

COLLECTIVE BARGAINING AGREEMENT

By and Between

Town of Winchester

and the



UNITED PUBLIC SERVICE EMPLOYEES UNION

WINCHESTER SUPERVISORS ASSOCIATION

Expires June 30, 2025

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This agreement is entered into by and between the Town of Winchester, hereinafter referred to as the "Town" and the Winchester Supervisors Association, UPSEU, hereinafter referred to as the "Union".

ARTICLE 1- RECOGNITION

- 1.0 The Town recognizes the Union as the sole and exclusive bargaining agent for the purpose of collective bargaining on matters of wages, hours of employment and other conditions of employment for Supervisors occupying the positions listed in Appendix B.

ARTICLE 2 - MANAGEMENT RIGHTS

- 2.0 No provisions in the Agreement that shall be deemed to limit or curtail the Town in any way in the exercise of the rights, powers and authority which the Town had prior to this time unless and only to the extent that provisions of this Agreement specifically curtail or limit such rights, powers and authority. The Town's rights, powers and authority include, but are not limited to, the right to manage its operation, direct, select, decrease and increase the workforce, including hiring, promotion, demotion, transfer, suspension, discipline or discharge for just cause, or layoff; the right to make all plans and decisions on all matters involving its operations, the extent to which facilities of any department thereof shall be operated, additions thereto, replacements, curtailments, or transfers thereof, removal of equipment, outside purchases of products or services, the scheduling of operations, means and processes of operations, improved methods and facilities and to change existing methods and facilities; to maintain discipline and efficiency of employees, to prescribe rules to that effect; to establish and change performance standards and quality standards, determine the qualifications of employees, regulate quality and quantity of performance and to administer the Town's business efficiently.

ARTICLE 3 - PERSONNEL CODE

- 3.0 The Winchester Personnel Code and Personnel Administration, dated November 1980 and all addenda thereto, as they may be revised by the Town Manager and adopted by the Board of Selectmen, except as modified, added to or superseded by an express provision of this Agreement, shall be adopted as a portion of this contract and are herein incorporated. This provision notwithstanding, the Union agrees that in matters concerning examinations, certification of candidates and appointments or promotions from certified lists, the rules of the Civil Service Commission of the Town of Winchester shall prevail.

ARTICLE 4 - SENIORITY

4.0 Seniority is hereby defined as the employee's total length of service with the Town of Winchester in the supervisor union. Seniority shall be considered broken and the employee shall forfeit all rights and benefits under the Agreement in the event of:

- (a) Resignation or separation;
- (b) Discharge;
- (c) Failure to return from a leave of absence approved in accordance with Article 20;
- (d) Layoff for more than eighteen (18) months;
- (e) Failure to report to work within fifteen (15) calendar days after recall from layoff; and
- (f) Failure to return to work at the expiration of a FMLA leave of absence unless extended by the Town Manager.

An employee whose seniority is lost for any of the reasons outlined in this paragraph, shall be considered a new employee if (s)he is again employed by the Town. The failure of the Town to rehire such employee shall not be subject to the grievance provisions of this Agreement.

ARTICLE 5 - PROBATIONARY PERIOD

5.0 No appointment shall be deemed final and permanent until the expiration of a six (6) month probationary period. During the probation of any such employee, the Town may terminate the employment of such employee at its sole discretion. Such employee shall have no recourse to the grievance procedure or arbitration process.

Days lost from work for any reason beyond five (5) workdays during the probationary period shall not be counted as employment for purposes of computing the probationary period.

ARTICLE 6 - DUES CHECK OFF

6.0 Dues Check-off: Upon receipt of individual written authorization from UPSEU members, the Town agrees to deduct UPSEU dues monthly from earned wages and remit promptly to the Union no later than the last day of each month. Along with the dues remitted to the Union, the Town will also supply a list of employees for which the dues have been deducted. The name and address for any new member of the bargaining unit will also be "provided on the list. The Union agrees to indemnify" and to hold the Town harmless against any and all claims, demands", suits or other forms of liability that shall, or may, arise out of, or by reason of, action taken by the Union for the purpose of complying with the provisions of this Article.

ARTICLE 7 - EMPLOYEE REVIEW OF OFFICIAL PERSONNEL FOLDERS

- 7.0 Employees desiring to review their official personnel folder will be permitted to do so by making an appointment through their immediate supervisor.

ARTICLE 8 - GRIEVANCE PROCEDURE

- 8.0 A "grievance" is a claim by an employee, or group of employees, that a breach, misinterpretation, or misapplication of the specific provisions of this Agreement has occurred. An effort shall be made to resolve all differences informally. However, when unresolved, the following grievance procedure shall apply:

8.1 Level One: Town Manager

The employee shall submit his/her grievance in writing to the Town Manager within two (2) weeks of the time the employee knew or reasonably should have known of the event or condition giving rise to the grievance. Failure to do so shall render the grievance waived. After receipt of said grievance, the Town Manager shall arrange a meeting with the grievant and the Union Steward or Staff Representative to resolve the grievance. The Town Manager shall remit a decision in writing within one (1) week of the meeting.

8.2 Level Two: Mediation

Further review of such grievance shall be made by submitting this dispute to the Connecticut State Board of Mediation and Arbitration within two (2) weeks of notification of the decision of the Town Manager. The notice of mediation shall include a brief statement of the issues to be mediated. The Mediator's decision shall be advisory only.

8.3 Level Three: Arbitration

When Mediation fails to resolve the problem, the grievance may be filed for arbitration with the State Board of Mediation and Arbitration, provided the State Board and the Town Manager are notified of the Union's request for Arbitration within one (1) week of the mediation session or within thirty (30) days of the Town Manager's response to the grievance, whichever is sooner.

The decision of the Arbitrator shall be final and binding on all parties.

The Arbitrator shall have no power to add to, subtract from, or to modify the terms of this Agreement.

ARTICLE 9 - HOLIDAYS

9.0 Employees shall be awarded the following days off with pay:

New Years Day	Labor Day
Martin Luther King Day	Veterans' Day
President's Day	Thanksgiving Day
Good Friday	Day after Thanksgiving
Memorial Day	Columbus Day
Fourth of July	Christmas Day

One day a year to be determined by the Town Manager and Department Heads at the beginning of each calendar year. However, within the Department of Public Works, the members of the bargaining unit may at their discretion use the aforementioned day on the day before or after Christmas to coincide with the rest of the Department of Public Works. In addition, employees are granted one day on their birthday.

9.1 When a holiday falls on Saturday, the preceding Friday will be observed as the holiday. When a holiday falls on Sunday, the following Monday will be observed as the holiday.

ARTICLE 10 - WAGES

10.0 Wages appear in Appendix C.

The parties agree that the general wages for each classification in the bargaining unit will be increased in the following manner:

Upon execution for employees on the payroll, and retroactive to July 1, 2021 – 2.5%

July 1, 2022 – 2.25%

July 1, 2023 – 2.25%

July 1, 2024 – 2.5%

10.1 Bargaining unit employees shall be paid weekly bi-weekly by direct deposit.

ARTICLE 11- RETIREMENT

11.0 The Town shall provide benefits in accordance with the terms of the Winchester Retirement Plan. The following amendments shall be effective thirty (30) days following ratification of the 1999-2002 contract:

- a. The pension benefit formula shall be two percent (2%) per unit of credited service up to a maximum of seventy percent (70%).
- b. Normal retirement shall be upon satisfaction of the Rule of 75.
- c. Employee pension contributions shall increase to five percent (5%).

Employees hired after ratification and approval of the July 1, 2012 - June 30, 2015 Agreement (December 20, 2012) will not be eligible to participate in the Winchester Retirement Plan. Rather, the Town will provide these employees with the ability to participate in a defined contribution plan. The Town will set-up a defined compensation plan for these employees and will match employee contributions by one (1) percent for every percent of the employee's base salary contributed by the employee up to a total of six (6) percent of the employee's base salary for relevant fiscal year. If an employee's employment is terminated for other than just cause during the fiscal year, the employee shall receive a pro rata Town contribution based upon the number of full months of employment the employee completes during the fiscal year, subject to the vesting requirements set forth below.

The deferred compensation plan will have the following vesting schedule:

- After one (1) year of employment — 20%
- After two (2) years of employment — 40%
- After three (3) years of employment — 60%
- After four (4) years of employment — 80%
- After five (5) years of employment — 100%

Employees will have the right to self-direct their contributions to the deferred compensation plan from among the investment fund options offered by the plan selected by the Town.

* Part-time employees who, as of the signing of this Agreement 2012-2015 (December 20, 2012), assist employees in the Winchester Supervisory Association will remain eligible to participate in the Winchester Defined Contribution Plan in accordance with the terms and conditions of the Plan.

- 11.1 Subject to the approval by the Retirement Board, employees may "buy-back" military service credit provided such buy back is at no cost to the Town.

ARTICLE 12 - JOB ACTION RESTRICTION

- 12.0 No employee covered by the terms of this Agreement shall engage in any strike, slow-down activity or any other form of job action against the Town, or any of its officials, departments, or agencies.

ARTICLE 13 - INSURANCE

13.0 The Town shall provide individual and dependent coverage on an annual basis as follows:

1. A HDHP/HRA Plan. A copy of the plan is attached as Appendix A. If an employee enrolls in the HDHP/HRA plan, there will be a \$2,000 deductible for individual coverage and a \$4,000 deductible for coverage for a single plus one or family coverage. Effective July 1, 2019, the Town will reimburse the first 50% of the applicable deductible and the employee will be responsible for the remaining 50% of the applicable deductible. Also, effective July 1, 2019, employees will have the option of enrolling in a HDHP/HSA in which case the Town will make a contribution of fifty (50%) of the applicable annual deductible in July in a lump sum into an employee's HSA account. Employees who choose to enroll in the HDHP/HSA plan must be enrolled, and remain enrolled, for the entire plan year. The Town's contribution to the applicable deductible will be prorated for new hires who choose to enroll in the HDHP/HSA plan based upon the month they become eligible for medical insurance.

However, due to the impact of The Patient Protection and Affordable Care Act ("PPACA"; Public Law 111-148), the Town and the Union agree to reopen this Article at any time to negotiate the health insurance plan that the Town will provide its employees if it appears that the health insurance plan provided by the Town is going to hit or exceed the excise tax pursuant to the PPAC. The Town and the Union agree that if they do not reach an agreement, binding arbitration will be initiated.

2. Anthem Full Service Dental Plan (or comparable).
 3. \$50,000 life insurance on the employee.
 4. Upon notification and explanation to bargaining unit members of the effective changes, the Town may change or alter insurance plans and/or insurance carriers provided, however, that any substitute plan will offer substantially equivalent benefits and privileges provided by the plans in effect on the whole and as specified in this Agreement and provided further that it is not the Town's intent to substitute a plan or plans which restrict the employee's right to choose his or her provider of medical services.
- 13.1 Effective upon ratification and approval of this Agreement that expires on June 30, 2025, employees shall be required to contribute twenty percent (20%) of the premium costs for individual, dependent or family coverage under the health insurance plans of this Article. Effective July 1, 2022, employees shall be required to contribute twenty-one percent (21%) of the premium costs for individual, dependent or family coverage under the health insurance plans of this Article. Effective July 1, 2023, employees shall be required to contribute twenty-two (22) percent (22%) of the premium costs for individual, dependent or family coverage under the health insurance plans of this Article. Effective July 1, 2024, employees shall be required to contribute twenty-two and ½ percent (22.5%) of the

premium costs for individual, dependent or family coverage under the health insurance plans of this Article. The remainder of the cost shall be paid by the Town. Employee contributions shall be made pursuant to the terms of the Town Section 125 Plan.

Employees may elect to waive, in writing, the health insurance coverage provided above and in lieu thereof may receive an annual payment from the Town of \$1,000 for waiving coverage for each year during which the employee continues to elect not to participate in such coverage. Employees who waive the health insurance coverage in this Article, but who are covered under a Town health insurance plan through a spouse or other relative, shall not be eligible for the \$1,000 annual payment. Such payment will be issued in equal payments in January and June. In order to receive such payment, an eligible employee must complete and submit a form provided by the Town indicating his/her intent not to participate in the Town-provided insurance coverage, no later than June 1 of each year. Such employees may elect to resume health 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 Employer in writing:

1. Involuntary termination of the alternative health benefit 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 shall be reinstated as soon as possible, including waiting periods, which may be prescribed by the applicable insurance carrier. In such event, the employee shall only receive a pro-rated portion of the waiver stipend provided under this section.

- 13.2 Upon retirement, employees may elect to continue any of the insurance plans, at the employee's expense, but at the group rate.

ARTICLE 14 - WORKERS' COMPENSATION

- 14.0 The employees of the Town of Winchester are covered under the Workers' Compensation Act. The procedure and benefits derived in case of injury are determined by the Act except as may be modified by this Article. An injured employee, or an employee present, must report immediately to their supervisor, who will insure that the injured employee is cared for and that the injury will be reported to the Town Manager's office, which will keep all Department and Division Heads informed of procedures and names of any doctors appointed by the Town to handle cases covered under the Workers' Compensation Act. The Department Head or Supervisor shall contact one of the doctors immediately in case of injury, accident, or death.

- 14.1 The Town will continue to provide in the same manner to any employee who suffers employment related injuries, accident and health insurance or life insurance coverage while the employee is eligible to receive or is receiving workers' compensation indemnity payments or while the employee is receiving wages under a provision for sick leave payments for time lost due to an employment-related injury.

ARTICLE 15 - OVERTIME

- 15.0 The Firefighter, Chief Operator of the Waste Water Treatment Plant, and Chief Operator of the Water Plant shall be allowed authorized overtime where applicable upon specific approval of the Department Head and at a time and one half the employee's regular hourly rate for all time worked in excess of forty (40) hours per week. Upon specific approval of their Department Head, employees who are regularly scheduled to work a thirty-five (35) hour workweek will receive their regular hourly rate of pay for hours worked from thirty-five (35) hours to forty (40) hours in a workweek and will receive time and one half their regular hourly rate for all time worked in excess of forty (40) hours in a workweek.
- 15.1 On-Call: Employees who are on-call for a seven (7) day period beginning Monday and ending on Sunday shall be paid fifty (\$50.00) dollars per week. (The \$50.00 will be prorated if the employee is on call for less than a full week.) If an employee is called back or called-in to work outside of, and not contiguous to, his/her regularly scheduled work hours, he/she will receive a minimum of three (3) hours pay for the call back or call-in. The three (3) hours pay will be at 1 ½ times the employee's regular hourly rate if he/she is regularly scheduled to work a forty (40) hour workweek. If the employee is regularly scheduled to work a thirty-five (35) hour workweek, the three (3) hours will be paid at the employee's regular straight time rate until the employee has worked forty (40) or more hours in a workweek.

Employees who are required to answer their cell phone for work-related calls during off-duty hours, will receive payment for calls in 15-minute increments.

ARTICLE 16 - PHYSICAL EXAMINATION

- 16.0 The cost of any pre-employment physical examination will be paid for by the candidate for employment.
- 16.1 An employee may be required by the Town Manager to be examined by a physician when the Department Head or Town Manager feels that the employee's physical, emotional or mental status are responsible for such inability to perform work in a satisfactory manner. The Town will reimburse the employee for the cost of the examination if not covered by the Town's insurance plan.

ARTICLE 17 -VACATIONS

17.0 Regular full-time employees of the Town, who have worked for the Town for one (1) year, shall be entitled to vacation with pay as of the employee's anniversary date of employment in accordance with the following schedule:

After:

One year

Ten (10) work days, of which five (5) will be credited and may be taken after the first six months of employment.

Five years

Twelve (12) workdays

Six years

Fifteen (15) workdays

Ten years

Seventeen (17) workdays

Twelve years

Eighteen (18) workdays

Thirteen years

Nineteen (19) workdays

Fourteen years

Twenty (20) workdays

Fifteen years

Twenty-one (21) workdays

Seventeen years

Twenty-two (22) workdays

Nineteen years

Twenty-three (23) workdays

Twenty years

Twenty-three (23) workdays

Twenty-two years

Twenty-four (24) workdays

Twenty-four years

Twenty-five (25) workdays

Twenty-six years

Twenty-six (26) workdays

Employees hired after December 20, 2012 shall be capped at twenty (20) vacation days after reaching fourteen (14) years of employment.

- 17.1 The vacation period shall commence from the employee's anniversary date of employment each year. Ten (10) days' vacation credit may be carried over from one year to another with prior written approval of the Town Manager. Any vacation carried over must be taken during the first six (6) months of the next year.
- 17.2 Vacation time shall be scheduled by the Department Heads according to seniority and Town convenience. Nothing in this policy, however, shall prevent employees from agreeably exchanging vacation dates with approval of Department Heads. Vacations may be taken at any time in the year subject to the approval of the Town Manager.
- 17.3 Absence without pay for employees who have no vacation time accrued is permissible at the discretion of the Department Head and the approval of the Town Manager. No vacation leave will accrue to the employee during such absence for the portion of the absence exceeding one pay period. Permanent employees resigning from Town service shall give advance notice of at least two (2) weeks. If an employee fails to give advance notice of at least two (2) weeks and fails to work for the remaining weeks of employment with the Town after notice is provided, (s)he will not receive payment for accrued but unused vacation time upon separation of employment. In the event an employee is called into active military service, the employee will be paid for any and all accrued vacation time. In the event of any employee's death, pro-rated vacation pay shall be paid to the survivors.

ARTICLE 18 - SICK LEAVE

- 18.0 Sick leave is to be considered a privilege and is not a right. One (1) day per calendar month shall accrue to every full-time employee. In the event of sickness, the employee should notify his or her supervisor before the working day starts, or within two hours of normal starting time. If no notification is received, the employee will be considered absent without leave. The Department Head will file a Personnel Action Form with the Town Manager for all sick leave taken by each employee. If one illness of an employee extends into two (2) or more pay periods, a separate personnel action form is required for each pay period. An employee sick three (3) days or more must have a certificate from a doctor describing the sickness and the fitness of the employee to return to work. A certificate will be provided upon request for a period of less than three (3) days. The Department Head will forward the doctor's certificate

to the Town Manager with the personnel action form to be filed in the employee's personnel folder.

- 18.1 Sick leave may also be granted, at the discretion of the Supervisor, for enforced quarantine of the employee in accordance with applicable regulations, and in addition, in the event of critical illness or severe injury in the immediate family, creating an emergency which requires the attendance or aid of the employee, in which case up to three (3) working days leave in a calendar year may be granted. "Immediate family" is defined in section III of the Personnel Code. All sick leave must be approved and must accrue prior to use.
- 18.2 Part-time employees receive pro rata sick leave benefits.
- 18.3 Upon death or retirement, fifty percent (50%) of accumulated sick leave will be paid to the employee or their beneficiary up to a maximum of one hundred fifty days. Upon termination in good standing, fifty percent (50%) of accumulated sick leave will be paid to the employee. An employee hired on or after July 1, 1999 shall not be eligible for payment of sick leave upon termination.
- 18.4 When all sick leave credit has been used, an employee may request that any earned vacation time be used instead of sick leave, subject to approval of the Supervisor and Town Manager.
- 18.5 Each employee shall be entitled to three (3) personal days with pay, per year. Such days may not be accumulated from year to year.

ARTICLE 19 - FUNERAL LEAVE

- 19.0 In the event of the death of an employee's mother, father, mother-in-law, father-in-law, step-mother, step-father, sister, brother, step-child, step-brother, step-sister, grandparent, son or daughter-in-law, grandchild, brother or sister-in-law, or grandparent-in-law, or any member of the household regardless of relationship, an employee may have time off (not to exceed three days) without loss of regular pay. In the event of the death of an employee's spouse or child, an employee may have time off (not to exceed five (5) days) without loss of regular pay. Such days off shall not be charged to sick leave.

ARTICLE 20 - LEAVES OF ABSENCE

- 20.0 An employee may request from the Supervisor a leave of absence without pay for a specific time. If the Supervisor feels that the leave is warranted, he will recommend

such to the Town Manager for a final decision. A personnel action form will be initiated by the Department Head requesting the leave of absence and again on the employee's return to duty. No benefits shall accrue during a leave of absence without pay. An employee on leave without pay may elect to continue the insurance coverage set forth in Article 12 at the employee's expense, except that the Town shall continue insurance coverage for leave under the Family and Medical Leave Act, if applicable.

20.1 Military leaves of absence are governed by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

20.2 FMLA will be provided in accordance with the federal Family and Medical Leave Act. An employee on a FMLA leave must use his/her accrued paid time off during the leave.

ARTICLE 21- JURY DUTY

21.0 The Town will pay the difference between the employee's regular pay and the amount received for jury duty during the period of jury service for a maximum of four (4) weeks.

ARTICLE 22 - CLOTHING ALLOWANCE

22.0 The Fire Marshall shall receive a clothing allowance of three hundred fifty dollars (\$350.00). Payment shall be made in one lump sum. Beginning in Fiscal Year 2018-2019, and every other fiscal year thereafter, the Building Official shall receive a boot allowance of up to one hundred dollars (\$100) upon submission of an original receipt to the Finance Director.

22.1 Effective July 1 of each fiscal year; the Chief Operator of the Sewage Treatment Plant, the Superintendent of Streets, and the Superintendent of Water Works shall receive:

- 1 pair of shoes (no cap)
- 5 pairs of trousers
- 5 shirts
- Boots, rain gear and head gear

ARTICLE 23 - MILEAGE

- 23.0 Employees required to use a privately-owned vehicle for the conduct of Town business shall be reimbursed, once a month, for all business related mileage. The rate of reimbursement shall be the posted IRS rate.

ARTICLE 24 - LAYOFF ARTICLE

- 24.0 A layoff is defined as the involuntary, non-disciplinary separation of an employee within a job classification under Appendix A. No employee will be laid off except in compliance with this Article.
- 24.1 If there is more than one employee in any job classification within the bargaining unit, or if more than one employee in the bargaining unit is performing similar duties and is qualified for the position in the bargaining unit not being selected for layoff, the employee with the least seniority will be selected for layoff
- 24.2 Once a layoff has been determined, the Town Manager will meet with the Union at least two weeks prior to the employee receiving notice, to discuss possible alternatives to the layoff.
- 24.3 If, after meeting with the Union, no resolution occurs during the two-week period that is acceptable to the employee and the layoff is still necessary, then the employee will receive as much notice as possible but at least four (4) weeks' notice before being laid off.
- 24.4 Employees laid off will remain on a recall list for a period of eighteen (18) months. Employees will be recalled according to job classification by seniority. However, said employee must respond to a call to report for work not more than seven (7) calendar days after receipt of notice sent to her/him by registered mail to her/his last known post office address. If such laid off employee fails to respond to a call to report for work and/or fails to report for work within fifteen (15) calendar days of receipt of notice sent to him/her by registered mail to her/his last known post office address, (s)he shall lose all rights of seniority, unless the Town, in its discretion, extends in writing the time in which (s)he can report for work.

ARTICLE 25 - JOB OPENINGS

- 25.0 During the life of this Agreement, all vacant bargaining unit positions being refilled will be posted in a conspicuous place for all bargaining unit members for five days

before employees outside the bargaining unit or outside hires are eligible to apply for the position. Every reasonable effort will be made to fill the position with interested, qualified employees inside the bargaining unit before going to an outside hire. In the Civil Service Process, qualified employees inside the bargaining unit will have preference as provided in this Article.

ARTICLE 26 - EVALUATIONS

26.0 Each individual employee will be evaluated by his/her immediate supervisor on a yearly basis. The design and content of such evaluation forms will be designated by the employer.

ARTICLE 27 – DURATION

27.0 This Agreement shall be effective upon execution and shall remain in full force and effect through the 30th day of June 2025, and thereafter shall continue in effect from year to year, except that it may be amended any time by mutual agreement, or upon the anniversary date of said Agreement, by giving to the other party, not less than ninety (90) days written notice of intention to propose amendments.

IN WITNESS WHEREOF, the parties hereto have set their hands, this _____ of December 2022.

TOWN OF WINCHESTER UNITED PUBLIC SERVICE EMPLOYEES UNION

By: _____

Joshua Steele Kelly
Town Manager & CEO

By: _____

David Perrotti
Labor Relations Representative

By: _____

Kevin E. Boyle
UPSEU President

By: _____

Steven J. Williams
Local Union President

Your summary of benefits

Anthem Blue Cross and Blue Shield, Winchester Town -Non-union, Police, Dispatch, Secretaries, PW, Supervisors,
HDHP Plan # 21, 22, 23

Your Plan: Anthem Century Preferred PPO GHSA \$2000/\$4000

Your Network: Century Preferred

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i>	\$2,000 person / \$4,000 family	
Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$4,000 person / \$8,000 family	
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible. Included are the preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.</i>	No charge	20% coinsurance after deductible is met
Doctor Home and Office Services Primary care visit to treat an injury or illness	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Specialist care visit	0% coinsurance after deductible is met	20% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Routine Prenatal Care	No Charge	20% coinsurance after deductible is met
Routine Postnatal Care	No Charge	20% coinsurance after deductible is met
Other practitioner visits: Retail health clinic On-line Medical Visit <i>Live Health Online is the preferred telehealth solutions (www.livehealthonline.com)</i> Acupuncture <i>Covered</i>	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
Other services in an office: Allergy testing Chemo/radiation therapy Dialysis/Hemodialysis Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection.</i>	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Diagnostic Services Lab: Office Freestanding/Site-of-Service Lab Outpatient Hospital	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
X-ray: Office Freestanding/Site-of-Service Radiology Center Outpatient Hospital	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
Advanced Diagnostic Imaging: <i>Imaging services include MRI, MRA, CAT, CTA, PET, and SPECT scans</i> Office Freestanding/Site-of-Service Radiology Center Outpatient Hospital	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency and Urgent Care Urgent Care Emergency Room Facility Services Emergency room doctor and other services Ambulance Transportation	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met Covered as In-Network Covered as In-Network Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Doctor office visit and Online Visit Facility visit: Facility fees Doctor Services	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
Outpatient Surgery Facility fees: Hospital Freestanding Surgical Center	0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Doctor and other services	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Hospital Stay (all Inpatient stays including Maternity, Mental/Behavioral Health, Substance Abuse, Infertility, Hospice and Human Organ and Tissue Transplant services):		
Facility fees (for example, room & board)	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Doctor and other services	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Recovery & Rehabilitation		
Home health care <i>Coverage is limited to 200 visits per benefit period (80 of those visits can be Home Health Aide visits). Limit is combined In-Network and Non-Network.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Rehabilitation services (for example, physical/speech/occupational therapy/chiropractic): Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy, chiropractic and speech therapy combined is limited to 50 visits per benefit period. Addl coverage available subject to OON plan deductible and coinsurance Limit is combined across professional visits and outpatient facilities. Limit is combined In-Network and Non-Network</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy, chiropractic and speech therapy combined is limited to 50 visits per benefit period. Addl coverage available subject to OON plan deductible and coinsurance. Limit is combined across professional visits and outpatient facilities. Limit is combined In-Network and Non-Network.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Cardiac rehabilitation Office Outpatient hospital	0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met
Skilled nursing care (in a facility) <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 120 days per benefit period.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Hospice	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Durable Medical Equipment <i>Coverage for hearing aids is limited to 1 per ear every 2 years.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Prosthetic Devices <i>Mandatory coverage of a wig if prescribed by a licensed oncologist for a patient who suffers hair loss as a result of chemotherapy. Member cost share for prosthetic arms, legs and microprocessors is 0% coinsurance after deductible when In-Network.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Combined with medical out of pocket maximum
Prescription Drug Coverage <i>National Drug List</i> <i>This product has a 34-day supply is available at a Retail Pharmacy. A 100 day supply is available through Home Delivery.</i>		
Tier 1 - Typically Generic <i>Covers up to a 34 day supply (retail pharmacy). Covers up to a 100 day supply (home delivery program).</i>	0% coinsurance after deductible is met (retail and home delivery).	20% coinsurance after deductible (retail and home delivery).
Tier 2 – Typically Preferred Brand <i>Covers up to a 34 day supply (retail pharmacy). Covers up to a 100 day supply (home delivery program).</i>	0% coinsurance after deductible is met (retail and home delivery).	20% coinsurance after deductible (retail and home delivery).
Tier 3 - Typically Non-Preferred Brand <i>Covers up to a 34 day supply (retail pharmacy). Covers up to a 100 day supply (home delivery program).</i>	0% coinsurance after deductible is met (retail and home delivery).	20% coinsurance after deductible (retail and home delivery).

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Notes:

- The family deductible and out-of-pocket maximum are non-embedded; the deductible can be met individually or accumulatively.
- Your coinsurance, copays and deductible count toward your out of pocket amount.
- For additional information on this plan, please visit sbc.anthem.com to obtain a "Summary of Benefit Coverage".
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Your summary of benefits

Anthem Blue Cross and Blue Shield, Winchester Town – Supervisors HRA Plan 21,22,23

Your Plan: Anthem Century Preferred PPO GHRA \$2000/\$4000

Your Network: Century Preferred

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

Employer's Annual Health Reimbursement Account Contributions: Person \$1,000/Family \$2,000

This is a health reimbursement account (HRA)-based medical plan with a health reimbursement account. You can use this account to help you pay for eligible medical and pharmacy.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i>	\$2,000 person / \$4,000 family	
Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$4,000 person / \$8,000 family	\$4,000 person / \$8,000 family
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible. Included are the preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.</i>	No charge	20% coinsurance after deductible is met
Doctor Home and Office Services Primary care visit to treat an injury or illness	0% coinsurance after deductible is met	20% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Specialist care visit	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Routine Prenatal Care	No Charge	20% coinsurance after deductible is met
Routine Postnatal Care	No Charge	20% coinsurance after deductible is met
Other practitioner visits: Retail health clinic On-line Medical Visit <i>Live Health Online is the preferred telehealth solutions</i> (www.livehealthonline.com) Acupuncture <i>Covered</i>	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
Other services in an office: Allergy testing Chemo/radiation therapy Dialysis/Hemodialysis	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Diagnostic Services Lab: Office Freestanding/Site-of-Service Lab Outpatient Hospital	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
X-ray: Office Freestanding/Site-of-Service Radiology Center Outpatient Hospital	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
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Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Emergency and Urgent Care Urgent Care Emergency Room Facility Services Emergency room doctor and other services Ambulance Transportation	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	Covered as In-Network Covered as In-Network Covered as In-Network Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Doctor office visit and Online Visit Facility visit: Facility fees Doctor Services	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
Outpatient Surgery Facility fees:		

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Hospital	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Doctor and other services	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Hospital Stay (all Inpatient stays including Maternity, Mental/Behavioral Health, Substance Abuse, Infertility, Hospice and Human Organ and Tissue Transplant services):		
Facility fees (for example, room & board)	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Doctor and other services	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Recovery & Rehabilitation		
Home health care <i>Coverage is limited to 200 visits per benefit period (80 of those visits can be Home Health Aide visits). Limit is combined In-Network and Non-Network.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Rehabilitation services (for example, physical/speech/occupational therapy/chiropractic): Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy, chiropractic and speech therapy combined is limited to 50 visits per benefit period. Addl coverage available subject to OON plan deductible and coinsurance Limit is combined across professional visits and outpatient facilities. Limit is combined In-Network and Non-Network</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met

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Skilled nursing care (in a facility) <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 120 per benefit period.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Hospice	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Durable Medical Equipment <i>Coverage for hearing aids is limited to 1 per ear every 2 years.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
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Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Combined with medical out of pocket maximum
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Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (844) 682-6553.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(844) 682-6553 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (844) 682-6553 로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bína'idílkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj bee nił hodoonih t'áadoo báąh ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih nínízingo koj' hodiilnih (844) 682-6553.

Language Access Services:

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (844) 682-6553.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (844) 682-6553 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (844) 682-6553.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (844) 682-6553.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (844) 682-6553.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (844) 682-6553.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

FULL DENTAL PLAN

The Full Dental Plan covers diagnostic, preventive and restorative procedures necessary for adequate dental health.

COVERED SERVICES INCLUDE:

- ☐ Oral Examinations
- ☐ Periapical and bitewing x-rays
- ☐ Topical fluoride applications for members under age 19
- ☐ Prophylaxis, including cleaning, scaling and polishing
- ☐ Relining of dentures
- ☐ Repairs of broken removable dentures
- ☐ Palliative emergency treatment
- ☐ Routine fillings consisting of silver amalgam and tooth color materials; including stainless steel crowns (primary teeth)*
- ☐ Simple extractions **
- ☐ Endodontics-including pulpotomy, direct pulp capping and root canal therapy (excluding restoration)

* Payment for an inlay, onlay or crown will equal the amount payable for a three-surface amalgam filling when the member is not covered by Dental Amendatory Rider A.

** Payment for a surgical extraction or a hemisection with root removal will equal the amount payable for a simple extraction when the member is not covered by the Dental Amendatory Rider A.

ACCESSING BENEFITS:

Participating Dentists Benefits

When a member receives care from one of over 1,800 Participating Dentists, he or she simply presents his or her identification card showing dental coverage. The dentist bills us directly for all covered services.

For dental care provided by a Participating Dentist, we will pay the lesser of the dentist's usual charge or the Usual, Customary and Reasonable Charge as determined by us. The dentist accepts our reimbursement as full payment and may not bill the member for any additional charges.

Non-Participating Dentists Benefits

For covered dental services provided by a Non-Participating Dentist, in or out of Connecticut, we pay the lesser of the dentist's charge or the applicable allowance for the procedure, as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross Blue Shield Full Dental Plan. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.

Dental Amendatory Rider A Additional Basic Benefits

In addition to the services provided under your dental program, the following additional basic benefits are provided:

- ◆ Inlays (not part of bridge)
- ◆ Onlays (not part of bridge)
- ◆ Crown (not part of bridge)
- ◆ Space Maintainers
- ◆ Oral surgery consisting of fracture and dislocation treatment, diagnosis and treatment of cyst and abscess, surgical extractions and impaction
- ◆ Apicoectomy

The dental services listed above are subject to the following qualifications:

We will pay for individual crowns, inlays and onlays only when amalgam or synthetic fillings would not be satisfactory for the retention of the tooth, as determined by us.

We will not pay for a replacement provided less than five (5) years following a placement or replacement which was covered under this Rider. We will not pay for individual crowns, inlays or onlays placed to alter vertical dimension, for the purpose of precision attachment of dentures, or when they are splinted together for any reason.

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross and Blue Shield will pay the lesser of 50% of the dentist's usual charge or 50% percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentists Benefits

In the event these services are rendered by a non-participating dentist, we will pay to the member the lesser of 50% of the dentist's charge or 50% of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

Dental Amendatory Rider B Prosthodontics

The following prosthetic services are provided under Dental Amendatory Rider B:

- ◆ Dentures, full and partial
- ◆ Bridges, fixed and removable
- ◆ Addition of teeth to partial dentures to replace extracted teeth

The dental services listed above are subject to the following qualifications:

Anthem Blue Cross and Blue Shield will pay for standard procedures for prosthetic services as determined by us. For fixed bridges, we will pay for the replacement of missing teeth and for one tooth on either side or two teeth on one side of the replacement. We will not pay for a denture or bridge replacement which is provided less than five years following a placement or replacement which was covered under the contract. We also will not pay for crowns splinted together for any reason.

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross and Blue Shield will pay the lesser of 50% of the dentist's usual charge or 50% of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentists Benefits

In the event these services are rendered by a non-participating dentist, we will pay to the member the lesser of 50% of the dentist's charge or 50% of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross and Blue Shield Dental Amendatory Rider B. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.

DENTAL AMENDATORY RIDER C PERIODONTICS

Periodontal services consisting of:

- ◆ Gingival curettage
- ◆ Gingivectomy and gingivoplasty
- ◆ Osseous surgery, including flap entry and closure
- ◆ Mucogingivoplastic surgery
- ◆ Management of acute infection and oral lesions

The maximum benefit we will provide for periodontal services per person per year is \$500.00

ACCESSING BENEFITS:

Participating Dentists Benefits

Blue Cross Blue Shield will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentist's who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentists Benefits

In the event these services are rendered by a non-participating dentist, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Blue Cross Blue Shield Dental Amendatory Rider C. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions, and limitations.

Appendix B
Classifications

Assessor

Chief Operator, Sewage Treatment Plant

Chief Operator, Water Company

Recreation Director

Director of Senior Services

Collector of Revenues

Firefighter

Purchasing Agent

Building Official

Fire Marshal

Housing Inspector

Superintendent of Streets

Superintendent of Water Works

Land Use Enforcement Officer

Appendix C

Wage Tables

	Fiscal Year		Step 1	Step 2	Step 3	Step 4	Step 5
<u>Title</u>	<u>Beginning</u>	<u>Hire Rate</u>	<u>6. Months</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>
Assessor	7/1/2021	\$32.7518	\$34.4704	\$36.2869	\$38.2013	\$40.2028	\$42.3130
	7/1/2022	\$33.4887	\$35.2460	\$37.1034	\$39.0609	\$41.1073	\$43.2651
	7/1/2023	\$34.2422	\$36.0391	\$37.9382	\$39.9397	\$42.0322	\$44.2385
	7/1/2024	\$35.0983	\$36.9400	\$38.8867	\$40.9382	\$43.0830	\$45.3445
Chief Plant Operator	7/1/2021	\$32.8062	\$34.5248	\$34.5248	\$36.3522	\$40.2789	\$42.4000
Grade IV-Waste Water	7/1/2022	\$33.5443	\$35.3016	\$35.3016	\$37.1702	\$41.1852	\$43.3540
	7/1/2023	\$34.2990	\$36.0959	\$36.0959	\$38.0065	\$42.1119	\$44.3295
	7/1/2024	\$35.1565	\$36.9983	\$36.9983	\$38.9567	\$43.1647	\$45.4378
Chief Plant Operator	7/1/2021	\$28.7380	\$30.2500	\$31.8490	\$33.5349	\$35.2862	\$37.1463
Crystal Lake Water Plant	7/1/2022	\$29.3846	\$30.9306	\$32.5656	\$34.2895	\$36.0802	\$37.9821
	7/1/2023	\$30.0458	\$31.6266	\$33.2983	\$35.0610	\$36.8920	\$38.8367
	7/1/2024	\$30.7969	\$32.4172	\$34.1308	\$35.9375	\$37.8143	\$39.8076
Recreation Director	7/1/2021	\$30.2500	\$31.8490	\$32.4991	\$35.2862	\$37.1463	\$39.0933
	7/1/2022	\$30.9306	\$32.5656	\$33.2303	\$36.0802	\$37.9821	\$39.9729
	7/1/2023	\$31.6266	\$33.2983	\$33.9780	\$36.8920	\$38.8367	\$40.8723
	7/1/2024	\$32.4172	\$34.1308	\$34.8274	\$37.8143	\$39.8076	\$41.8941
Collector of Revenues	7/1/2021	\$30.9788	\$32.6212	\$34.3290	\$36.1346	\$38.0600	\$40.0505
	7/1/2022	\$31.6758	\$33.3552	\$35.1014	\$36.9477	\$38.9163	\$40.9517
	7/1/2023	\$32.3885	\$34.1057	\$35.8912	\$37.7790	\$39.7920	\$41.8731
	7/1/2024	\$33.1982	\$34.9584	\$36.7885	\$38.7235	\$40.7868	\$42.9199
Senior Center Director	7/1/2021	\$30.2500	\$31.8490	\$32.4991	\$35.2862	\$37.1463	\$39.0933
	7/1/2022	\$30.9306	\$32.5656	\$33.2303	\$36.0802	\$37.9821	\$39.9729
	7/1/2023	\$31.6266	\$33.2983	\$33.9780	\$36.8920	\$38.8367	\$40.8723
	7/1/2024	\$32.4172	\$34.1308	\$34.8274	\$37.8143	\$39.8076	\$41.8941
Fire Fighter	7/1/2021	\$24.7399	\$26.1430	\$27.6116	\$29.1561	\$30.7877	\$32.4846
	7/1/2022	\$25.2966	\$26.7313	\$28.2328	\$29.8121	\$31.4804	\$33.2155
	7/1/2023	\$25.8657	\$27.3327	\$28.8681	\$30.4829	\$32.1888	\$33.9629
	7/1/2024	\$26.5124	\$28.0160	\$29.5898	\$31.2450	\$32.9935	\$34.8119

	Fiscal Year		Step 1	Step 2	Step 3	Step 4	Step 5
Title	Beginning	Hire Rate	6. Months	Year 1	Year 2	Year 3	Year 4
Purchasing Agent	7/1/2021	\$28.8251	\$30.3370	\$31.1465	\$33.6111	\$35.3733	\$37.2520
	7/1/2022	\$29.4736	\$31.0196	\$31.8473	\$34.3673	\$36.1692	\$38.0902
	7/1/2023	\$30.1368	\$31.7176	\$32.5639	\$35.1406	\$36.9830	\$38.9472
	7/1/2024	\$30.8902	\$32.5105	\$33.3780	\$36.0191	\$37.9075	\$39.9209
Building Official	7/1/2021	\$32.0339	\$33.7198	\$35.4929	\$37.3529	\$39.3326	\$41.3885
	7/1/2022	\$32.7547	\$34.4785	\$36.2915	\$38.1934	\$40.2176	\$42.3197
	7/1/2023	\$33.4917	\$35.2543	\$37.1080	\$39.0527	\$41.1225	\$43.2719
	7/1/2024	\$34.3289	\$36.1357	\$38.0357	\$40.0291	\$42.1506	\$44.3537
Fire Marshal	7/1/2021	\$29.5756	\$31.1311	\$32.7736	\$34.4922	\$36.3195	\$38.2231
	7/1/2022	\$30.2410	\$31.8315	\$33.5110	\$35.2682	\$37.1367	\$39.0831
	7/1/2023	\$30.9214	\$32.5478	\$34.2650	\$36.0618	\$37.9723	\$39.9625
	7/1/2024	\$31.6945	\$33.3614	\$35.1216	\$36.9633	\$38.9216	\$40.9615
Housing Inspector	7/1/2021	\$20.7105	\$21.7983	\$22.9404	\$24.1478	\$25.4204	\$26.7583
	7/1/2022	\$21.1765	\$22.2887	\$23.4566	\$24.6911	\$25.9924	\$27.3604
	7/1/2023	\$21.6530	\$22.7902	\$23.9844	\$25.2466	\$26.5772	\$27.9760
	7/1/2024	\$22.1943	\$23.3600	\$24.5840	\$25.8778	\$27.2416	\$28.6754
Superintendent of Streets	7/1/2021	\$28.7380	\$30.2500	\$31.8490	\$32.5349	\$35.2965	\$37.1463
	7/1/2022	\$29.3846	\$30.9306	\$32.5656	\$33.2670	\$36.0907	\$37.9821
	7/1/2023	\$30.0458	\$31.6266	\$33.2983	\$34.0155	\$36.9027	\$38.8367
	7/1/2024	\$30.7969	\$32.4172	\$34.1308	\$34.8659	\$37.8253	\$39.8076
Superintendent of Water Works	7/1/2021	\$28.7380	\$30.2500	\$31.8490	\$33.5349	\$35.2965	\$37.1463
	7/1/2022	\$29.3846	\$30.9306	\$32.5656	\$34.2895	\$36.0907	\$37.9821
	7/1/2023	\$30.0458	\$31.6266	\$33.2983	\$35.0610	\$36.9027	\$38.8367
	7/1/2024	\$30.7969	\$32.4172	\$34.1308	\$35.9375	\$37.8253	\$39.8076
Enforcement Officer	7/1/2021	\$30.7036	\$32.2196	\$34.0206	\$35.8112	\$37.6960	\$39.6800
	7/1/2022	\$31.3944	\$32.9445	\$34.7861	\$36.6170	\$38.5442	\$40.5728
	7/1/2023	\$32.1008	\$33.6858	\$35.5687	\$37.4408	\$39.4114	\$41.4857
	7/1/2024	\$32.9033	\$34.5279	\$36.4580	\$38.3769	\$40.3967	\$42.5228