____ I hereby authorize you to deduct from my earnings each _____ a sufficient amount to provide for the regular payment of the current rate of monthly union dues, and/or service fees as certified by the Union. The amount deducted shall be paid to the Treasurer of Local 818 of Council 4 of the American Federation of State, County and Municipal Employees. This authorization shall remain in effect in accordance with the working agreement or until termination of my employment.

_____
SIGNATURE (DO NOT PRINT)

_____ _____
STREET ADDRESS (PRINT) TELEPHONE NUMBER

_____ _____
CITY AND STATE (PRINT) ZIP CODE

APPENDIX B
HOURS OF WORK

Assessor	40 hours per week.
Accounts Supervisor	40 hours per week - 8:00 A.M. to 4:30 P.M. with one-half (1/2) hour lunch.
Building Official	40 hours per week 8:00 A.M. to 5:00 P.M. with one (1) hour lunch.
Acton Library Assistant Director	40 hours per week
Fire Marshal	40 hours per week.
Parks & Recreation Director	40 hours per week, flexible to required programs.
Public Works Director	40 hours per week 7:00 A.M. to 3:30 P.M. with one-half (1/2) hour lunch.
Youth and Family Director	40 hours per week.
Zoning Enforcement Officer	40 hours per week, flexible as required for meetings

APPENDIX C
PAY RATES

Retroactive to July 1, 2014 – 2.0% GWI	**Step 1**	**Step 2**	**Step 3**	**Step 4**	**Step 5**
DIRECTOR PUBLIC WORKS	75,942	77,492	79,072	80,687	82,340
FIRE MARSHAL	66,531	67,888	69,274	70,687	72,131
PARK & REC DIRECTOR	68,322	69,718	71,140	72,591	74,069
DIR. YOUTH & FAMILY SERV.	73,932	75,440	76,980	78,551	80,157
ASSESSOR	66,399	67,754	69,137	70,547	71,927
BLDG OFFICIAL	73,881	75,389	76,927	78,497	80,099
ACCOUNTING SUPERVISOR	61,393	62,645	63,924	65,229	66,560
Assistant Library Director	51,092	52,401	53,745	55,123	58,239
Zoning Enforcement Officer	61,371	62,944	64,559	66,214	67,919

Effective July 1, 2015 - 2.25% GWI	**Step 1**	**Step 2**	**Step 3**	**Step 4**	**Step 5**
DIRECTOR PUBLIC WORKS	77,651	79,236	80,851	82,502	84,192
FIRE MARSHAL	68,028	69,416	70,833	72,277	73,754
PARK & REC DIRECTOR	69,860	71,287	72,741	74,225	75,736
DIR. YOUTH & FAMILY SERV.	75,595	77,138	78,712	80,319	81,960
ASSESSOR	67,893	69,278	70,692	72,135	73,546
BLDG OFFICIAL	75,543	77,085	78,658	80,263	81,901
ACCOUNTING SUPERVISOR	62,774	64,055	65,363	66,697	68,058
Assistant Library Director	52,241	53,581	54,954	56,363	59,549
Zoning Enforcement Officer	62,752	64,360	66,011	67,704	69,447

Effective July 1, 2016 - 2.25% GWI	**Step 1**	**Step 2**	**Step 3**	**Step 4**	**Step 5**
DIRECTOR PUBLIC WORKS	79,398	81,018	82,670	84,358	86,086
FIRE MARSHAL	69,559	70,977	72,427	73,904	75,414
PARK & REC DIRECTOR	71,432	72,891	74,377	75,895	77,440
DIR. YOUTH & FAMILY SERV.	77,296	78,873	80,484	82,126	83,804
ASSESSOR	69,421	70,837	72,282	73,758	75,201
BLDG OFFICIAL	77,243	78,819	80,427	82,069	83,744
ACCOUNTING SUPERVISOR	64,187	65,496	66,833	68,197	69,589
Assistant Library Director	53,417	54,786	56,191	57,631	60,889
Zoning Enforcement Officer	64,164	65,808	67,497	69,227	71,009

ConnectiCare

FlexPOS-CAL-20-20-50-200A-02 Open Access Calendar Year Benefit Summary

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 below are per Member per Calendar year. A referral from your primary care provider is not required.

Personalized for: Town of Old Saybrook - Town Supervisor, Town Other

	IN-NETWORK MEMBER PAYS	**OUT-OF-NETWORK MEMBER PAYS**
Calendar Year Plan Deductible	None	$200 Employee $400 Employee +1 $500 per Family
Out-of-Pocket Maximum *(Includes a combination of deductible, copayments and coinsurance for health and pharmacy services)*	$800 Employee $1,600 Employee +1 $2,000 per Family	$800 Employee $1,600 Employee +1 $2,000 per Family
Out-of-Network Reimbursement	None	**Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.**
Lifetime Maximum Benefit	Unlimited	Unlimited
PREVENTIVE SERVICES *(Refer to "Prevention and Wellness" section found at the end of this summary)*	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Physical Exam	No Member cost	20% after Plan Deductible
Gynecological Preventive Exam	No Member cost	20% after Plan Deductible
Preventive Laboratory Services *(Complete blood count and urinalysis)*	No Member cost	20% after Plan Deductible
Baseline Routine Mammography	No Member cost	20% after Plan Deductible
Routine Mammography	No Member cost	20% after Plan Deductible
Breast Ultrasound Screening	No Member cost	20% after Plan Deductible
Routine Vision Exam *(one exam every year when provided by an Optometrist or Ophthalmologist)*	No Member cost	20% after Plan Deductible
Hearing Screenings *one exam every two years*	No Member cost	20% after Plan Deductible

OUTPATIENT SERVICES	IN-NETWORK MEMBER PAYS	OUT-OF-NETWORK MEMBER PAYS
Primary Care Services *(includes services for illness, injury, sickness, follow-up care and consultations)*	$20 Copayment per visit	20% after Plan Deductible
Specialist Services *(includes services for illness, injury, sickness, follow-up care and consultations)*	$20 Copayment per visit	20% after Plan Deductible
Gynecological Office Services	$20 Copayment per visit	20% after Plan Deductible
Maternity Care Office Visits (*Prenatal Care*)	No Member cost	20% after Plan Deductible
Allergy Testing *Unlimited*	$20 Copayment per visit	20% after Plan Deductible
Allergy Injections *Unlimited*	No Member cost	20% after Plan Deductible
Laboratory Services *(includes services performed in a Hospital or laboratory facility)* *(Please refer to the provider directory for facility type)*	No Member cost	20% after Plan Deductible
Non-Advanced Radiology *(includes services performed in a Hospital or radiology facility)*	No Member cost	20% after Plan Deductible
Advanced Radiology *(includes services for MRI, PET and CAT scan and nuclear cardiology performed in a Hospital or radiology facility)* *(Please refer to the provider directory for facility type)*	No Member cost	20% after Plan Deductible
Outpatient Rehabilitative Therapy *Unlimited* *(includes services combined for physical, speech, and occupational therapy and chiropractic services)*	No Member cost	20% after Plan Deductible
Retail Clinic	$20 Copayment per visit	20% after Plan Deductible
EMERGENCY / URGENT CARE	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Walk-In Centers	$20 Copayment per visit	$20 Copayment per visit
Urgent Care Centers	$100 Copayment per visit	$100 Copayment per visit
Emergency Room *(Copayments waived if admitted)*	$100 Copayment per visit	$100 Copayment per visit
Ambulance Services	No Member cost	No Member cost

HOSPITAL SERVICES	IN-NETWORK MEMBER PAYS	OUT-OF-NETWORK MEMBER PAYS
Inpatient Hospital Services, Including Room & Board	$200 Copayment per admission	20% after Plan Deductible
Hospital Outpatient Surgical Facilities *(includes services performed in a Hospital facility)* (*Please refer to the provider directory for facility type*)	$50 Copayment per visit	20% after Plan Deductible
Ambulatory Surgical Center *(includes services performed in a stand-alone ambulatory facility)* (*Please refer to the provider directory for facility type*)	$50 Copayment per visit	20% after Plan Deductible
Skilled Nursing and Rehabilitation Facilities *up to 180 days per year*	No Member cost	20% after Plan Deductible
Private Duty Nursing	No Member cost	20% after Plan Deductible
MENTAL HEALTH SERVICES	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Inpatient Mental Health Services *(including inpatient acute and residential programs)*	$200 Copayment per admission	20% after Plan Deductible
Inpatient Alcohol and Substance Abuse Treatment *(including inpatient acute and residential programs)*	$200 Copayment per admission	20% after Plan Deductible
Outpatient Mental Health, Alcohol and Substance Abuse Treatment *(including office visits and professional services provided in the home)*	$20 Copayment per visit	20% after Plan Deductible
Outpatient Mental Health, Alcohol and Substance Abuse Treatment *(intensive outpatient treatment and partial hospitalization programs)*	$20 Copayment per visit	20% after Plan Deductible
OTHER SERVICES	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Durable Medical Equipment Including Prosthetics and Disposable Medical Supplies *(No Member cost for wigs prescribed by an oncologist for a Member suffering hair loss as a result of chemotherapy or radiation therapy up to one wig per year)*	No Member cost	20% after Plan Deductible

OTHER SERVICES	IN-NETWORK MEMBER PAYS	OUT-OF-NETWORK MEMBER PAYS
Diabetic Equipment and Supplies	No Member cost	20% after Plan Deductible
Infertility *(Infertility benefits outlined in the Certificate Of Coverage are unlimited, with no age or cycle restrictions)*	$20 Copayment per visit (Office visit) $50 Copayment per visit (Ambulatory Services Outpatient) $200 Copayment per admission (Inpatient Hospital)	20% after Plan Deductible
Nutritional Counseling *(Limit 3 visits per year)*	No Member cost	20% after Plan Deductible
Home Health Services *Unlimited*	No Member cost	20% after $50 Benefit Deductible
VISION HARDWARE SERVICES	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Coverage is limited to one of the following every twelve months		
Frames for prescription lenses and any one of the following:	Any amount over $100	Any amount over $55
Single vision lenses	No Member cost	Any amount over $32
Bifocal lenses	No Member cost	Any amount over $55
Trifocal lenses	No Member cost	Any amount over $65
OR		
Contact lenses	Ant amount over $100	Any amount over $87

PREVENTION AND WELLNESS

In-Network prevention and wellness services as defined by the United States Preventive Service Task Force (listed below) are exempt from all member cost share (deductible, copayment and coinsurance) under the Patient Protection and Affordable Care Act (PPACA). Services that are exempt from cost share must be identified by the specific codes. The codes your health care provider submits must match ConnectiCare's coding list to be exempt from all cost share. Please note that not all preventive services are listed below and that some diagnostic services provided in relation to preventive and wellness services require member cost share. Go to www.connecticare.com/preventive for more information on coverage of preventive or services.

- Routine physical exam and appropriate screening and counseling for adults (including but not limited to cardiovascular disease, depression, obesity and sexually transmitted infections)
- Preventive care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration (including but not limited to depression, obesity and sexually transmitted infections)
- Preventive care and screenings for women supported by the Health Resources and Services Administration:
  - At least one well-woman preventive care visit annually to obtain the recommended preventive services
  - Screening for diabetes during pregnancy, two per pregnancy
  - Human Papillomavirus (HPV) testing, age 30 or older, one per year
  - Counseling on sexually transmitted infections for all sexually active women, two per year
  - Counseling and screening for human immune-deficiency virus (HIV) for all sexually active women
  - Contraceptive methods approved by the Food and Drug administration, sterilization procedures and contraceptive patient education and counseling
  - Comprehensive lactation support, counseling, a breast pump, (either manual or non-hospital grade electric), and breastfeeding supplies
  - Screening and counseling for interpersonal and domestic violence for all women and adolescents
- Bone density screenings, age 60 or older
- Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, age 50 or older
- Routine mammography screening
- Immunizations recommended by the Advisory Committee on Immunization Practices of the CDC
- Outpatient laboratory services:
  - Cervical cancer and cervical dysplasia screening – pap smear
  - Lipid cholesterol screening for adults and children at risk
  - Fasting plasma glucose or hemoglobin A1c
  - Hematocrit and Hemoglobin for children up to age 21
  - Lead screening for children
  - Tuberculin testing for children
  - Chlamydia, syphilis and gonorrhea screening for females all ages
  - Human immunodeficiency virus screening – HIV testing
  - Hypothyroidism screening in newborns, under 3 months of age
  - Screening for phenylketonuria (PKU) in newborns, under 3 months of age
  - Screening for sickle cell disease in newborns, under 3 months of age
  - Hepatitis B screening for adolescents and adults at risk
  - Hepatitis C screening for adults at risk
  - Lung Cancer Screening for adults ages 55 - 80 who have smoked
- Routine vision screening up to age 21, one per year when services are rendered by a primary care provider
- Routine hearing screening up to age 21 when rendered by a primary care provider
- Dental caries prevention up to age 5 when rendered by a primary care provider
- Developmental, autism, and psychosocial/behavioral assessments up to age 21 when rendered by a primary care provider.
- Dietary counseling for adults with cardiovascular disease, hyperlipidemia or obesity
- Alcohol misuse and counseling
- Tobacco cessation interventions
- Screening for hepatitis B, iron deficient anemia, Rh (D) blood typing and asymptomatic Bacteriuria in women who are pregnant
- Screening for abdominal aortic aneurysm in men age 65 - 75 who have ever smoked
- BRCA counseling and genetic screening for women at risk
- Physical therapy to prevent falls in adults ages 65 and older

Important Information

- If you have questions regarding your plan, visit our website at **www.connecticare.com** or call us at (860) 674-5757 or 1-800-251-7722.
- 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 2015.
- Your plan is Insured by ConnectiCare Insurance Company, Inc.

Benefits are Subject to Department of Insurance Approval

ConnectiCare®

Prescription Drug Copayment Plan 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 Calendar year.

Personalized for: Town of Old Saybrook - Town Supervisor, Town Other

PRESCRIPTION DRUGS		
Covered prescription drugs through retail Participating Pharmacies or our mail order service. Your Plan includes the following: Mandatory Drug Substitution, Tiered Cost-Share Program, and Voluntary Mail Order Program.		
	IN-NETWORK MEMBER PAYS	**OUT-OF-NETWORK MEMBER PAYS**
Out-of-Pocket Maximum *(Includes a combination of deductible, copayments and coinsurance for health and pharmacy services)*	$800 Employee $1,600 Employee +1 $2,000 per Family	$800 Employee $1,600 Employee +1 $2,000 per Family
RETAIL PHARMACY (up to a 30 day supply per prescription)	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Tier 1 drugs (*Generic Drugs*)	$5 Copayment	20% Coinsurance
Tier 2 drugs (*Preferred Brand Drugs*)	$20 Copayment	20% Coinsurance
Tier 3 drugs (*Non-Preferred Brand Drugs*)	$30 Copayment	20% Coinsurance
MAIL ORDER PHARMACY (up to a 90 day supply per prescription)	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Tier 1 drugs (*Generic Drugs*)	$10 Copayment	100%
Tier 2 drugs (*Preferred Brand Drugs*)	$40 Copayment	100%
Tier 3 drugs (*Non-Preferred Brand Drugs*)	$60 Copayment	100%

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 or call our Member Services Department at 1-800-251-7722.
- 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 or call our Member Service 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 a 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 a*mendatory rider for Massachusetts mandated benefits* for additional details of your benefits.

APPENDIX E

ConnectiCare®

FlexPOS-CNT-HSA-1500I/3000F-17-Combined Open Access Contract Year Benefit Summary

Open Access High Deductible Health Plan (HDHP) for use with a Health Savings Account (HSA)
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 below are per member per Contract year. A referral from your primary care provider is not required.

The individual deductible applies if you have coverage only for yourself and not for any dependents. The family deductible applies if you have coverage for yourself and one or more eligible dependents. In addition, if you have family coverage, any applicable copayment, coinsurance or cost share maximums will apply until the total is met for the family, without regard to how much any one family member has met.
Personalized for: Town of Old Saybrook

	IN-NETWORK MEMBER PAYS	**OUT-OF-NETWORK MEMBER PAYS**
Contract Year Plan Deductible *(Deductible is combined for In- and out-of-network health services and prescription drugs)*	$1,500 per Individual $3,000 per Family	
Out-of-Pocket Maximum *(Includes a combination of deductible, copayments and coinsurance for health services and pharmacy services)*	$3,000 per Individual $6,000 per Family	
Out-of-Network Reimbursement	**Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.**	
Lifetime Maximum Benefit	Unlimited	
PREVENTIVE SERVICES *(Refer to "Prevention and Wellness" section found at the end of this summary)*	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Physical Exam	No Member cost *(Plan Deductible waived)*	20% after Plan Deductible
Gynecological Preventive Exam	No Member cost *(Plan Deductible waived)*	20% after Plan Deductible
Preventive Laboratory Services *(Complete blood count and Urinalysis)*	No Member cost *(Plan Deductible waived)*	20% after Plan Deductible
Baseline Routine Mammography	No Member cost *(Plan Deductible waived)*	20% after Plan Deductible
Routine Mammography	No Member cost *(Plan Deductible waived)*	20% after Plan Deductible
Breast Ultrasound Screening	No Member cost after Plan Deductible	20% after Plan Deductible
Routine Vision Exam *(one exam per year when provided by an Optometrist or Ophthalmologist)*	No Member cost *(Plan Deductible waived)*	20% after Plan Deductible
Hearing Screenings *(one exam every year)*	No Member cost *(Plan Deductible waived)*	20% after Plan Deductible

OUTPATIENT SERVICES	IN-NETWORK MEMBER PAYS	OUT-OF-NETWORK MEMBER PAYS
Primary Care Services *(includes services for illness, injury, sickness, follow-up care and consultations)*	No Member cost after Plan Deductible	20% after Plan Deductible
Specialist Services *(includes services for illness, injury, sickness, follow-up care and consultations)*	No Member cost after Plan Deductible	20% after Plan Deductible
Gynecological Office Services	No Member cost after Plan Deductible	20% after Plan Deductible
Maternity Care Office Visits (*Prenatal Care*)	No Member cost	20% after Plan Deductible
Allergy Testing *Unlimited*	No Member cost after Plan Deductible	20% after Plan Deductible
Allergy Injections *Unlimited*	No Member cost after Plan Deductible	20% after Plan Deductible
Laboratory Services *(includes services performed in a Hospital or laboratory facility)* *(Please refer to the provider directory for facility type)*	No Member cost after Plan Deductible	20% after Plan Deductible
Non-Advanced Radiology *(includes services performed in a Hospital or radiology facility)*	No Member cost after Plan Deductible	20% after Plan Deductible
Advanced Radiology *(includes services for MRI, PET and CAT scan and Nuclear Cardiology performed in a Hospital or radiology facility)* *(Please refer to the provider directory for facility type)*	No Member cost after Plan Deductible	20% after Plan Deductible
Outpatient Rehabilitative Therapy *Unlimited* *(includes services combined for physical, speech, and occupational therapy and chiropractic services)*	No Member cost after Plan Deductible	20% after Plan Deductible
Retail Clinic	No Member cost after Plan Deductible	20% after Plan Deductible
EMERGENCY / URGENT CARE	**IN-NETWORK MEMBER PAY**	**OUT-OF-NETWORK MEMBER PAYS**
Walk-In/Urgent Care Centers	No Member cost after Plan Deductible	Same as In-Network Benefit
Emergency Room	No Member cost after Plan Deductible	Same as In-Network Benefit
Ambulance Services	No Member cost after Plan Deductible	Same as In-Network Benefit

HOSPITAL SERVICES	IN-NETWORK MEMBER PAYS	OUT-OF-NETWORK MEMBER PAYS
Inpatient Hospital Services, Including Room & Board *(includes facility and provider services)*	No Member cost after Plan Deductible	20% after Plan Deductible
Hospital Outpatient Surgical Facilities *(includes services performed in a Hospital facility)* *(Please refer to the provider directory for facility type)*	No Member cost after Plan Deductible	20% after Plan Deductible
Ambulatory Surgical Center *(includes services performed in a stand-alone ambulatory facility)* *(Please refer to the provider directory for facility type)*	No Member cost after Plan Deductible	20% after Plan Deductible
Skilled Nursing and Rehabilitation Facilities *up to 220 days per year*	No Member cost after Plan Deductible	20% after Plan Deductible
Private Duty Nursing	No Member cost after Plan Deductible	20% after Plan Deductible
MENTAL HEALTH SERVICES	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Inpatient Mental Health Services *(including inpatient acute and residential programs)*	No Member cost after Plan Deductible	20% after Plan Deductible
Inpatient Alcohol and Substance Abuse Treatment *(including inpatient acute and residential programs)*	No Member cost after Plan Deductible	20% after Plan Deductible
Outpatient Mental Health, Alcohol and Substance Abuse Treatment *(including office visits and professional services provided in the home)*	No Member cost after Plan Deductible	20% after Plan Deductible
Outpatient Mental Health, Alcohol and Substance Abuse Treatment *(intensive outpatient treatment and partial hospitalization programs)*	No Member cost after Plan Deductible	20% after Plan Deductible

OTHER SERVICES	IN-NETWORK MEMBER PAYS	OUT-OF-NETWORK MEMBER PAYS
Durable Medical Equipment Including Prosthetics and Disposable Medical Supplies *(Includes Wigs prescribed by an oncologist for Member suffering hair loss as a result of chemotherapy or radiation therapy up to one wig per year)*	No Member cost after Plan Deductible	20% after Plan Deductible
Diabetic Equipment and Supplies	No Member cost after Plan Deductible	20% after Plan Deductible
Infertility *(Infertility benefits outlined in the Certificate Of Coverage are unlimited, with no age or cycle restrictions)*	No Member cost after Plan Deductible (Office visit) No Member cost after Plan Deductible (Ambulatory Services Outpatient) No Member cost after Plan Deductible (Inpatient Hospital)	20% after Plan Deductible
Nutritional Counseling *(Limit 3 visits per year)*	No Member cost after Plan Deductible	20% after Plan Deductible
Home Health Services *Unlimited*	No Member cost after Plan Deductible	20% after Plan Deductible
VISION HARDWARE SERVICES	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Coverage is limited to one of the following every twelve months		
Frames for prescription lenses and any one of the following:	Any amount over $100	Any amount over $55
Single vision lenses	No Member cost	Any amount over $32
Bifocal lenses	No Member cost	Any amount over $55
Trifocal lenses	No Member cost	Any amount over $65
OR		
Contact lenses	Any amount over $100	Any amount over $87

PREVENTION AND WELLNESS

In-Network prevention and wellness services as defined by the United States Preventive Service Task Force (listed below) are exempt from all member cost share (deductible, copayment and coinsurance) under the Patient Protection and Affordable Care Act (PPACA). Services that are exempt from cost share must be identified by the specific codes. The codes your health care provider submits must match ConnectiCare's coding list to be exempt from all cost share. Please note that not all preventive services are listed below and that some diagnostic services provided in relation to preventive and wellness services require member cost share. Go to www.connecticare.com/preventive for more information on coverage of preventive or services.

- Routine physical exam and appropriate screening and counseling for adults (including but not limited to cardiovascular disease, depression, obesity and sexually transmitted infections)
- Preventive care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration (including but not limited to depression, obesity and sexually transmitted infections)
- Preventive care and screenings for women supported by the Health Resources and Services Administration:
  - At least one well-woman preventive care visit annually to obtain the recommended preventive services
  - Screening for diabetes during pregnancy, two per pregnancy
  - Human Papillomavirus (HPV) testing, age 30 or older, one per year
  - Counseling on sexually transmitted infections for all sexually active women, two per year
  - Counseling and screening for human immune-deficiency virus (HIV) for all sexually active women
  - Contraceptive methods approved by the Food and Drug administration, sterilization procedures and contraceptive patient education and counseling
  - Comprehensive lactation support, counseling, a breast pump, (either manual or non-hospital grade electric) and breastfeeding supplies
  - Screening and counseling for interpersonal and domestic violence for all women and adolescents
- Bone density screenings, age 60 or older
- Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, age 50 or older
- Routine Mammography Screening
- Immunizations recommended by the Advisory Committee on Immunization Practices of the CDC
- Outpatient Laboratory Services:
  - Cervical cancer and cervical dysplasia screening – pap smear
  - Lipid cholesterol screening for adults and children at risk
  - Fasting plasma glucose or hemoglobin A1c
  - Hematocrit and Hemoglobin for children up to age 21
  - Lead screening for children
  - Tuberculin testing for children
  - Chlamydia, syphilis and gonorrhea screening for females all ages
  - Human immunodeficiency virus screening – HIV testing, no limit
  - Hypothyroidism screening in newborns, under 3 months of age
  - Screening for phenylketonuria (PKU) in newborns, under 3 months of age
  - Screening for sickle cell disease in newborns, under 3 months of age
  - Hepatitis B screening for adolescents and adults at risk
  - Hepatitis C screening for adults at risk
  - Lung Cancer Screening for adults ages 55 - 80 who have ever smoked
- Routine vision screening up to age 21, one per year when services are rendered by a primary care provider
- Routine hearing screening up to age 21 when rendered by a primary care provider
- Dental caries prevention up to age 5 when rendered by a primary care provider
- Developmental, autism, and psychosocial/behavioral assessments up to age 21 when rendered by a primary care provider
- Dietary counseling for adults with cardiovascular disease, hyperlipidemia or obesity
- Alcohol misuse and counseling
- Tobacco cessation interventions
- Screening for hepatitis B, iron deficient anemia, Rh (D) blood typing and asymptomatic Bacteriuria in women who are pregnant.
- Screening for abdominal aortic aneurysm in men age 65 - 75 who have ever smoked
- BRCA counseling and genetic screening for women at risk
- Physical therapy to prevent falls in adults ages 65 and older

Important Information

- If you have questions regarding your plan, visit our website at **www.connecticare.com** or call us at (860) 674-5757 or 1-800-251-7722.
- 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 2015.
- Your plan is Insured by ConnectiCare Insurance Company, Inc.

Benefits are Subject to Department of Insurance Approval

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

PRESCRIPTION DRUGS		
Covered prescription drugs through retail Participating Pharmacies or our mail order service. Your Plan includes the following: Mandatory Drug Substitution, Tiered Cost-Share Program, and Voluntary Mail Order Program.		
	IN-NETWORK MEMBER PAYS	**OUT-OF-NETWORK MEMBER PAYS**
Contract Year Plan Deductible *(combined for IN- and Out-of-Network prescription drug benefits)*	$1,500 Individual $3,000 Family The Contract Year Deductible can be reached by any combination of covered Health Services or covered prescription drug services. If you have Family coverage, then covered Health Services and covered prescription drugs will be applied to the Family Plan Deductible until the total amount is met without regard to which family member uses the benefits.	
Out-of-Pocket Maximum *(Includes a combination of deductible, copayments and coinsurance for health and pharmacy services)*	$3,000 Individual $6,000 Family	
Out-of-Network Reimbursement	Not Applicable	**Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.**
RETAIL PHARMACY (up to a 34 day supply per prescription)	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Tier 1 drugs (*Generic Drugs*)	No Member Cost after Plan Deductible	20% after Plan Deductible
Tier 2 drugs (*Preferred Brand Drugs*)	No Member Cost after Plan Deductible	20% after Plan Deductible
Tier 3 drugs (*Non-Preferred Brand Drugs*)	No Member Cost after Plan Deductible	20% after Plan Deductible
MAIL ORDER PHARMACY (up to a 100 day supply per prescription)	**IN-NETWORK MEMBER PAYS**	**OUT-OF-NETWORK MEMBER PAYS**
Tier 1 drugs (*Generic Drugs*)	No Member Cost after Plan Deductible	100%
Tier 2 drugs (*Preferred Brand Drugs*)	No Member Cost after Plan Deductible	100%

MAIL ORDER PHARMACY (up to a 100 day supply per prescription)	IN-NETWORK MEMBER PAYS	OUT-OF-NETWORK MEMBER PAYS
Tier 3 drugs (*Non-Preferred Brand Drugs*)	No Member Cost after Plan Deductible	100%

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 or call our Member Services Department at 1-800-846-8578.
- 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 or call our Member Services Department at 1-800-846-8578 to find out if a prescription drug or supply requires pre-authorization.
- Most Specialty drugs are dispensed through Specialty Pharmacies by mail, up to a 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.

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is entered into by and between the Town of Old Saybrook and Local 1303-818 of Council 4, AFSCME, AFL-CIO. The Town and the Union are parties to a Collective Bargaining Agreement dated July 1, 2001 through June 30, 2005 and have just entered into a Tentative Agreement for a successor contract covering the period of July 1, 2004 through June 30, 2007.

Although there exists no contractual reference 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 retirees with certain 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 Requirement

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 and having reached a minimum of age 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 benefit 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 30th day of December, 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 supercede 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 parties 2004-2007 Collective Bargaining Agreement.

Town of Old Saybrook

President, Local 1303-818
Council 4, AFSCME, AFL-CIO

Robert Lubell
AFSCME, Council 4
Staff Representative

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