

WORKING DOCUMENT*

City of Meriden

and the



UNITED PUBLIC SERVICE EMPLOYEES UNION

Local 424 - Unit 48

Meriden Supervisors & Professionals

July 1, 2018 through June 30, 2021

*Based upon an Interest Arbitration Award dated August 21, 2019

TABLE OF CONTENTS

| | | |
|------------|--|----|
| ARTICLE 1 | PREAMBLE | 1 |
| ARTICLE 2 | RECOGNITION | 1 |
| ARTICLE 3 | UNION SECURITY/ DEDUCTION OF UNION DUES..... | 1 |
| ARTICLE 4 | MANAGEMENT RIGHTS | 2 |
| ARTICLE 5 | NON-DISCRIMINATION/NON-HARASSMENT | 3 |
| ARTICLE 6 | HOURS OF WORK..... | 3 |
| ARTICLE 7 | HOLIDAYS | 7 |
| ARTICLE 8 | SICK LEAVE | 8 |
| ARTICLE 9 | MILITARY LEAVE..... | 10 |
| ARTICLE 10 | JURY DUTY | 10 |
| ARTICLE 11 | BEREAVEMENT LEAVE..... | 11 |
| ARTICLE 12 | VACATIONS | 11 |
| ARTICLE 13 | SENIORITY | 13 |
| ARTICLE 14 | GRIEVANCE PROCEDURE..... | 13 |
| ARTICLE 15 | DISCIPLINE/DISMISSAL..... | 15 |
| ARTICLE 16 | INSURANCE..... | 16 |
| ARTICLE 17 | WAGES | 18 |
| ARTICLE 18 | SHIFT DIFFERENTIAL | 19 |
| ARTICLE 19 | JOB CLASSIFICATION | 19 |
| ARTICLE 20 | LONGEVITY | 20 |
| ARTICLE 21 | PENSION..... | 21 |
| ARTICLE 22 | HEALTH & SAFETY | 21 |
| ARTICLE 23 | JOB RELATED INJURY | 22 |
| ARTICLE 24 | UNION ACTIVITIES..... | 23 |
| ARTICLE 25 | GENERAL | 24 |
| ARTICLE 26 | VEHICLE ALLOWANCE | 24 |
| ARTICLE 27 | TUITION REIMBURSEMENT | 24 |
| ARTICLE 28 | PROBATIONARY PERIOD..... | 25 |
| ARTICLE 29 | WORK IN HIGHER CLASSIFICATIONS..... | 26 |
| ARTICLE 30 | LAYOFF AND RECALL..... | 26 |
| ARTICLE 31 | LEAVES OF ABSENCE WITHOUT PAY | 26 |
| ARTICLE 32 | SAVINGS CLAUSE..... | 27 |
| ARTICLE 33 | EMPLOYEES TO RECEIVE COPIES OF THE CONTRACT | 27 |
| ARTICLE 34 | DURATION OF AGREEMENT | 27 |
| APPENDIX A | SALARY SCALE | 29 |
| APPENDIX B | SALARY RANGE CHART | 32 |
| APPENDIX C | HEALTH INSURANCE BENEFITS/RX..... | 34 |
| APPENDIX D | POSITIONS NOT SUBJECT TO OVERTIME PROVISIONS OF THIS CONTRACT..... | 61 |
| APPENDIX E | CITY OF MERIDEN DRESS CODE POLICY LOCAL 424, UNIT 48 EMPLOYEES.... | 62 |
| APPENDIX F | TAKE HOME VEHICLE POLICY | 63 |
| APPENDIX G | COMP TIME FORM | 65 |

ARTICLE 1
PREAMBLE

This Agreement is entered into between the City of Meriden, CT (hereinafter referred to as the Employer) and the Supervisors, and Professionals of UPSEU, Unit 48 (hereinafter referred to as the Union).

The general purpose of this Agreement is to set forth the wages, hours, and working conditions which shall prevail for the duration of this Agreement and to promote orderly and-peaceful labor relations for the mutual interest of the Employer, the Employees, the Union, and the Community. Recognizing that the interest of the Community and the job security in an efficient manner to the Community, the Employer and the Union, for and in consideration of the mutual stipulations and conditions hereinafter specified, agree to abide by the terms and provisions set forth herein for the duration of this Agreement.

ARTICLE 2
RECOGNITION

Section 1. The Employer hereby recognizes the Union as the exclusive collective bargaining representative for the purpose of collective bargaining with respect to wages, hours, and other conditions of employment for all of the Employees who are full-time, regular, classified employees and are included in the collective bargaining unit certified by the State of Connecticut Labor Department in Case No. ME 4780 and Case No. ME 29590.

Section 2. The name and address of each newly hired, promoted, or transferred employee eligible for this bargaining unit shall be sent to the President of the Unit by the Human Resources Department of the Employer within thirty (30) calendar days of date of the hire, promotion, or transfer.

ARTICLE 3
UNION SECURITY/ DEDUCTION OF UNION DUES

Section 1. All present employees and any employee hired or transferred into positions governed by this Agreement within thirty-one (31) calendar days of the date of employment or appointment shall be required, as a condition of employment, to join the Union and pay Union dues or pay a service fee to the Union as set by the Union in accordance with applicable law. Employees who fail to comply with this requirement shall be discharged by the Employer within (30) thirty calendar days after receipt of written notice to the Employer from the Union.

Section 2. The Union agrees to indemnify and save the Employer harmless against any and all claims, demands, suits or proceedings arising out of or by reason of any action taken or not taken by the Employer in reliance upon the check-off and Union security provisions of this Agreement or on the correctness of any dues deduction or agency fee authorization furnished by the Union to the Employer.

Section 3. The weekly deduction for any month shall be remitted to the financial officer of the Union not later than the last day of said month.

Section 4. The monthly dues for or service fees remittance to the Union will be accompanied by a list of names of employees from whose wage deductions have been made.

Section 5. The Employer agrees to deduct from the biweekly wages of each employee, who so authorizes such deduction, the amount of biweekly Union dues, service fee, or initiation fee as certified to the Employer by the Secretary-Treasurer of the Union.

Section 6. Deductions shall be remitted by the Employer to the Secretary-Treasurer of the Union by the fifteenth (15) of the month following such deduction and the Employer shall furnish the Union with a record of each deduction showing the amount and the employee from whom such deduction was made.

Section 7. The Employer's obligation is limited solely to making such deduction, if amount of wages permit, and such obligation shall cease at the time the employee is terminated or laid off for lack of work.

ARTICLE 4 MANAGEMENT RIGHTS

Except as specifically limited by the express provisions of this Agreement, the Employer retains traditional rights to manage and direct the affairs of the City in all of its various aspects and to manage and direct its employees including but not limited to the following: To plan, direct, control and determine all the operations and services of the City; to supervise and direct the working forces; to establish the qualifications for employment and to employ employees to schedule and assign work; to establish work and productivity standards and, from time to time, to change those standards; to assign overtime; to determine the methods, means, organization, and number of personnel by which such operations and services shall be made or purchased so long as this is not done for the purpose of undermining the Union; to make and enforce reasonable rules and regulations; to discipline, suspend, or to discharge employees for just cause (probationary employees without cause); and to change or eliminate existing methods, equipment, or facilities.

ARTICLE 5
NON-DISCRIMINATION/NON-HARASSMENT

The Employer and Union agree that for the duration of the Agreement neither shall discriminate against or harass any employee in any manner which would violate any applicable laws because of race, color, creed, sex, nationality, qualified handicap, or political belief, nor shall the Employer or the Union discriminate against or harass any employee because of the membership or non-membership in the Union.

ARTICLE 6
HOURS OF WORK

Section 1. Regular hours of employment shall be forty (40) hours per week (unless otherwise noted) divided equally over five (5) working days, eight (8) hours each as follows:

LIST OF HOURS OF EMPLOYMENT BY DEPARTMENT

- A. Highway Division hours shall be from 6:30 A.M. to 3:00 P.M. Monday through Friday with one half (1/2) hour for lunch.
- B. Landfill/Transfer Station hours shall be from 6:30 A.M. to 3:00 P.M. Monday through Friday with one half (1/2) hour for lunch.
- C. The Park Department hours shall be from 7:00 A.M. to 3:30 P.M. Monday through Friday with one half (1/2) hour for lunch.
- D. Garage and Traffic hours shall be from 7:00 A.M. to 3:30 P.M. Monday through Friday with one half (1/2) hour for lunch.
- E. Water Treatment Plant/Water Pollution Control hours shall be from 7:00 A.M. to 3:30 P.M. Monday through Friday with one-half (1/2) hour for lunch.
- F. Water Distribution/Meter hours shall be from 7:00 A.M. to 3:30 P.M. with one half (1/2) hour for lunch.

Supervisory employees will agree to work a modified schedule during twice yearly shut off for nonpayment period to provide coverage for the hours from 7:00 A.M. to 5:00 P.M. The shift hours will be 7:00 A.M. to 3:30 P.M. and 8:30 A.M. to 5:00 P.M.

Employee must be given as much notice as possible as to when these modified schedules will need to be put into effect. This only covers the twice yearly periods when the Water Division shuts off water services for non-payment and sets no precedent for any other situation in the Water Division or any other Department.

- G. The Library Board shall govern the hours of the library.

Effective for employees newly hired by the City after July 20, 2010, full time Library employees shall work 40 hours and accrue at an eight (8) eight hour rate. All hours scheduled after 5:00 p.m. will be paid at the 5% shift differential.

Overtime shall be paid as per section 3 of article VI with the exception that there is no double time for Sunday if Sunday is part of their regularly scheduled 40 hour work week.

Employees hired by the City before July 20, 2010 shall continue to work 37 1/2 hour and accrue time (sick, vacation) at 7 1/2 hour per day.

The hours at the library will be calculated Sunday — Saturday.

- H. City Hall hours shall be from 8:00 a.m. — 5:00 p.m. with one-hour lunch. At the City's discretion, City Hall may be open until 7:00 p.m. one day per week for which the employee shall have their choice of receiving a modification in schedule, overtime or comp time.
- I. An employee may request a flextime work schedule. Such schedule shall be signed off on by the Department Head, Union President or Vice President and the Director of Human Resources on an official form. All modified schedules are temporary and are not to become permanent work schedules, unless by mutual agreement, and may change with a thirty (30) day notice.
- J. All flex schedules shall be approved by the Department Head and the Director of Human Resources before being initiated. Flex schedules are at the City's discretion and can be cancelled with 30 days' notice. A flex schedule in place before September 1, 2003, will not be denied/cancelled without a valid business reason.

Section 2. Other assignments of work will be made by the Department Head on the basis of the needs of the department.

Section 3.

- 1. Overtime or comp time shall be paid / earned at time and one-half (1 ½) for all hours worked Monday through Saturday excluding sick time over forty (40) hours in one week. Double time for Sundays and Holidays shall be paid/earned for all hours worked excluding sick time over forty (40) hours in one week. Additionally, sick time used in any week will not stop overtime or comp time for the on-call person if he/she is called in.

All employees hired after July 1, 2003 into grades H, I, or J, will not be eligible for overtime except for on call assignments as specified in Article 6, Section 5 "On Call Pay". They shall only be eligible for compensatory time (hour for hour) for all hours excluding sick time over forty (40) in one week and two (2) hours of compensatory time for each hour worked on Sundays and Holidays. Other employees with comp time shall continue to have comp time rather than overtime.

2. All employees will be required to work extended hours during emergencies such as snowstorms, tornadoes, hurricanes, flood and other emergency situations as declared by the City Manager, the Director of Public Works or the Director of Public Utilities and will be required to remain at work until all sections of the City are secure and the emergency is over, and until they are dismissed from duty by the Department Head or his/her designee, however, they shall work no more than sixteen (16) consecutive hours. If the emergency still exists and only four (4) hours of rest is permissible to complete the job, that rest shall be paid the employee at straight time figures at his regular base rate and up to a maximum of sixteen (16) consecutive hours again, as needed. Any employee required to work two sixteen (16) hour shifts separated by only four (4) hours of rest shall be allowed to be released from duty for the following work day. The full day off will be charged at one half (1/2) of the employee's choice of earned leave.

3. **Emergency Closings:**

The City Manager and/or his /her designee and the Director of Health and Human Services are the only City officials who have the authority to close the City's offices and facilities due to emergency situations. In the event that City Offices, facilities, or schools are closed due to an emergency condition, a general announcement will be made to local media and an email will be distributed to all employees. In the event that City Facilities and/or the schools are not officially closed, it is the employee's responsibility to report to work as scheduled at all times including during inclement weather conditions. In the event inclement weather conditions prevent an employee from reporting to work, the employee is required to notify their Supervisor. Such absence shall be unpaid or charged against the employee's available vacation, personal, sick, or compensatory time balance, at the employee's option.

Section 4. A new position may be created with a Tuesday — Saturday schedule at the City's discretion. A current employee may bid for this shift, to which they will be assigned if qualified.

Section 5. **On-Call Assignments:** When the City determines that an "on-call" assignment in the Public Works and Public Utilities is necessary, members of Local Unit 48 who are qualified (as determined by the respective department heads) will be asked to volunteer for an on call list. In the event there are not adequate amounts of individuals from the on call list as determined by the City, non-probationary qualified individuals will be assigned based on seniority with the least senior assigned first. On call assignments will be rotated through the list. In the event there is a week where the individual who would have been rotated is unavailable due to illness or pre scheduled time off and they cannot secure someone to work in their place the least senior person on the list will be assigned without skipping their spot on the rotation. When the City determines that an "on-call" assignment in the Public Utilities Department is necessary due to State of Connecticut required certification, members of Local 424 within the Department of Public Utilities will be required and assigned such duty as above.

A. One (1) employee per week shall be assigned to on-call duty. The City may add additional employees at its discretion.

The weekly on-call pay as of 7/1/18 is \$345.96 and will increase annually by the GWI.

On-call assignments are a condition of employment for all employees newly hired by the City after January 1, 2013 in Public Works, Public Utilities, Parks and Public Buildings Supervisors whom the City deems eligible.

Other non-Public Works, Parks, Public Buildings, and Public Utilities non-probationary Supervisors whom the city deems qualified may request to be put in the rotation and may only be removed from the list with a physician's note or upon completion of at least six (6) months on the list and with sixty (60) days' notice to the Director of Human Resources.

On Call Pay

- A. In the event the on-call personnel are called out, they shall be compensated at the rate of time and one-half (1 1/2) Monday through Saturday and double time for Sundays and holidays, for the necessary time to complete the assignment. Sick time used in any week will not stop overtime or comp time for the on-call person if he/she is called in.
- B. Employees who are not on call who get called in shall receive a minimum of four (4) hours of overtime or comp time at time and one half (1 ½) or double time as appropriate as long as the call in is not within one (1) hour of their regular start time or the time they are scheduled to leave work for the day.
- C. Any member of the bargaining unit that is part of the on-call program, regardless of their step, shall be compensated as outlined above.

Section 6. In the event the City institutes a second shift at the City Garage and determines a need for a supervisor, said supervisor shall be a Garage Foreman and shall be paid as called for in Article XVII.

Section 7. Overtime & Compensatory Time:

Employees who currently do not earn comp time, shall be given compensatory time for the first twenty (20) hours of overtime each fiscal year. Compensatory time shall be afforded at a rate of one (1) hour regular overtime work for one and one half (1 1/2) hours compensatory time Monday through Saturday or one (1) hour double time for two (2) hours compensatory time for Sundays and holidays.

After twenty (20) hours of accrued compensatory time an employee may choose overtime or compensatory time, if compensatory time is offered by the supervisor for an assignment. The choice must be made before the payroll is submitted each week.

Compensatory time cannot accumulate beyond eighty (80) hours in any one fiscal year, except that an employee may request to carry over up to twenty-four (24) hours of comp time for use for non-listed religious holidays, celebrated by the employee in that fiscal year. Compensatory time not used by June 30 of each fiscal year will be paid out in August of each year at the hourly rate of pay for the employee's position as of June 30. Any accumulated compensatory time (up to eighty (80) hours) will be paid at separation of service.

Any employee reaching 80 hours must have the attached form (Appendix F) signed by the department head and submitted to Personnel prior to working any additional comp time.

For employees who currently receive comp time instead of overtime, shall be allowed to accumulate up to two hundred (200) hours of comp time. If an employee reaches two hundred (200) hours, they shall notify their department head and the Director of Personnel and attempt to schedule time off so as to remain at or below the two hundred (200) hours. No employee shall be penalized if they have attempted to take time off and have not been allowed. Comp time up to two hundred (200) hours will be paid upon separation of employment. Any employee reaching 200 hours must have the attached form signed by the department head and submitted to Personnel prior to working any additional comp time.

Compensatory time must be requested with twenty-four (24) hours' notice and may be taken in any increment. Supervisors/Department Heads can refuse a request for a good business reason. However, in emergency situations not covered by sick time, employees may request the use of up to eight (8) hours of comp time within the first thirty (30) minutes of a shift. This is intended for occasional emergency circumstances; it is at the sole discretion of the City.

Supervisors may use less than four (4) hours comp time upon same day request. Such requests will not be unreasonably denied.

ARTICLE 7 HOLIDAYS

Section 1. The following holidays shall be observed as days off with pay:

| | |
|------------------------|------------------|
| New Year's Day | Labor Day |
| Martin Luther King Day | Columbus Day |
| Presidents Day | Veterans Day |
| Good Friday | Thanksgiving Day |
| Memorial Day | Christmas Day |
| Independence Day | |

Section 2. The Employer shall pay each employee for each designated holiday his straight time hourly rate of pay times eight (8) hours.

Section 3. When a holiday falls on a Saturday, the preceding Friday shall be observed as the holiday. When a holiday falls on a Sunday, the following Monday shall be observed as the

holiday. If a holiday occurs during an employee's vacation or bona-fide sick time, that holiday shall not be charged to vacation or sick time. In the event of an unforeseen national or state holiday, that is declared as such and is in fact celebrated by the Employer, each employee shall receive an additional holiday.

Section 4. In addition to the foregoing list, each employee shall receive two additional "floating" holidays which may be taken at the mutual convenience of the employee and department head.

The City may with four (4) month's notice (no later than September 1 of the preceding year) designate one or both of the floating holidays as specific days off

For example: If a holiday falls on a Tuesday or Thursday and the city wants to close the Monday or Friday to save energy etc., it may designate that day as a floating holiday. Any employee called into work on one of these designated days during his/her normal hours would be paid the regular rate of pay and given his/her floating holiday back to use at a later date.

ARTICLE 8 SICK LEAVE

Section 1. Sick leave as used in this Article is defined as absence from work without loss of pay as a result of a bona-fide illness or injury. Each employee may use his sick leave in cases of his own illness, injury, or exposure to a contagious disease, or attendance upon parents, children or members of their household whose illness or injury requires the care of the employee. As used in this Agreement, "household" shall mean two (2) or more persons living together in a single dwelling.

An employee who is approved for FMLA will be able to use sick leave for a parent's or child's illness or injury.

Section 2. Sick leave may be used after 90 calendar days of employment.

Section 3. Sick leave shall accrue at the rate of one and one quarter (1-1/4) days per month of active work per year to a maximum of fifteen (15) days per year. Said leave may accumulate to a total of one hundred-twenty days (120).

Section 4. An employee who is out as a result of a bona-fide sick day shall be paid at his straight time hourly rate of pay times his normal daily rate.

Section 5. Employees who are absent for three (3) or more consecutive working days may be requested to submit a statement from a physician stating the reason for the absence to support the claim for sick leave. Failure to submit such statement when requested shall result in forfeiture of any sick pay.

Section 6. In the event of the death of an employee, payment for accumulated sick leave shall be made to said employee's estate.

Section 7. In the event of an indication of abuse of sick leave privileges, the Employer may require a statement from an attending physician.

Section 8. Sick leave shall not accrue during any leave of absence without pay or during an extended work related injury which has extended beyond six (6) months in duration.

Section 9.

- A. Any employee, upon formal retirement, shall be entitled to full compensation in a lump sum for that portion of unused sick leave which has been accumulated, not to exceed ninety (90) days except that any employee with 25 or more years of City service may be paid out for up to one hundred and five (105) days of accumulated sick time.
- B. Any employee newly hired by the City after July 1, 2009 into the Supervisor's Bargaining Unit shall upon formal retirement or resignation be entitled to compensation for 1/2 of their accrued sick days to a total of 45 days, except that any employee with twenty five (25) or more years of City service at retirement may be paid out for up to sixty (60) days of accumulated time.

Section 10. For the purposes of determining wages, employees may take sick leave in increments of one quarter (.25) hours.

Section 11. The current balance of accumulated sick leave is on the biweekly check.

Section 12.

Employees Hired By The City Before 7/1/2009

- A. When an employee reaches one hundred twenty (120) days maximum accumulation of sick leave, in any fiscal year, a separate accounting shall be maintained in order to provide payment at the employee's base daily rate of pay for each unused sick leave day beyond one hundred twenty (120) days which the employee would have accumulated.
- B. The maximum number of days beyond one hundred twenty (120) days which may be computed at the employee's base daily rate of pay shall be fifteen (15) days in any fiscal year. Such payment shall then erase all accumulated sick leave beyond one hundred twenty (120) days for said fiscal year. Payment for above unused sick leave shall be made in one lump sum in July of the fiscal year following that year in which the payment is for.

Employees Newly Hired By The City On Or After July 1, 2009

- C. When an employee reaches ninety (90) days maximum accumulation of sick leave, in any fiscal year, a separate accounting shall be maintained in order to provide payment at the employee's base daily rate of pay for unused sick leave days beyond ninety (90) days which the employee would have accumulated. Anything over ninety (90) days will be paid out at one-half (1/2) of the accumulated time up to seven and one-half (7 1/2) days per year and the count will be reset back to ninety (90) days.

Section 13. Additional leave with pay may be granted, as warranted, by the Director of Personnel, when applied for by an employee in writing to the Director of Personnel, stating the reason for the additional special leave.

Section 14. In the event the City chooses to lay off or administratively separate an employee or an employee chooses to terminate his employment, such employee shall receive payment for each unused sick leave day pursuant to the rules within this agreement.

Section 15. Employees are allowed to contribute their annual unused sick time payout into their 457 Plans pursuant to IRS regulations. The 457 contribution change form must be completed and signed the month prior to the payout.

ARTICLE 9
MILITARY LEAVE

Section 1. A regular employee who is called into Active Military Service shall be given an unpaid leave of absence for such mandatory period of service and will be reinstated in accordance with applicable statutes in effect on the date of his application for reinstatement if said application is filled within thirty (30) days of release from duty.

Section 2. An employee who is a member of the National or Air Guard, or a reserve component of the Armed Forces, will be granted absence when ordered to duty for annual training or emergency service, and for such time lost from his scheduled work week, paid the difference between their regular rate of pay for a maximum period of two (2) weeks per calendar year, computed on the basis of forty (40) hours per week, eight (8) hours per day and all of the pay and allowance received for such military duty. Presentation of completed orders bearing such endorsement showing all payments received will be required before reimbursement.

ARTICLE 10
JURY DUTY

Section 1. If an employee is called for Jury Duty, the Employer will compensate the employee for the difference between the payment received for the Jury Duty and the payment he would have received for the time he was required to lose from his regular work schedule. This compensation shall not exceed five (5) days per week computed at the employee's regular rate.

Payment shall be made upon presentation of documentary proof of Jury Duty and payment received.

ARTICLE 11
BEREAVEMENT LEAVE

Section 1. In the event of a death in an employee's immediate family, an employee will be permitted up to five (5) days off at his regular rate of pay for the purpose of attending the funeral and providing for matters incident to the death. Additional time may be granted by the Employer upon request by the employee, however it will come from their sick time, vacation, float or comp time bank.

Section 2. For the purpose of this Article, the immediate family shall include the following relatives: Parent, spouse, child, sibling, in-law parent, step parent, step-child, grandchild.

Section 3. Employees shall be granted two (2) day's leave with pay in the event of the death of a grandparent.

Section 4. Employees shall be granted one (1) day's leave with pay in the event of the death of other relatives who are related by marriage or are a blood relative.

Section 5. Sick Time for Additional Leave

In the event an employee requires additional bereavement time beyond what is in the contract, he/she may be allowed up to fifteen (15) additional days for a spouse, child or parent. Such time shall be deducted from the employee's accumulated sick leave, vacation, float or comp time bank.

ARTICLE 12
VACATIONS

Section 1. Vacation time shall be earned as follows:

- A. Employees shall accrue vacation at the rate of three (3) weeks (15 working days) annually. No vacation may be taken until after the first six (6) months of employment.
- B. Employees who have completed ten (10) years of service shall be entitled to a vacation with pay of four (4) weeks (twenty (20) working days) annually.

Vacation shall be taken during the year in which it is earned, unless written approval is granted in accordance with the Personnel Policies and Procedures.

Vacation shall be scheduled at the preference of the employee. Vacation may be subject to change, only in cases of emergency as declared by the City Manager, the Director of Public Works or the Director of Public Utilities. The vacation shall be scheduled so as to meet the needs and preferences of the Employer and the Employee, but in no case shall vacation leave be unreasonably withheld or requested.

Except in extraordinary circumstances, such as inability to use time due to a bona fide illness or injury and with written permission of the Director of Personnel an employee may not carry over more than two (2) times allotment up to 8 weeks of vacation time. Employee may only still be paid out at retirement / resignation for 1 1/2 times their allotment.

Except in extraordinary circumstances, such as inability to use time due to a bona fide illness or injury and with written permission of the Director of Personnel an employee may not carry over more than forty (40) earned days. Employees may not be paid out for more than 20 days upon retirement / resignation.

Effective for employees newly hired by the City after July 1, 2009, except in extraordinary circumstances, such as inability to use time due to a bona fide illness or injury and with written permission of the Director of Personnel an employee may not carry over more than two (2) times allotment up to 8 weeks of vacation time. Employee may only be paid out at retirement / resignation for 1 times their allotment (maximum 4 weeks.)

Effective for employees newly hired by the City after July 1, 2009 except in extraordinary circumstances, such as inability to use time due to a bona fide illness or injury and with written permission of the Director of Personnel and employee may not carry over more than twenty (20) earned days. Employees may not be paid out for more than 10 days upon retirement / resignation.

Employees will be granted vacation pay in advance of vacation upon written request at least one week in advance.

Should vacation time be required before it is accrued, an employee may borrow up to an annual entitlement in any given calendar year (Jan.-Dec.). Borrowed vacation time will be deducted as soon as the days are accrued. (Appropriate form must be filled out). Should an employee leave or be terminated prior to the repayment of borrowed vacation time, it will be charged to the employee in their terminal leave pay.

Section 2. An employee who becomes seriously ill or injured while scheduled to go on vacation or is on vacation shall have the opportunity to change his vacation schedule provided that sufficient evidence by way of a physician's certificate attesting to his bona-fide illness is furnished to the department head.

Section 3. In the event of the death of an employee, with at least one year of service with the City, said employee's Estate shall receive any vacation pay due in a check made payable to the Estate.

Section 4. In the event that an employee with at least one year of service with the City is entitled to vacation leave at the time of his retirement or termination, the employee shall receive one (1) day of vacation pay for each day of such leave accrued up to the amount in Section 1F above.

Section 5. Any employee who works three (3) consecutive months (90) days, provided that the employee has not used sick time or has been suspended during said time, shall receive one (1) earned vacation day. Injury leave of three (3) consecutive days or more will stop consecutive count of days toward "perfect attendance". Count will resume when the employee returns to work. Said day may be taken at the mutual agreement as to the convenience of both employee and the City.

- i. Effective for employees newly hired by the City on or after 7/1/13, there will be no more earned vacation days.

ARTICLE 13 SENIORITY

Section 1. Seniority is defined as the relative status of an employee for the purpose of vacation and layoff. The seniority of each employee covered hereby, which shall entitle such employee to the preference provided for in this Agreement, shall accrue and be determined by the length of continuous employment starting from the date of employment in the municipal service. If any employee is transferred or promoted into another department within the bargaining unit, he shall retain his seniority from their previous position upon completion of his probationary period.

Section 2. The Personnel Department shall prepare and have available a list of employees showing their seniority when requested. Sick, military and vacation leaves shall be included as service time.

Section 3. When it is necessary to terminate employees who are employed by the City in positions no longer funded by outside federal sources, such as CETA, these terminations shall be considered administrative separations and not lay-offs.

ARTICLE 14 GRIEVANCE PROCEDURE

Section 1. The purpose of the grievance procedure shall be to settle employee grievances on as low an administrative level as possible in order to expedite the settlement of grievances.

Section 1 (a) — Union Stewards. When required by an aggrieved employee, the steward or another Union officer may investigate any alleged or actual grievance in order to prepare for the grievance presentation. They shall be allowed reasonable time, therefore, during working hours, without loss of time or pay, upon notification to the immediate supervisor.

Section 2. A grievance, for the purpose of this procedure, shall be considered to be an employee or Union complaint concerned with matters contained in this Agreement, including, but not limited to, discharge, suspension, any disciplinary action, and matters relative to the interpretation and application of the Articles and Sections of the Agreement.

Section 3. Any dispute or grievance shall be handled as follows:

STEP 1. The aggrieved employee, with or without their Union Representative shall state in writing within fifteen (15) working days of the event which gave rise to the grievance or knowledge of the event which, with reasonable diligence, could have been ascertained and submit it to the Department Head who will use their best efforts to settle the dispute and give an answer, in writing, within five (5) working days subsequent to the date of the meeting.

The written grievance shall specify exactly what the problem is and the remedy sought.

STEP 2. In the event the grievance is not adjusted to the satisfaction of the aggrieved employee, the employee and the Union Representative shall, within ten (10) working days, submit the grievance to the Personnel Director. Within ten (10) working days from the date of receipt of said grievance, the Personnel Director shall convene a meeting for the purpose of reviewing all of the facts germane to the grievance. Invited to the meeting shall be the grievant, and/or the designated representatives, and such other persons as may be necessary for the equitable disposition of such grievance. The Personnel Director shall render a written decision within five (5) working days subsequent to the date of the meeting.

STEP 3. In the event the grievance is not adjusted to the satisfaction of the grievant at the conclusion of Step Two, then the grievant and/or his designated representative may, within twenty (20) working days thereafter, submit the dispute to arbitration by the Connecticut State Board of Mediation and Arbitration. Said Board shall hear and act on such dispute in accordance with its rules and render a decision which shall be final and binding on all parties. In the event such dispute involves disciplinary action, the Board will have the power to uphold the action of the Employer or to rescind or modify such action, and such powers shall include, but shall not be limited to the right to reinstate a suspended or discharged employee, with full back pay.

Section 4. Nothing contained herein shall prevent any employee from presenting his own grievance and representing himself. However, the union president shall be notified and has the right to be present.

Section 5. Time limits may be extended by mutual written agreement of the parties.

ARTICLE 15
DISCIPLINE/DISMISSAL

Section 1. The Employer shall not discipline or discharge any employee who has successfully completed his probation period without just cause. The Employer further agrees that disciplinary action shall be in a timely manner.

Section 2. A letter of counseling may be issued prior to Corrective Discipline.

In limited cases concerning minor flaws in work performance or limited tardiness, a letter of counseling will be issued prior to any corrective discipline.

Letters of counseling will be withdrawn, if there are no other reoccurring similar issues, from an employee's personnel file six (6) months from the date of issue. After six (6) months, letters of counseling will be placed in a sealed envelope which shall be signed by said employee, remaining as employment history but shall not be used for any disciplinary proceedings. These letters of counseling cannot be grieved beyond step 2.

Corrective Discipline — The Employer agrees with the tenants of progressive and corrective discipline as follows:

- A. Verbal Warning
- B. Written Warning
- C. Suspension
- D. Discharge

Once the measure of discipline is determined and imposed, the Employer shall not increase it for the particular act of misconduct unless new facts or circumstances become known.

Section 3.

- A. In the event the Employer, through corrective discipline, issues letters of warning or discipline, such letters shall be removed from individual Personnel files after one (1) year, provided, that the employee remains in good standing for such period of time.
- B. In the event the Employer, through corrective discipline, issues suspensions, records of such suspensions shall be removed from individual Personnel files after eighteen (18) months provided the employee remains in good standing for such period of time.
- C. Any grievance which may involve suspension or termination may be initiated by the Union at Step Two of the Grievance Procedure.
- D. The parties agree that disciplinary procedures constitute a corrective process designed to improve an employee's behavior through counseling and to make the employee aware of the fact that failure to change will result in increased penalties. When an employee is to

be questioned regarding an incident that may affect the job security of such employee, the employee shall have the right to Union Representation.

ARTICLE 16
INSURANCE

Section 1. The City shall provide and pay for the following insurance as outlined in the attached Appendix or the equivalent coverage including services and benefits for all full-time employees of the bargaining unit and their enrolled eligible dependents less any applicable cost shares as outlined below.

PPO PLAN

The PPO will be phased out for all employees newly hired by the City after 6/30/17.

Any current employee enrolled in the PPO as of 6/30/18 may remain on the PPO Plan through 6/30/20. The PPO will be phased out for all employees on 7/1/20.

The PPO plan bi-weekly cost share shall be a follows:

| | With Wellness | Without Wellness |
|--------|---------------|------------------|
| 7/1/18 | 22% | 24% |
| 7/1/19 | 23% | 25% |

An employee who will be precluded from participating in the HSA bank account because the individual is/will be enrolled in Medicare Part A and/or received non-preventative medical service from the VA in the fiscal year will be enrolled in the PPO plan as of July 1st of that year. The PPO cost share for these employees is 3% less than the current PPO cost.

For example: 7/1/18 PPO 19% with wellness / 21% without wellness.

PPO Co-Pays:

Drug co pay \$10/\$25/\$40

2X for 100-day supply

| | |
|----------------------|-------|
| Office Visit | \$30 |
| ER | \$75 |
| Urgent Care | \$30 |
| Inpatient/Outpatient | \$250 |

HDHP/HSA PLAN

The HDHP/HSA plan bi-weekly cost share shall be as follows:

| | With Wellness | Without Wellness |
|--------|---------------|------------------|
| 7/1/18 | 11.5% | 14% |
| 7/1/19 | 12% | 15% |
| 7/1/20 | 12.5% | 16% |

The HDHP/HSA plan deductible shall be as follows:

Single - \$2,000
2 Member/Family - \$4,000

City's Contribution to HSA Account

50% of deductible

Single - \$1,000
2 Member/Family - \$2,000

The employer will fully fund any HSA administration fees; all other HSA related bank fees will be borne by the employee.

Any employee who will be precluded from participating in the HSA bank account because the individual is/will be enrolled in Medicare Part A and/or received non-preventative medical services from the VA in the fiscal year shall receive 55% of the deductible (\$1,100/\$2,200) as income in a separate check to be paid with the first payroll following July 1 of each year.

Any accrued sick time payouts to which employee is entitled as of June 30 or longevity payments in December can be placed directly into an HSA up to the annual IRS limits. HSA contribution forms for the sick time payout need to be submitted to the Human Resource Office by June 1st or the next business day of the respective year. Longevity Contribution forms must be received by November 1st or next business day of the respective year.

For all employees entering the HDHP/HSA for the first time the following shall apply:

1. Each will automatically qualify for the "wellness" rate without the need for a blood draw in that year.
2. The City will fully fund its fifty percent (50%) contribution to each employee's account in the first pay period in July. For each year thereafter, the City will fund its contribution to each account in the same manner as is provided for all other employees, i.e. half in July and half in January of each year.

3. Mid-year hires shall receive the City's fifty percent (50%) deductible contribution to the HDHP/HSA on a pro-rata basis.
4. Mid-year hires shall automatically qualify for the "wellness" rate without the need for a blood draw in their hire date year.

Life Insurance coverage shall be one times salary for all employees. No life insurance is to be provided for employee's dependents.

Section 2. If the City can provide the equivalent service and benefits of all insurance coverage as presently provided for in this Article through another insurance carrier, the City shall have the right to substitute insurance carriers. Prior to changing insurance carriers, the City shall notify the Union in writing of such intended change and agrees to discuss such change with the Union if so requested. Any dispute regarding equivalency of benefits and service shall be subject to Article VI, Grievance Procedure, and beginning at Step 3.

Section 3. The Union agrees to participate and be represented on the Health Insurance Committee. The call of the Committee is to explore and continue to recommend ways to curb escalating costs and maintain the current level of benefits, if at all possible. If any such recommendations require contract language changes, the Union agrees to present the recommendation to the bargaining unit for acceptance.

Section 4. Bargaining unit members, who are not full-time employees, may purchase any of the available insurance coverage's for themselves and their dependents at the rates paid by the City to the insurance carriers. Checks in the amount determined by the Finance Office must be received by the 15th day of the month for the following month's coverage.

ARTICLE 17 WAGES

Section 1. The wages for all employees of the bargaining unit shall be as set forth in Appendix A, which is attached hereto and hereby, made a part of this agreement. All new employees hired into Grades I and J on the salary matrix will start on Step B and end on Step G.

Section 2. All existing Bargaining Unit Members placed on the salary schedule effective July 1 shall advance one step annually. The last step of the pay schedule for employees newly hired, as a City employee on or after July 1, 2003 will be Step G.

For employees hired after July 1, 2009 or for employees who as of July 1, 2010 are at step E or below, there will be a new step G added. The increase between the last two steps will be halved and an employee will now have to wait an additional year to reach the top step.

Section 3. The City may hire to step "C" on the wage scale, however if any current employee in the same job title and is below step "C" shall also be moved to step "C" concurrently.

Section 4. New hires shall begin at the probationary step for the probation period of one (1) year. After successful completion of the probation period the Employee shall advance to the appropriate step in the grade and thereafter shall advance one step annually.

Section 5. Employees must sign up for direct deposit with the City as a condition of employment.

Section 6. Transferred/promoted employees shall be placed on the step of the salary schedule for the new position which is not less than five (5%) percent higher than their current pay.

ARTICLE 18 SHIFT DIFFERENTIAL

Section 1. Employees required to work the second or third shift shall receive, in addition to their base pay, a premium for this work as follows:

- A. Second Shift — five percent (5%)
- B. Third Shift — ten percent (10%)
- C. This shall not apply to Librarians hired prior to 7/20/2010.

Section 2. These premium rates of pay shall apply only when an employee is assigned on a regular basis to work on the second or third shift. They shall not apply to call-backs or to hours worked beyond a regularly assigned day shift.

ARTICLE 19 JOB CLASSIFICATION

Section 1. The provisions of the Classification and Compensation System of the City of Meriden shall be a part of this Agreement inasmuch as they refer to members of this Bargaining Unit and except as otherwise provided herein.

Section 2. The Director of Personnel agrees to review the job descriptions and salaries of any supervisory union member who supervises employees making a higher base salary than the supervisor and who makes written application to the Director of Personnel for such review.

It is understood that said issues shall be presented to a pointing committee and ultimately to Council Leadership and the full City Council for review.

Section 3. A labor/management committee shall be the designated authority responsible for the maintenance of the job classification system during the term of this Agreement or any

extension thereof. Said committee shall be authorized to review job descriptions of newly created jobs and/or changed job descriptions for current job and assign points for grade placement in the pay plan. The City and the Union shall have equal representation on the committee as designated by each party.

Section 4. Employees may request a review of points assigned to their position by completing a Supervisors Upgrade Form and submitting it to their department head. The department head who has ten (10) days to respond will forward the form and new job description to the Personnel Director who has ten (10) days to respond. The Personnel Director will, within sixty (60) days, select a pointing committee (two (2) management/two (2) union members) who will, based on existing job classification language, review the job description and points. An employee who receives an upgrade pursuant to the review shall be given a wage adjustment effective July 1st following approval of the upgrade by the Pointing Committee or an arbitrator. Request for upgrade must be submitted on the appropriate form to the employees' department head.

Section 5. If the labor/management committee reaches impasse on an issue before it, such dispute shall be submitted to an arbitrator chosen by the committee. If the committee cannot agree on an arbitrator, then it shall be submitted to the American Arbitration Association for decision. The Arbitrators decision shall be final and binding. The cost of the Arbitration shall be borne equally by the parties.

ARTICLE 20
LONGEVITY

Section 1. The following longevity pay policy shall be in effect for employees hired before 7/1/2013 throughout the life of this Agreement:

A. Longevity: Annual longevity payments shall be based on the following formula for full time employees:

Employees who have completed 5 years of continuous service.....\$200.00

Employees who have completed 10 years of continuous service.....\$300.00

Employees who have completed 15 years of continuous service.....\$400.00

Employees who have completed 20 years of continuous service.....\$500.00

Employees who have completed 25 years of continuous service.....\$600.00

Section 2. Longevity payments shall be made in December of the fiscal year during which the necessary years of service have been attained and thereafter annually in accordance with the formula.

Section 3. Effective July 1, 2010, employees must have the actual years of service on December 1st to qualify for that year's payment. Payments shall not be prorated.

ARTICLE 21
PENSION

The Pension provisions of the City of Meriden Ordinance on Pensions are hereby incorporated into and made part of this Agreement.

ARTICLE 22
HEALTH & SAFETY

Section 1. The Employer and the Union shall cooperate fully in matters contained in this Agreement having to do with safety, health, and sanitary matters affecting the employees.

Section 2. The Employer shall furnish rubber gloves and rubber footwear for all work on sewers. Foul weather clothing shall be furnished to all employees required to work outside in foul weather. September 1st of each calendar year, safety boots will be furnished to employees who primarily perform work outside. The cost shall be no more than \$150.00 per pair of safety boots which will be supplied by the City vendor for the following positions: Superintendent of Operations Water/Water Pollution Control, Superintendent of Traffic Operations, Highway Supervisor (Foreman), Associate and Assistant City Engineers, Parks Superintendent, Parks Supervisor, Recreation Program Coordinator, Building Official, Custodial Supervisor, Golf Course Foreman, Chemist, Assistant Manager — WPCF, Electronic Technician, Two (2) Maintenance Supervisors, Distribution Supervisor in Water, Water Treatment Supervisor, Water Service Supervisor, Water Pollution Control Facility Manager, and all standby personnel.

Section 3. Clothing or eyeglasses that are damaged in the course of employment under accidental circumstances shall be replaced by the Employer when the employee documents the accidental circumstances and the Employer determines that it was in fact work related.

Section 4. – Employee Assistance Program The Employer and the Union recognize the value of counseling and assistance programs to those employees experiencing personal problems which interfere with the employee's efficient and productive performance of his job duties and responsibilities. The Employer and the Union will hereafter aid such employees who request assistance with such problems. The Employer and the Union will encourage the employee to seek professional assistance when necessary.

The records concerning an employee's treatment of alcoholism, drugs, or chemical substance, or stress related problems shall remain confidential and shall remain separate from other personnel materials.

The Employer and the Union agree that employees being rehabilitated will have income while in the program. Employees participating shall be entitled to use their accumulated sick, vacation, or

any other accrued time. It is agreed that after exhausting all leave benefits, the employee shall be advanced sick leave benefits to an extent mutually agreed upon by the Personnel Director and the Union. Sick days borrowed will be repaid through future service or in the event of termination, from wages and benefits due at the time of termination.

ARTICLE 23
JOB RELATED INJURY

Section 1. An employee absent from duty because of a compensable Workers' Compensation injury and/or occupational disease shall have injury leave counted for his/her absence.

- A. Injury leave shall mean paid leave, given to an employee due to an approved physician absence from duty, caused by an injury and/or occupational disease arising out of and in the course of, his/her employment. The City, in the case of compensable injury and/or occupational disease, shall continue the employee's full normal base pay during his/her absence, up to one (1) month if necessary for each injury and/or occupational disease. An employee who has a compensable injury and/or occupational disease, which exceeds the aforesaid duration, shall receive the Workers' Compensation rate, that rate being determined by Workers' Compensation Act, Section 31-307. Employee's W-2 will reflect Workers' Compensation payments as appropriate under the tax law.

Employees sustaining an injury and/or occupational disease requiring medical attention shall report to the competent physician, surgeon, clinic, or hospital within the City's Third Party Administrator's approved Medical Care Plan Network.

- B. Sick time shall not be deducted from an employee's accrued time for compensable injuries and/or occupational diseases when supported by a treating physician's medical report. Employee injuries and/or occupational diseases that are contested by the City or the City's Third Party Administrator shall be charged Unapproved Workers' Comp. Unapproved Workers' Comp shall mean the employee receives his or her full normal base pay and a "UC" appears on their payroll sheet. Unapproved Workers' Comp shall be used for a contested claim or a claim where the City has not had adequate time to determine compensability. Employee claims that have been contested and receive written notification of such from the City or City's Third Party Administrator (43-67 form), shall have 30 calendar days to file a request for informal hearing with the Workers' Compensation Commissioner having jurisdiction in order to refute the contest. Employees who have filed such a request shall remain on Unapproved Workers' Comp for three (3) months or until the claim is resolved, whichever comes first. Unapproved Workers' Comp shall be changed on an employee's personnel calendar to sick time or other accrued time in the event the City prevails and the claim is found not to be compensable by the Workers' Compensation Commissioner having jurisdiction. Unapproved Workers' Comp shall be changed on an employee's personnel calendar to injury leave (up to three (3) months) in the event the employee prevails and the claim is found compensable by the Workers' Compensation Commissioner having jurisdiction.

- C. An employee having an injury and/or occupational disease, who has been released to return to work by his physician in a limited or restricted capacity, shall be provided, if available as determined by the City, limited and/or restricted duty assignments as devised by his department/division head. All such assignments shall be approved by the employee's treating physician prior to returning to work. All such assignments shall be temporary in nature, subject to change, and shall not constitute a permanent condition. An employee who has reached maximum medical improvement and is permanently physically unable to return to his/her regular duties as a result of a compensable injury and/or occupational disease, may apply for a position within the City for which he is physically and professionally qualified, may pursue his right to a disability pension, or may be terminated from the employ of the City.
- D. An employee who is still unable to return to work as certified by their physician after six (6) months, may exhaust their sick and vacation time or other leave prior to being terminated or applying for retirement benefits, if qualified.
- E. An employee who has a compensable injury and/or occupational disease shall comply with all sections of the State of Connecticut Workers' Compensation Act, being Chapter 568 of the General Statute

ARTICLE 24
UNION ACTIVITIES

Section 1. Union Officers shall be allowed to attend official Union conferences not to exceed eighteen (18) days total time in any fiscal year without loss of pay for the period required to attend such functions.

Section 2. Three (3) Employees as designated by the Union shall be allowed the necessary time off without loss of pay for the purpose of contract negotiations.

Section 3. Three (3) members of the Union Grievance Committee shall be granted leave from duty with full pay for all meetings between the Employer and the Union for the purpose of processing grievances, and when such meetings take place at a time during which such members are scheduled to be on duty or working.

Section 4. In all of the above, reasonable prior notification shall be given to their respective department head.

Section 5. During the course of any employment orientation program for new employees, or, where such orientation program does not exist, during the first month of a new hire's appointment, the Union shall be provided an opportunity to meet such new employees on employee time. Such time shall not exceed twenty (20) minutes.

ARTICLE 25
GENERAL

Section 1. The Employer shall permit the use of bulletin boards for the posting of notices relating to Union business, providing that a copy of each said notice is forwarded to the Personnel Department immediately prior to posting.

Section 2. The Employer shall provide a copy of the Agreement to all employees covered by this Agreement.

Section 3. As used in this Agreement, masculine or feminine pronouns shall include reference to either gender.

ARTICLE 26
VEHICLE ALLOWANCE

Section 1. Employees authorized by their supervisors to use their vehicle for City duties shall receive the current allowance allowed by the Internal Revenue Service. Such allowance shall be payable monthly after proper submission of the necessary form. The City's vehicle policy shall be reviewed and signed by employees upon hire into the City and from time to time as revisions are made and implemented.

Only those employees listed in Appendix E are allowed take home vehicles.

All take home vehicles are at the City's discretion and an employee given a car is only given it until such time as it is no longer in the City's best interest for said employee to have it

ARTICLE 27
TUITION REIMBURSEMENT

Section 1. The following provisions are established to govern the administration of the City's Tuition Reimbursement Program:

- a. Applications for reimbursement will only be considered from full time employees.
- b. Applications will be approved only for course work related to the employees' present position or for a position to which he/she may be promoted.
- c. Reimbursement shall be made only for course work completed at accredited public or business trade schools, colleges and universities.
- d. Applications will not be considered if the employee is receiving funds for the same course from any other source.

- e. Applications will not be considered if the course work is available to the employee through in-service training conducted by the City.
- f. Tuition costs of one thousand four hundred dollars (\$1,400) for undergraduate courses and two thousand dollars (\$2,000) for graduate courses or less are eligible for 100% reimbursement. The employee must present an official school receipt indicating the cost of tuition for the course prior to enrollment.
- g. Reimbursement shall be made only for course work in which the employee received a grade C or its numerical equivalent or better. Employees must present an official transcript showing the final grade received.

Section 2. Procedure

The following procedure permits the employee to know in advance whether or not the course(s) will be approved for tuition reimbursement, assuming the course is completed with a satisfactory grade.

- a. Employee obtains a "Tuition Reimbursement Application" form and submits it to the Personnel Department.
- b. The Personnel Department views the application. One copy is returned to the employee. The other copy is retained by Personnel.
- c. Within one week after the employee has completed the course and has received his final grade, the employee must submit a copy of the approved request form to the Director of Personnel along with his grade and tuition receipt.
- d. Upon receipt of the completed application form, the Director of Personnel will prepare a service voucher to pay the employee for the amount of the tuition reimbursement.

ARTICLE 28
PROBATIONARY PERIOD

To enable the Employer to exercise sound discretion in filling positions within the Bargaining Unit, no appointment to a classification with the Bargaining Unit shall be deemed a regular final and permanent appointment until the successful completion of a one (1) year probationary period. During the probationary period of any such employee, the Employer may terminate the employment of such employee for any reason without recourse to the grievance procedure. However, said employee or the Union may discuss said termination with the Director of Personnel, if they so desire.

ARTICLE 29
WORK IN HIGHER CLASSIFICATIONS

Employees assigned to work in a higher classification in excess of five (5) days will be paid at a rate not less than fifteen percent (15%) above their current rate, providing this is not beyond the maximum or below the minimum for the higher classification.

- A. Employees required to work in a higher classification for more than five (5) working days will be compensated from the sixth (6th) work day.
- B. Employees will only be granted acting pay in the absence of a department or division head if that absence lasts for five (5) or more days. The pay shall be not less than 15% above his/her current rate of pay.
- C. Employees in grades H, I and J are expected to act in a higher capacity when necessary and will not be paid any acting pay unless the department/division head vacates the position permanently or for a period exceeding four (4) weeks.

ARTICLE 30
LAYOFF AND RECALL

Section 1. In the event the Employer decreases the work force in the Bargaining Unit, employees shall be laid off in inverse order of their seniority by department, by classification.

- A. The laid off employee(s) may bump the least senior employee(s) in the same or lower classification within the same department.
- B. If a laid off employee is unable to bump another employee in their own department, the employee may opt to bump an employee of a similar or lesser classification in another department in the Bargaining Unit providing the Employer determines said employee is able to perform the job.

Section 2. The Employer shall give employees affected at least two (2) weeks advance notice of layoff.

Section 3. Employees shall be recalled from layoff in inverse order of their layoff when work becomes available by department, by classification. Employees shall have the right to be recalled for two (2) years from the date of layoff.

ARTICLE 31
LEAVES OF ABSENCE WITHOUT PAY

The Employer may grant leave of absence without pay to any employee upon his request for a period not to exceed one (1) year. The Union shall be notified when such leave of absence is

granted. Upon the expiration of the approved leave, the employee shall be reinstated to the position held at the time leave was granted. The Department Head, the Director of Personnel and the City Manager shall determine the length and conditions of such leave of absence without pay and the conditions of reinstatement, including a physical examination if deemed necessary. Seniority shall not accrue during the period of such leave. The Employer may or may not, in its sole discretion, fill the position with a temporary employee.

ARTICLE 32
SAVINGS CLAUSE

Should any provision of this Agreement, or the application of any such provision, be rendered or declared invalid by any court action or by reason of an existing or subsequently enacted legislation, the remaining parts or portions of this Agreement shall remain in full force and effect. The Union and the Employer shall negotiate a mutually acceptable alternative to the affected provision.

ARTICLE 33
EMPLOYEES TO RECEIVE COPIES OF THE CONTRACT

The City shall:

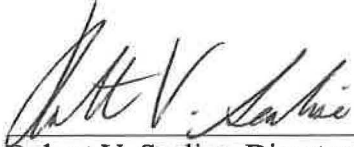
1. Maintain an updated version of this Agreement on the City website.
2. The City shall provide a hard copy to each new hire and print/provide ten (10) copies of this Agreement upon the execution, to the Supervisor Union President.
3. The City shall email an electronic copy of this Agreement within five (5) business days of the Agreement being fully executed to all bargaining unit members.
4. Make printed copies of this Agreement available. In the event there is no access to a computer, a hard copy will be made available in the Human Resources Department upon request.

ARTICLE 34
DURATION OF AGREEMENT

Section 1. The date of July 1, 2018 shall be the effective date of this Agreement and shall run through June 30, 2021.

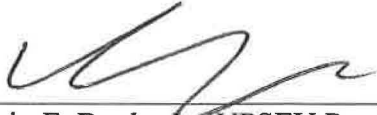
IN WITNESS WHEREOF, the parties have caused their names to be signed on this the 2nd
day of March, 2020.

FOR THE CITY OF MERIDEN

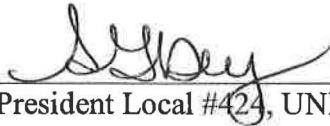


Robert V. Scalise, Director of
Human Resources

FOR UPSEU LOCAL 424, UNIT 48
SUPERVISORS AND PROFESSIONALS



Kevin E. Boyle, Jr., UPSEU President



President Local #424, UNIT 48

APPENDIX A
SALARY SCALE

UPSEU LOCAL 425 SALARY MATRIX 7/01/2018

Effective and retroactive to 7/1/18, there shall be a 2.0% increase from the 7/1/17 wages.

| Grade | Hourly Weekly Annual | | | | | | | | | Hired Before 7/1/2003 |
|-------|----------------------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------------------|
| | Step Probationary | Step A | Step B | Step C | Step D | Step E | Step F | Step G | Step H | |
| J | | | \$46.74 | \$49.00 | \$51.23 | \$53.41 | \$54.53 | \$55.64 | \$57.84 | |
| | | | \$1,869.46 | \$1,960.03 | \$2,049.38 | \$2,136.29 | \$2,181.17 | \$2,225.64 | \$2,313.77 | |
| | | | \$97,211.71 | \$101,921.66 | \$106,567.97 | \$111,086.98 | \$113,420.74 | \$115,733.28 | \$120,315.94 | |
| I | | | 42.91 | 44.92 | 46.94 | 49.00 | 50.00 | 50.98 | 53.10 | |
| | | | 1,716.46 | 1,796.83 | 1,877.62 | 1,960.03 | 2,000.02 | 2,039.18 | 2,124.05 | |
| | | | 89,255.71 | 93,435.26 | 97,636.03 | 101,921.66 | 104,000.83 | 106,037.57 | 110,450.50 | |
| H | 31.26 | 36.35 | 39.32 | 41.18 | 43.06 | 44.92 | 45.86 | 46.81 | 48.66 | |
| | 1,250.52 | 1,454.11 | 1,572.84 | 1,647.10 | 1,722.58 | 1,796.83 | 1,834.37 | 1,872.31 | 1,946.57 | |
| | 65,027.04 | 75,613.82 | 81,787.68 | 85,648.99 | 89,573.95 | 93,435.26 | 95,387.14 | 97,360.22 | 101,221.54 | |
| G | 30.00 | 33.29 | 36.03 | 37.72 | 39.49 | 41.20 | 42.06 | 42.94 | 44.67 | |
| | 1,199.93 | 1,331.71 | 1,441.06 | 1,508.78 | 1,579.78 | 1,647.91 | 1,682.59 | 1,717.68 | 1,786.63 | |
| | 62,396.26 | 69,249.02 | 74,934.91 | 78,456.77 | 82,148.35 | 85,691.42 | 87,494.78 | 89,319.36 | 92,904.86 | |
| F | 27.51 | 30.51 | 33.06 | 34.67 | 36.17 | 37.76 | 38.57 | 39.34 | 40.93 | |
| | 1,100.38 | 1,220.33 | 1,322.33 | 1,386.79 | 1,446.77 | 1,510.42 | 1,542.65 | 1,573.66 | 1,637.30 | |
| | 57,219.55 | 63,457.06 | 68,761.06 | 72,113.18 | 75,231.94 | 78,541.63 | 80,217.70 | 81,830.11 | 85,139.81 | |
| E | 25.22 | 28.00 | 30.29 | 31.71 | 33.20 | 34.67 | 35.36 | 36.08 | 37.51 | |
| | 1,008.98 | 1,119.96 | 1,211.76 | 1,268.47 | 1,328.04 | 1,386.79 | 1,414.54 | 1,443.10 | 1,500.22 | |
| | 52,467.17 | 58,237.92 | 63,011.52 | 65,960.54 | 69,058.08 | 72,113.18 | 73,555.87 | 75,040.99 | 78,011.23 | |
| D | 23.12 | 25.64 | 27.76 | 29.11 | 30.44 | 31.73 | 32.45 | 33.11 | 34.39 | |
| | 924.94 | 1,025.71 | 1,110.58 | 1,164.43 | 1,217.47 | 1,269.29 | 1,297.85 | 1,324.37 | 1,375.78 | |
| | 48,096.67 | 53,337.02 | 57,749.95 | 60,550.46 | 63,308.54 | 66,002.98 | 67,488.10 | 68,867.14 | 71,540.35 | |
| C | 21.22 | 23.57 | 25.50 | 26.71 | 27.86 | 29.12 | 29.70 | 30.31 | 31.53 | |
| | 848.64 | 942.89 | 1,020.00 | 1,068.55 | 1,114.25 | 1,164.84 | 1,188.10 | 1,212.58 | 1,261.13 | |
| | 44,129.28 | 49,030.18 | 53,040.00 | 55,564.70 | 57,940.90 | 60,571.68 | 61,780.99 | 63,053.95 | 65,578.66 | |
| B | 19.42 | 21.57 | 23.35 | 24.45 | 25.57 | 26.71 | 27.25 | 27.81 | 28.90 | |
| | 776.83 | 862.92 | 933.91 | 977.98 | 1,022.86 | 1,068.55 | 1,090.18 | 1,112.21 | 1,155.86 | |
| | 40,395.26 | 44,871.84 | 48,563.42 | 50,854.75 | 53,188.51 | 55,564.70 | 56,689.15 | 57,834.82 | 60,104.93 | |
| A | 17.80 | 19.79 | 21.40 | 22.40 | 23.45 | 24.51 | 25.01 | 25.51 | 26.55 | |
| | 711.96 | 791.52 | 855.98 | 895.97 | 937.99 | 980.42 | 1,000.42 | 1,020.41 | 1,062.02 | |
| | 37,021.92 | 41,159.04 | 44,511.17 | 46,590.34 | 48,775.58 | 50,982.05 | 52,021.63 | 53,061.22 | 55,225.25 | |

UPSEU LOCAL 424 SALARY MATRIX 7/1/19

Effective and retroactive to 7/1/19, there shall be a 2.0% increase from the 7/1/18 wages.

| Grade | Hourly Weekly Annual | | | | | | | | | Hired Before 7/1/2003 |
|-------|----------------------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------------------|
| | Step Probationary | Step A | Step B | Step C | Step D | Step E | Step F | Step G | Step H | |
| J | | | \$47.67 | \$49.98 | \$52.26 | \$54.48 | \$55.62 | \$56.75 | \$59.00 | |
| | | | \$1,906.85 | \$1,999.23 | \$2,090.37 | \$2,179.01 | \$2,224.79 | \$2,270.15 | \$2,360.04 | |
| I | | | \$99,155.95 | \$103,960.10 | \$108,699.33 | \$113,308.72 | \$115,689.15 | \$118,047.95 | \$122,722.25 | |
| | | | 43.77 | 45.82 | 47.88 | 49.98 | 51.00 | 52.00 | 54.16 | |
| H | | | 1,750.79 | 1,832.77 | 1,915.17 | 1,999.23 | 2,040.02 | 2,079.97 | 2,166.53 | |
| | | | 91,040.83 | 95,303.97 | 99,588.75 | 103,960.10 | 106,080.85 | 108,158.32 | 112,659.51 | |
| G | 31.89 | 37.08 | 40.11 | 42.00 | 43.93 | 45.82 | 46.78 | 47.74 | 49.64 | |
| | 1,275.53 | 1,483.19 | 1,604.30 | 1,680.04 | 1,757.03 | 1,832.77 | 1,871.06 | 1,909.76 | 1,985.50 | |
| F | 66,327.58 | 77,126.10 | 83,423.43 | 87,361.97 | 91,365.43 | 95,303.97 | 97,294.88 | 99,307.43 | 103,245.97 | |
| | 30.60 | 33.96 | 36.75 | 38.47 | 40.28 | 42.02 | 42.91 | 43.80 | 45.56 | |
| E | 1,223.93 | 1,358.35 | 1,469.88 | 1,538.96 | 1,611.37 | 1,680.87 | 1,716.24 | 1,752.03 | 1,822.36 | |
| | 63,644.18 | 70,634.00 | 76,433.61 | 80,025.90 | 83,791.32 | 87,405.25 | 89,244.68 | 91,105.75 | 94,762.96 | |
| D | 28.06 | 31.12 | 33.72 | 35.36 | 36.89 | 38.52 | 39.34 | 40.13 | 41.75 | |
| | 1,122.38 | 1,244.73 | 1,348.77 | 1,414.53 | 1,475.70 | 1,540.62 | 1,573.50 | 1,605.13 | 1,670.05 | |
| C | 58,363.94 | 64,726.20 | 70,136.28 | 73,555.45 | 76,736.57 | 80,112.46 | 81,822.05 | 83,466.71 | 86,842.60 | |
| | 25.73 | 28.56 | 30.90 | 32.35 | 33.87 | 35.36 | 36.07 | 36.80 | 38.26 | |
| B | 1,029.16 | 1,142.36 | 1,236.00 | 1,293.84 | 1,354.60 | 1,414.53 | 1,442.83 | 1,471.96 | 1,530.22 | |
| | 53,516.51 | 59,402.68 | 64,271.75 | 67,279.75 | 70,439.24 | 73,555.45 | 75,026.99 | 76,541.81 | 79,571.46 | |
| A | 23.59 | 26.16 | 28.32 | 29.69 | 31.05 | 32.37 | 33.10 | 33.77 | 35.08 | |
| | 943.43 | 1,046.23 | 1,132.79 | 1,187.72 | 1,241.82 | 1,294.67 | 1,323.80 | 1,350.86 | 1,403.29 | |
| A | 49,058.61 | 54,403.76 | 58,904.95 | 61,761.47 | 64,574.71 | 67,323.04 | 68,837.86 | 70,244.48 | 72,971.16 | |
| | 21.64 | 24.04 | 26.01 | 27.25 | 28.41 | 29.70 | 30.30 | 30.92 | 32.16 | |
| A | 865.61 | 961.75 | 1,040.40 | 1,089.92 | 1,136.53 | 1,188.14 | 1,211.86 | 1,236.83 | 1,286.35 | |
| | 45,011.87 | 50,010.78 | 54,100.80 | 56,676.00 | 59,099.71 | 61,783.11 | 63,016.61 | 64,315.03 | 66,890.23 | |
| A | 19.81 | 22.00 | 23.81 | 24.94 | 26.08 | 27.25 | 27.80 | 28.36 | 29.47 | |
| | 792.37 | 880.18 | 952.59 | 997.54 | 1,043.31 | 1,089.92 | 1,111.98 | 1,134.45 | 1,178.98 | |
| A | 41,203.17 | 45,769.28 | 49,534.69 | 51,871.85 | 54,252.28 | 56,676.00 | 57,822.94 | 58,991.51 | 61,307.03 | |
| | 18.15 | 20.18 | 21.83 | 22.85 | 23.92 | 25.00 | 25.51 | 26.02 | 27.08 | |
| A | 726.20 | 807.35 | 873.10 | 913.89 | 956.75 | 1,000.03 | 1,020.42 | 1,040.82 | 1,083.26 | |
| | 37,762.36 | 41,982.22 | 45,401.39 | 47,522.14 | 49,751.10 | 52,001.69 | 53,062.06 | 54,122.44 | 56,329.75 | |

UPSEU LOCAL 424 SALARY MATRIX 7/1/20

Effective 7/1/20, there shall be a 2.0% increase from the 7/1/19 wages.

| Grade | Hourly Weekly Annual | | | | | | | | | Hired Before 7/1/2003 |
|-------|----------------------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------------------|
| | Step Probationary | Step A | Step B | Step C | Step D | Step E | Step F | Step G | Step H | |
| J | | | \$48.62 | \$50.98 | \$53.30 | \$55.56 | \$56.73 | \$57.89 | \$60.18 | |
| | | | \$1,944.98 | \$2,039.22 | \$2,132.18 | \$2,222.59 | \$2,269.29 | \$2,315.56 | \$2,407.24 | |
| | | | \$101,139.07 | \$106,039.30 | \$110,873.31 | \$115,574.89 | \$118,002.93 | \$120,408.90 | \$125,176.70 | |
| I | | | 44.65 | 46.74 | 48.84 | 50.98 | 52.02 | 53.04 | 55.25 | |
| | | | 1,785.80 | 1,869.42 | 1,953.47 | 2,039.22 | 2,080.82 | 2,121.57 | 2,209.86 | |
| | | | 92,861.64 | 97,210.05 | 101,580.53 | 106,039.30 | 108,202.47 | 110,321.49 | 114,912.70 | |
| H | 32.53 | 37.82 | 40.91 | 42.84 | 44.80 | 46.74 | 47.71 | 48.70 | 50.63 | |
| | 1,301.04 | 1,512.86 | 1,636.38 | 1,713.64 | 1,792.17 | 1,869.42 | 1,908.48 | 1,947.95 | 2,025.21 | |
| | 67,654.13 | 78,668.62 | 85,091.90 | 89,109.21 | 93,192.74 | 97,210.05 | 99,240.78 | 101,293.58 | 105,310.89 | |
| G | 31.21 | 34.64 | 37.48 | 39.24 | 41.09 | 42.86 | 43.76 | 44.68 | 46.47 | |
| | 1,248.41 | 1,385.51 | 1,499.27 | 1,569.74 | 1,643.60 | 1,714.49 | 1,750.57 | 1,787.07 | 1,858.81 | |
| | 64,917.06 | 72,046.68 | 77,962.28 | 81,626.42 | 85,467.15 | 89,153.36 | 91,029.57 | 92,927.86 | 96,658.22 | |
| F | 28.62 | 31.74 | 34.39 | 36.07 | 37.63 | 39.29 | 40.12 | 40.93 | 42.59 | |
| | 1,144.83 | 1,269.63 | 1,375.75 | 1,442.82 | 1,505.22 | 1,571.44 | 1,604.97 | 1,637.23 | 1,703.45 | |
| | 59,531.22 | 66,020.72 | 71,539.00 | 75,026.56 | 78,271.31 | 81,714.71 | 83,458.49 | 85,136.05 | 88,579.46 | |
| E | 26.24 | 29.13 | 31.52 | 32.99 | 34.54 | 36.07 | 36.79 | 37.53 | 39.02 | |
| | 1,049.75 | 1,165.21 | 1,260.72 | 1,319.72 | 1,381.69 | 1,442.82 | 1,471.68 | 1,501.40 | 1,560.82 | |
| | 54,586.84 | 60,590.73 | 65,557.19 | 68,625.35 | 71,848.03 | 75,026.56 | 76,527.53 | 78,072.65 | 81,162.89 | |
| D | 24.06 | 26.68 | 28.89 | 30.29 | 31.67 | 33.01 | 33.76 | 34.45 | 35.78 | |
| | 962.30 | 1,067.15 | 1,155.44 | 1,211.48 | 1,266.66 | 1,320.57 | 1,350.28 | 1,377.87 | 1,431.36 | |
| | 50,039.78 | 55,491.84 | 60,083.05 | 62,996.70 | 65,866.21 | 68,669.50 | 70,214.62 | 71,649.37 | 74,430.58 | |
| C | 22.07 | 24.52 | 26.53 | 27.79 | 28.98 | 30.30 | 30.90 | 31.54 | 32.80 | |
| | 882.93 | 980.98 | 1,061.21 | 1,111.72 | 1,159.26 | 1,211.90 | 1,236.10 | 1,261.56 | 1,312.08 | |
| | 45,912.10 | 51,011.00 | 55,182.82 | 57,809.52 | 60,281.71 | 63,018.78 | 64,276.94 | 65,601.33 | 68,228.03 | |
| B | 20.21 | 22.44 | 24.29 | 25.44 | 26.60 | 27.79 | 28.36 | 28.93 | 30.06 | |
| | 808.22 | 897.78 | 971.64 | 1,017.49 | 1,064.18 | 1,111.72 | 1,134.22 | 1,157.14 | 1,202.56 | |
| | 42,027.23 | 46,684.66 | 50,525.39 | 52,909.28 | 55,337.33 | 57,809.52 | 58,979.39 | 60,171.34 | 62,533.17 | |
| A | 18.52 | 20.59 | 22.26 | 23.30 | 24.40 | 25.50 | 26.02 | 26.54 | 27.62 | |
| | 740.72 | 823.50 | 890.57 | 932.17 | 975.89 | 1,020.03 | 1,040.83 | 1,061.63 | 1,104.93 | |
| | 38,517.61 | 42,821.87 | 46,309.42 | 48,472.59 | 50,746.12 | 53,041.72 | 54,123.31 | 55,204.89 | 57,456.35 | |

APPENDIX B SALARY RANGE CHART

| TITLE | RANGE |
|--|-------|
| Assessor | J |
| Assistant Director of Water Operations | J |
| Manager of Information Technology Services | J |
| City Engineer | J |
| Deputy City Attorney | J |
| Superintendent of Operations – Water/Wastewater | J |
| | |
| Director of Accounting | I |
| Associate City Attorney II | I |
| Associate City Engineer | I |
| Purchasing Officer | I |
| Superintendent Traffic Operators/Vehicle Repair | I |
| Tax Collector | I |
| Associate Director of Health | I |
| Water Pollution Control Facility Manager | I |
| Risk Manager | I |
| Technology Specialist | I |
| | |
| Assistant Director of Parks & Rec | H |
| Environmental Health Administrator | H |
| Assistant Planning Director | H |
| Director of Public Health Nurses | H |
| Director of Senior Affairs | H |
| Geographic Information System Specialist | H |
| Librarian IV | H |
| Police Business Manager | H |
| Staff Attorney | H |
| Superintendent/Manager Golf | H |
| Youth Services Manager | H |
| Associate Planner | H |
| Assistant Manager – Water Pollution Control Facility | H |
| Building Official | H |
| | |
| Assistant City Engineer | G |
| Supervisor Water Treatment | G |
| Librarian III | G |

| | |
|--|---|
| Highway Foreman | G |
| Highway, Sanitation & Landfill Supervisor | G |
| Water Distribution Supervisor | G |
| Chemist Water Pollution Control Facility | G |
| Program Supervisor Woman, Infants and Children | G |
| Park Superintendent | G |
| Housing/Neighborhood Preservation Manager | G |
| Supervisor Water Pollution Control Facility Maintenance | G |
| Supervisor of Water Services | G |
| Accountant II | G |
| Technology Support Specialist | G |
| Superintendent of Building Maintenance Operators | G |
| | |
| Custodial Supervisor | F |
| Librarian II | F |
| Deputy Assessor | F |
| Garage Supervisor | F |
| Parks Supervisor | F |
| Accountant | F |
| | |
| Data Processing Programmer | E |
| Golf Course Foreman | E |
| Electronic Technician - Water Pollution Control Facility | E |
| Librarian I | E |
| | |
| Recreation Program Coordinator | D |
| | |
| Delinquent Revenue Collector | C |
| Computer Systems Operator | C |
| | |
| Airport Manager | B |
| | |
| Manager/Security Attendant/Parking | A |
| Police Records Supervisor | A |

SUMMARY OF BENEFITS



Cigna Health and Life Insurance Co.
 For - Meriden City and Board of Education
 Open Access Plus Plan-- Effective 07/01/2012 Branch-103, 119, 138, 142, 165, 104, 152, 203, 908, C103, C119, C138, C142, C165

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

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

| Plan Highlights | In-Network | Out-of-Network |
|---|--|--|
| Lifetime Maximum | Unlimited | Unlimited |
| Coinsurance | Your plan pays 100% | Your plan pays 80% |
| Maximum Reimbursable Charge | Not Applicable | 200% |
| Calendar Year Deductible | Individual: None Family: None | Individual: \$250 Family: \$500 |
| <ul style="list-style-type: none"> • Only the amount you pay for in-network covered expenses counts toward your in-network deductible. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network deductibles. • After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan. | | |
| Note: Services where plan deductible applies are noted with a caret (^) | | |
| Calendar Year Out-of-Pocket Maximum | Individual: \$3,300 Family: \$6,600 | Individual: \$1,250 Family: \$2,500 |
| <ul style="list-style-type: none"> • Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums. • Plan deductible contributes towards your out-of-pocket maximum. • All copays and benefit deductibles contribute towards your out-of-pocket maximum. • Mental Health and Substance Abuse covered expenses contribute towards your out-of-pocket maximum. • After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. | | |

7/1/2015
 ASO / EHB State: UT
 Open Access Plus - Copay - Meriden City and Board of Education OAP Copay Plan OAP4/OAP4N - 3968644. Version# 5

| Benefit | In-Network | Out-of-Network |
|---|---|----------------------|
| Note: Services where plan deductible applies are noted with a caret (^) | | |
| Physician Services | | |
| Physician Office Visit <ul style="list-style-type: none"> All services including Lab & X-ray Plan pays 100% after you pay copay | \$25 Primary Care Physician (PCP) copay or \$25 Specialist copay | Your plan pays 80% ^ |
| Surgery Performed in Physician's Office | Your plan pays 100% | Your plan pays 80% ^ |
| Allergy Treatment/Injections | Your plan pays 100% | Your plan pays 80% ^ |
| Allergy Serum Dispensed by the physician in the office | Your plan pays 100% | Your plan pays 80% ^ |
| Preventive Care | | |
| Preventive Care <ul style="list-style-type: none"> Includes well-baby, well-child, well-woman, and adult preventive care. Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit. Includes coverage for preventive Breast Ultrasound | Your plan pays 100% | Your plan pays 80% ^ |
| Immunizations <ul style="list-style-type: none"> Includes travel immunizations | Your plan pays 100% | Your plan pays 80% ^ |
| Mammogram, PAP, and PSA Tests <ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service. | Your plan pays 100% | Your plan pays 80% ^ |
| Inpatient | | |
| Inpatient Hospital Facility | \$200 per admission copay, then your plan pays 100% | Your plan pays 80% ^ |
| Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)): In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate | | |
| Inpatient Hospital Physician's Visit/Consultation | Your plan pays 100% | Your plan pays 80% ^ |
| Inpatient Professional Services <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists | Your plan pays 100% | Your plan pays 80% ^ |
| Outpatient | | |
| Outpatient Facility Services <ul style="list-style-type: none"> Non-surgical treatment procedures are not subject to the facility per visit copay/benefit deductible | \$200 per facility visit copay, then your plan pays 100% | Your plan pays 80% ^ |

7/1/2015

ASO / EHB State: UT

Open Access Plus - Copay - Meriden City and Board of Education OAP Copay Plan OAP4/OAP4N - 3968644. Version# 5

| Benefit | In-Network | Out-of-Network |
|--|--|----------------------|
| Note: Services where plan deductible applies are noted with a caret (^) | | |
| Outpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists | Your plan pays 100% | Your plan pays 80% ^ |
| Short-Term Rehabilitation | Day 1 through 50: \$25 PCP or \$25 Specialist copay Day 51 and over: Your plan pays 80% | Your plan pays 80% ^ |
| Calendar Year Maximums: • Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – Unlimited days • All Speech Therapy is covered regardless of condition or diagnosis • Physical Therapy covered for lack of coordination | | |
| Note: Therapy days, provided as part of an approved Home Health Care plan, does not accumulate to the applicable outpatient short term rehab therapy maximum. | | |
| Cardiac and Pulmonary Rehabilitation • Unlimited days maximum per Calendar Year | Your plan pays 100% | Your plan pays 80% ^ |
| Other Health Care Facilities/Services | | |
| Home Health Care (includes outpatient private duty nursing subject to medical necessity) • Unlimited days maximum per Calendar Year • 16 hour maximum per day | Your plan pays 100% | Your plan pays 80% ^ |
| Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility • 180 days maximum per Calendar Year • \$200 per admission copay | Your plan pays 100% | Your plan pays 80% ^ |
| Durable Medical Equipment • Unlimited maximum per Calendar Year • Includes coverage for Orthotics when medically necessary | Your plan pays 100% | Your plan pays 80% ^ |
| Breast Feeding Equipment and Supplies • Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. • Includes related supplies | Your plan pays 100% | Your plan pays 80% ^ |
| External Prosthetic Appliances (EPA) • Unlimited maximum per Calendar Year | Your plan pays 100% | Your plan pays 80% ^ |
| Early Intervention Services • For children to age 3 | Your plan pays 100% | Your plan pays 80% ^ |

7/1/2015

ASO / EHB State: UT

Open Access Plus - Copay - Meriden City and Board of Education OAP Copay Plan OAP4/OAP4N - 3968644. Version# 5

| Benefit | In-Network | Out-of-Network |
|---|--|----------------------|
| Note: Services where plan deductible applies are noted with a caret (^) | | |
| Dietary Supplements & Nutritional Formulas <ul style="list-style-type: none"> For children age 12 and under Includes coverage for infant formula needed for treatment of inborn errors of metabolism, including the treatment of cystic fibrosis. Includes coverage for nutritional formulas used to treat malabsorption disorders, such as Crohn's disease and gastroesophageal reflux. Includes coverage for specialized formulas for infants and children through the age of 12 with food allergies or protein intolerance. | Your plan pays 100% | Your plan pays 80% ^ |
| Hearing Aid <ul style="list-style-type: none"> \$1,000 maximum per 24 months Includes one exam testing and fitting of hearing aid devices covered at PCP or Specialist Office visit level Coverage through age 12 | Your plan pays 100% | Your plan pays 80% ^ |
| Oral Surgery - Removal of Bony Impacted Teeth | Inpatient Facility: \$200 per admission copay, then Plan pays 100% coinsurance Outpatient Facility: \$200 per facility visit copay, then Plan pays 100% coinsurance Physician's Office: \$25 PCP or \$25 Specialist copay, then Plan pays 100% | Your plan pays 80% ^ |
| Wigs <ul style="list-style-type: none"> \$350 maximum per Calendar Year | Your plan pays 100% | Your plan pays 100% |
| Other Covered items <ul style="list-style-type: none"> Elastic Stockings | Your plan pays 100% | Your plan pays 80% ^ |
| Routine Foot Disorders | Not covered | Not covered |
| Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary. | | |

Place of Service - your plan pays based on where you receive services

Note: Services where plan deductible applies are noted with a caret (^)

| Benefit | Physician's Office | | Independent Lab | | Emergency Room/ Urgent Care Facility | | Outpatient Facility | |
|---|---|----------------------------|--|----------------------------|---|----------------------------|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Lab and X-ray | Plan pays 100% | Plan pays 80% [^] | Plan pays 100% | Plan pays 80% [^] | Plan pays 100% | | Plan pays 100% | Plan pays 80% [^] |
| Advanced Radiology Imaging | Plan pays 100% | Plan pays 80% [^] | Not Applicable | Not Applicable | Plan pays 100% | | Plan pays 100% | Plan pays 80% [^] |
| Advanced Radiology Imaging (ARI) includes MRI, MRA, CAT Scan, PET Scan, etc... | | | | | | | | |
| Note: All lab and x-ray services, including ARI, provided at Inpatient Hospital are covered under Inpatient Hospital benefit | | | | | | | | |
| Benefit | Emergency Room / Urgent Care Facility | | Outpatient Professional Services | | *Ambulance | | | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Emergency Care | \$50 per visit (copay waived if admitted) | | Plan pays 100% | | Plan pays 100% | | | |
| Urgent Care | \$25 per visit (copay waived if admitted) | | Plan pays 100% | | Plan pays 100% | | | |
| * Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered. | | | | | | | | |
| Benefit | Inpatient Hospital and Other Health Care Facilities | | | | Outpatient Services | | | |
| | In-Network | | Out-of-Network | | In-Network | | Out-of-Network | |
| Hospice | Plan pays 100% | | Plan pays 80% [^] | | Plan pays 100% | | Plan pays 80% [^] | |
| Bereavement Counseling | Plan pays 100% | | Plan pays 80% [^] | | Plan pays 100% | | Plan pays 80% [^] | |
| Note: Services provided as part of Hospice Care Program | | | | | | | | |
| Note: Services where plan deductible applies are noted with a caret (^) | | | | | | | | |
| Benefit | Initial Visit to Confirm Pregnancy | | Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges) | | Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist) | | Delivery - Facility (Inpatient Hospital, Birthing Center) | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Maternity | \$25 PCP or \$25 Specialist copay | Plan pays 80% [^] | Plan pays 100% | Plan pays 80% [^] | \$25 PCP or \$25 Specialist copay | Plan pays 80% [^] | Covered same as plan's Inpatient Hospital benefit | Covered same as plan's Inpatient Hospital benefit |
| Note: Services where plan deductible applies are noted with a caret (^) | | | | | | | | |

| Benefit | Physician's Office | | Inpatient Facility | | Outpatient Facility | | Inpatient Professional Services | | Outpatient Professional Services | |
|--|--|-----------------|--|-----------------|---|-----------------|---------------------------------|-----------------|----------------------------------|-----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Abortion (Elective and non-elective procedures) | \$25 PCP or \$25 Specialist copay | Plan pays 80% ^ | \$200 per admission copay, then plan pays 100% | Plan pays 80% ^ | \$200 per facility visit copay, then plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ |
| Family Planning - Men's Services | \$25 PCP or \$25 Specialist copay | Plan pays 80% ^ | \$200 per admission copay, then plan pays 100% | Plan pays 80% ^ | \$200 per facility visit copay, then plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ |
| Includes surgical services, such as vasectomy (excludes reversals) | | | | | | | | | | |
| Family Planning - Women's Services | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ |
| Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician. | | | | | | | | | | |
| Infertility | \$25 PCP or \$25 Specialist copay | Plan pays 80% ^ | \$200 per admission copay, then plan pays 100% | Plan pays 80% ^ | \$200 per facility visit copay, then plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ |
| Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. Unlimited lifetime maximum | | | | | | | | | | |
| TMJ, Surgical and Non-Surgical | \$25 PCP or \$25 Specialist copay, then plan pays 100% | Plan pays 80% ^ | \$200 per admission copay, then plan pays 100% | Plan pays 80% ^ | \$200 per facility visit copay, then plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ |
| Services provided on a case-by-case basis. Includes appliances & excludes orthodontic treatment. Subject to medical necessity. Non-Surgical: Unlimited maximum per lifetime | | | | | | | | | | |
| Bariatric Surgery | \$25 PCP or \$25 Specialist copay | Plan pays 80% ^ | \$200 per admission copay, then plan pays 100% | Plan pays 80% ^ | \$200 per facility visit copay, then plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ |

7/1/2015

ASO / EHB State: UT

Open Access Plus - Copay - Meriden City and Board of Education OAP Copay Plan OAP4/OAP4N - 3968644. Version# 5

| Benefit | Physician's Office | | Inpatient Facility | | Outpatient Facility | | Inpatient Professional Services | | Outpatient Professional Services | |
|---|--|--|---------------------------------|---------------------------------|------------------------------------|-----------------|---------------------------------|----------------|----------------------------------|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Surgeon Charges Lifetime Maximum: Unlimited | | | | | | | | | | |
| Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered. | | | | | | | | | | |
| The following are excluded: | | | | | | | | | | |
| <ul style="list-style-type: none"> • medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity. • weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision | | | | | | | | | | |
| Note: Services where plan deductible applies are noted with a caret (^) | | | | | | | | | | |
| Benefit | Inpatient Hospital Facility | | | Inpatient Professional Services | | | | | | |
| | Lifesource Facility In-Network | Non-Lifesource Facility In-Network | Out-of-Network | Lifesource Facility In-Network | Non-Lifesource Facility In-Network | Out-of-Network | | | | |
| Organ Transplants | \$200 per admission copay, then plan pays 100% | \$200 per admission copay, then plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 100% | Plan pays 80% ^ | | | | |
| Travel Lifetime Maximum - Lifesource Facility: In-Network: \$10,000 maximum per Transplant per Lifetime | | | | | | | | | | |
| Note: Services where plan deductible applies are noted with a caret (^) | | | | | | | | | | |
| Benefit | Inpatient | | Outpatient - Physician's Office | | Outpatient Facility | | | | | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | | | | |
| Mental Health | \$200 per admission copay, then plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | | | | |
| Substance Abuse | \$200 per admission copay, then plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | | | | |
| Note: Services where plan deductible applies are noted with a caret (^) | | | | | | | | | | |
| Note: Detox is covered under medical | | | | | | | | | | |
| <ul style="list-style-type: none"> • Unlimited maximum per Calendar Year • Services are paid at 100% after you reach your out-of-pocket maximum. • Inpatient includes Residential Treatment. • Outpatient includes partial hospitalization and individual, intensive outpatient and group therapy. | | | | | | | | | | |

7/1/2015
ASO / EHB State: UT
Open Access Plus - Copay - Meriden City and Board of Education OAP Copay Plan OAP4/OAP4N - 3968644. Version# 5

Mental Health and Substance Abuse Services

Mental Health/Substance Abuse Utilization Review, Case Management and Programs

Cigna Behavioral Advantage - Inpatient and Outpatient Management

- Inpatient utilization review and case management
- Outpatient utilization review and case management
- Partial Hospitalization
- Intensive outpatient programs
- Changing Lives by Integrating Mind and Body Program
- Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management.
- Narcotic Therapy Management
- Complex Psychiatric Case Management

| Pharmacy | In-Network | Out-of-Network |
|--|---|----------------|
| Express Scripts Pharmacy three tier copay plan | Retail - 30 day supply Generic: You pay \$5 Preferred Brand: You pay \$25 Non-Preferred Brand: You pay \$40 Home delivery - 90 day supply Generic: You pay \$5 Preferred Brand: You pay \$25 Non-Preferred Brand: You pay \$40 | Not covered |

Additional Information

Case Management

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

Maximum Reimbursable Charge

Out-of-Network services are subject to a Calendar Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (200%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.

Multiple Surgical Reduction

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

7/1/2015

ASO / EHB State: UT

Open Access Plus - Copay - Meriden City and Board of Education OAP Copay Plan OAP4/OAP4N - 3968644. Version# 5

Additional Information

Pre-Certification - Continued Stay Review - PHS Inpatient - required for all inpatient admissions

In Network: Coordinated by your physician

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

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

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

Your Health First - 200

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

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

Holistic health support for the following chronic health conditions:

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

Definitions

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

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

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

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

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

7/1/2015

ASO / EHB State: UT

Open Access Plus - Copay - Meriden City and Board of Education OAP Copay Plan OAP4/OAP4N - 3968644. Version# 5

Exclusions

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

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services do not include routine patient care costs related to qualified clinical trials as described in your plan document. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Healthplan Medical Director to be: not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or the subject of review or approval by an Institutional Review Board for the proposed use.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- Any medications, drugs, services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasm, and premature ejaculation.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.

7/1/2015

ASO / EHB State: UT

Open Access Plus - Copay - Meriden City and Board of Education OAP Copay Plan OAP4/OAP4N - 3968644. Version# 5

Exclusions

- Nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays, autism or mental retardation.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, garter belts, corsets, and dentures.
- Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism, except as shown in Covered Expenses.
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- Medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Telephone, e-mail, and Internet consultations, and telemedicine.

7/1/2015

ASO / EHB State: UT

Open Access Plus - Copay - Meriden City and Board of Education OAP Copay Plan OAP4/OAP4N - 3968644. Version# 5

Exclusions

- Massage therapy.

These are only the highlights

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

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7/1/2015

ASO / EHB State: UT

Open Access Plus - Copay - Meriden City and Board of Education OAP Copay Plan OAP4/OAP4N - 3968644. Version# 5

SUMMARY OF BENEFITS



Cigna Health and Life Insurance Co.

For - Meriden City and Board of Education

High Deductible Health Plan Open Access Plus Coinsurance Plan As of 7/1 for 100, 102, 103, 119, 138, 142, 165, 168, 169, 104, 152, 200, 201, 203, 250, 101Rn, 908, 108CB, 111CB, 107CB, 120CB, 145CB, 148CB

As of 9/1 for 105, 110, C106

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

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

| Plan Highlights | In-Network | Out-of-Network |
|--|--|--|
| Employee Contribution to H.S.A fund (Not Cigna Administered) | Employee -\$975 | Family -\$1,950 |
| Lifetime Maximum | Unlimited | Unlimited |
| Coinsurance | Your plan pays 100% | Your plan pays 80% |
| Maximum Reimbursable Charge | Not Applicable | 200% |
| Contract Year Deductible | Individual: \$2,000 Family: \$4,000 | Individual: \$2,000 Family: \$4,000 |
| <ul style="list-style-type: none"> • The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles. • All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan. • This plan includes a combined Medical/Pharmacy plan deductible. • Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy deductible. | | |
| <p>Note: Services where plan deductible applies are noted with a caret (^)</p> | | |

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP2I, HDP2F, HD2NI, HD2NF - 3968660. Version# 5

| Plan Highlights | In-Network | Out-of-Network |
|--|--|--|
| Contract Year Out-of-Pocket Maximum | Individual: \$4,000 Family: \$8,000 | Individual: \$4,000 Family: \$8,000 |
| <ul style="list-style-type: none"> The amount you pay for all covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums. Plan deductible contributes towards your out-of-pocket maximum. All copays and benefit deductibles contribute towards your out-of-pocket maximum. Mental Health and Substance Abuse covered expenses contribute towards your out-of-pocket maximum. All eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100% This plan includes a combined Medical/Pharmacy out-of-pocket maximum. Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket. | | |
| Benefit | In-Network | Out-of-Network |
| Note: Services where plan deductible applies are noted with a caret (^) | | |
| Physician Services | | |
| Physician Office Visit | Your plan pays 100% ^ | Your plan pays 80% ^ |
| <ul style="list-style-type: none"> All services including Lab & X-ray | | |
| Surgery Performed in Physician's Office | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Allergy Treatment/Injections | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Allergy Serum Dispensed by the physician in the office | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Preventive Care | | |
| Preventive Care | Your plan pays 100% | Your plan pays 80% ^ |
| <ul style="list-style-type: none"> Includes well-baby, well-child, well-woman, and adult preventive care Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit. Includes coverage for preventive Breast Ultrasounds. | | |
| Immunizations | Your plan pays 100% | Your plan pays 80% ^ |
| Mammogram, PAP, and PSA Tests | Your plan pays 100% | Your plan pays 80% ^ |
| <ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service. | | |
| Inpatient | | |
| Inpatient Hospital Facility | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)): In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate | | |
| Inpatient Hospital Physician's Visit/Consultation | Your plan pays 100% ^ | Your plan pays 80% ^ |

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP2I, HDP2F, HD2NI, HD2NF - 3968660. Version# 5

| Benefit | In-Network | Out-of-Network |
|--|---|----------------------|
| Note: Services where plan deductible applies are noted with a caret (^) | | |
| Inpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Outpatient | | |
| Outpatient Facility Services | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Outpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Short-Term Rehabilitation | Day 1 through 50: Your plan pays 100% ^ Days 51 and over: Your Plan pays 80% | Your plan pays 80% ^ |
| Contract Year Maximums: • Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – Unlimited days • All Speech Therapy is covered regardless of condition or diagnosis • Physical Therapy covered for lack of coordination | | |
| Note: Therapy days, provided as part of an approved Home Health Care plan, does not accumulate to the applicable outpatient short term rehab therapy maximum. | | |
| Cardiac and Pulmonary Rehabilitation • Unlimited days maximum per Contract Year | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Other Health Care Facilities/Services | | |
| Home Health Care (includes outpatient private duty nursing subject to medical necessity) • 200 days maximum per Contract Year • 16 hour maximum per day | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility • 220 days maximum per Contract Year | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Durable Medical Equipment • Unlimited maximum per Contract Year • Includes coverage for Orthotics when medically necessary | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Breast Feeding Equipment and Supplies • Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. • Includes related supplies | Your plan pays 100% | Your plan pays 80% ^ |

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP2I, HDP2F, HD2NI, HD2NF - 3968660. Version# 5

| Benefit | In-Network | Out-of-Network |
|--|-----------------------|----------------------|
| Note: Services where plan deductible applies are noted with a caret (^) | | |
| External Prosthetic Appliances (EPA) • Unlimited maximum per Contract Year | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Early Intervention Services • For children to age 3 | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Dietary Supplements & Nutritional Formulas • For children age 12 and under • Includes coverage for infant formula needed for the treatment of inborn errors of metabolism, including the treatment of cystic fibrosis. • Includes coverage for nutritional formulas used to treat malabsorption disorders, such as Crohn's disease and gastroesophageal reflux. • Includes coverage for specialized formulas for infants and children through the age of 12 with food allergies or protein intolerance. | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Hearing Aid • \$1,000 maximum per 24 months • Includes one exam testing and fitting of hearing aid devices covered at PCP or Specialist Office visit level • Coverage through age 12 | Your plan pays 100% | Your plan pays 80% ^ |
| Oral Surgery - Removal of Bony Impacted Teeth | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Wigs • \$350 maximum per Contract Year | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Other Covered services • Elastic Stockings | Your plan pays 100% ^ | Your plan pays 80% ^ |
| Routine Foot Disorders | Not covered | Not covered |

Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.

Place of Service - your plan pays based on where you receive services

Note: Services where plan deductible applies are noted with a caret (^)

| Benefit | Physician's Office | | Independent Lab | | Emergency Room/ Urgent Care Facility | | Outpatient Facility | |
|-----------------------------------|--------------------|-----------------|------------------|-----------------|--------------------------------------|----------------|---------------------|-----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Lab and X-ray | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | | Plan pays 100% ^ | Plan pays 80% ^ |
| Advanced Radiology Imaging | Plan pays 100% ^ | Plan pays 80% ^ | Not Applicable | Not Applicable | Plan pays 100% ^ | | Plan pays 100% ^ | Plan pays 80% ^ |

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP2I, HDP2F, HD2NI, HD2NF - 3968660. Version# 5

Place of Service - your plan pays based on where you receive services

Note: Services where plan deductible applies are noted with a caret (^)

| Benefit | Physician's Office | | Independent Lab | | Emergency Room/ Urgent Care Facility | | Outpatient Facility | |
|---------|--------------------|----------------|-----------------|----------------|--------------------------------------|----------------|---------------------|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |

Advanced Radiology Imaging (ARI) includes MRI, MRA, CAT Scan, PET Scan, etc...
 Note: All lab and x-ray services, including ARI, provided at Inpatient Hospital are covered under Inpatient Hospital benefit

| Benefit | Emergency Room / Urgent Care Facility | | Outpatient Professional Services | | *Ambulance | |
|----------------|---------------------------------------|----------------|----------------------------------|----------------|------------------|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Emergency Care | Plan pays 100% ^ | | Plan pays 100% ^ | | Plan pays 100% ^ | |
| Urgent Care | Plan pays 100% ^ | | Plan pays 100% ^ | | Plan pays 100% ^ | |

* Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.

| Benefit | Inpatient Hospital and Other Health Care Facilities | | Outpatient Services | |
|------------------------|---|-----------------|---------------------|-----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Hospice | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ |
| Bereavement Counseling | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ |

Note: Services provided as part of Hospice Care Program

Note: Services where plan deductible applies are noted with a caret (^)

| Benefit | Initial Visit to Confirm Pregnancy | | Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges) | | Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist) | | Delivery - Facility (Inpatient Hospital, Birthing Center) | |
|-----------|------------------------------------|-----------------|--|-----------------|---|-----------------|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Maternity | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Covered same as plan's Inpatient Hospital benefit | Covered same as plan's Inpatient Hospital benefit |

Note: Services where plan deductible applies are noted with a caret (^)

| Benefit | Physician's Office | | Inpatient Facility | | Outpatient Facility | | Inpatient Professional Services | | Outpatient Professional Services | |
|---|--------------------|-----------------|--------------------|-----------------|---------------------|-----------------|---------------------------------|-----------------|----------------------------------|-----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Abortion (Elective and non-elective procedures) | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ |

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP2I, HDP2F, HD2NI, HD2NF - 3968630. Version# 5

| Benefit | Physician's Office | | Inpatient Facility | | Outpatient Facility | | Inpatient Professional Services | | Outpatient Professional Services | |
|--|--------------------------------|------------------------------------|--------------------|---------------------------------|------------------------------------|-----------------|---------------------------------|-----------------|----------------------------------|-----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Family Planning - Men's Services | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ |
| Includes surgical services, such as vasectomy (excludes reversals) | | | | | | | | | | |
| Family Planning - Women's Services | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ | Plan pays 100% | Plan pays 80% ^ |
| Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician. | | | | | | | | | | |
| Infertility | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ |
| Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. Unlimited lifetime maximum | | | | | | | | | | |
| TMJ, Surgical and Non-Surgical | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ |
| Services provided on a case-by-case basis. Includes appliances & excludes orthodontic treatment. Subject to medical necessity. Non-Surgical: Unlimited maximum per lifetime | | | | | | | | | | |
| Bariatric Surgery | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ |
| Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered. The following are excluded: <ul style="list-style-type: none"> • medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity. • weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision | | | | | | | | | | |
| Note: Services where plan deductible applies are noted with a caret (^) | | | | | | | | | | |
| Benefit | Inpatient Hospital Facility | | | Inpatient Professional Services | | | | | | |
| | Lifesource Facility In-Network | Non-Lifesource Facility In-Network | Out-of-Network | Lifesource Facility In-Network | Non-Lifesource Facility In-Network | Out-of-Network | | | | |
| Organ Transplants | Plan pays 100% | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% | Plan pays 100% ^ | Plan pays 80% ^ | | | | |
| Travel Lifetime Maximum - Lifesource Facility: In-Network: \$10,000 maximum per Transplant per Lifetime | | | | | | | | | | |
| Note: Services where plan deductible applies are noted with a caret (^) | | | | | | | | | | |

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP2I, HDP2F, HD2NI, HD2NF - 3968660. Version# 5

| Benefit | Inpatient | | Outpatient - Physician's Office | | Outpatient Facility | |
|-----------------|------------------|-----------------|---------------------------------|-----------------|---------------------|-----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Mental Health | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ |
| Substance Abuse | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ | Plan pays 100% ^ | Plan pays 80% ^ |

Note: Services where plan deductible applies are noted with a caret (^)

Note: Detox is covered under medical

- Unlimited maximum per Contract Year
- Services are paid at 100% after you reach your out-of-pocket maximum.
- Inpatient includes Residential Treatment.
- Outpatient includes partial hospitalization and individual, intensive outpatient and group therapy.

Mental Health and Substance Abuse Services

Mental Health/Substance Abuse Utilization Review, Case Management and Programs

Cigna Behavioral Advantage - Inpatient and Outpatient Management

- Inpatient utilization review and case management
- Outpatient utilization review and case management
- Partial Hospitalization
- Intensive outpatient programs
- Changing Lives by Integrating Mind and Body Program
- Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management.
- Narcotic Therapy Management
- Complex Psychiatric Case Management

| Pharmacy | In-Network | Out-of-Network |
|--|---|----------------|
| Express Scripts Pharmacy three-tier copay plan | Retail - 30 day supply Generic: You pay \$0 Preferred Brand: You pay \$0 Non-Preferred Brand: You pay \$0 Home delivery - 90 day supply Generic: You pay \$0 Preferred Brand: You pay \$0 Non-Preferred Brand: You pay \$0 | Not covered |

Additional Information

Case Management

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

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP2I, HDP2F, HD2NI, HD2NF - 3968660. Version# 5

Additional Information

Maximum Reimbursable Charge

Out-of-Network services are subject to a Contract Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (200%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.

Multiple Surgical Reduction

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

Pre-Certification - Continued Stay Review - PHS Inpatient - required for all inpatient admissions

In Network: Coordinated by your physician

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

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

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

Your Health First - 200

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

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

Holistic health support for the following chronic health conditions:

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

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP2I, HDP2F, HD2NI, HD2NF - 3968660. Version# 5

Definitions

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

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

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

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

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

Exclusions

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

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services do not include routine patient care costs related to qualified clinical trials as described in your plan document. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Healthplan Medical Director to be: not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or the subject of review or approval by an Institutional Review Board for the proposed use.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Acupressure; Craniosacral/cranial therapy; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP2I, HDP2F, HD2NI, HD2NF - 3968660. Version# 5

Exclusions

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

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP2I, HDP2F, HD2NI, HD2NF - 3968660. Version# 5

Exclusions

- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism, except as shown in Covered Services
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a nonparticipating provider.
- Medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Telephone, e-mail, and Internet consultations, and telemedicine.
- Massage therapy.

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description – the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence. This summary provides additional information not provided in the Summary of Benefits and Coverage document required by the Federal Government.

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7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP2I, HDP2F, HD2NI, HD2NF - 3968660. Version# 5

City of Meriden

Your prescription copayments at a glance

Show this to your doctor and discuss ways to pay less for your medications.

If you need a long-term medication, you may pay less over time by using the Express Scripts PharmacySM. We'll deliver up to a 90 day supply right to you- and **standard shipping is free**. To learn more about your benefit, log in to Express-Scripts.com and select "View Benefit Highlights" from the drop-down menu under Health & Benefits Information. First-time visitors, please take a moment to register before using this service.

| | At a retail pharmacy | Through home delivery |
|-------------------------------|----------------------|-----------------------|
| Generic drugs | \$0.00 | \$0.00 |
| Preferred brand-name drugs | \$15.00 | \$15.00 |
| Nonpreferred brand-name drugs | \$30.00 | \$30.00 |

For short-term prescriptions, such as antibiotics, use a participating retail pharmacy

As a member, you can go to any of nearly 60,000 retail pharmacies, including most major drugstores. Just ask your retail pharmacy if it's in our network. You can also log in to Express-Scripts.com and select "Locate a pharmacy" from the menu under "Manage Prescriptions."

Don't pay a higher cost for your medications. Start saving now with home delivery. If you take maintenance medication, such as those used to treat high blood pressure or high cholesterol, you'll soon need to make an important decision on where you fill that prescription. The medications affected by this plan limit may change.

Use generics and preferred medications. If you are taking a medication that's not on the preferred list, ask your doctor to consider prescribing a lower-cost generic or preferred brand-name drug. To find out which drugs are preferred, log in to Express-Scripts.com and select "Learn about Formularies" from the "Health & Benefits Information" menu.

KEEP THIS INFORMATION

For more information about your benefit, log in to Express-Scripts.com
Or call Member Services toll-free at 800-413-7516.

Prior authorization: When is a coverage review necessary?

Some medications are not covered unless you first receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses), unless you receive approval through a coverage review. During this review, Express Scripts asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. To find out whether a medication requires a coverage review, log in to Express-Scripts.com anytime, select "Price a medication" under "Manage Prescriptions", and search for your medication. On the pricing results page, select "View coverage notes" to see coverage details.

My Rx Choices®: An easy way to lower your out-of-pocket prescription costs

Your **My Rx Choices** prescription savings program is designed to help you find potential savings on prescription medications that you or your covered family members take on an ongoing basis.

Your doctor knows which medications are right for you but may not know their cost. **My Rx Choices** provides you with available lower-cost options so that you and your doctor can make the most informed decisions based on health and cost. No prescription is ever changed without your doctor's approval.

Specialty medications: Get individualized service through Accredo

Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. Accredo, an Express Scripts specialty pharmacy, is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs.

Whether they're administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. By ordering your specialty medications through Accredo, you can receive:

- Toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week
- Delivery of your medications within the United States, on a scheduled day, Monday through Friday, at no additional charge
- Most supplies, such as needles and syringes, provided with your medications
- Safety checks to help prevent potential drug interactions
- Refill reminders

Worry-Free Fills®: A convenient, automatic refill program for your long-term medications

When you refill certain home delivery prescriptions, you'll be asked whether you want to enroll. Once you enroll and are ready for a refill or renewal, your medications will automatically ship to you. Find out more about how **Worry-Free Fills** works by logging in to Express-Scripts.com

Stretch your home delivery payments with the Extended Payment Program

Instead of paying in full up front, you'll be billed for the cost of your medications over three installments. You can enroll online.

Express Scripts manages your prescription benefit for your employer.

| Group | Group Name |
|-----------|------------------------|
| 981119HSA | Meriden MME |
| 981142HSA | Meriden Supervisors |
| 981103HSA | Meriden Public Works |
| 981138HSA | Meriden Public Nurses |
| 981165HSA | Meriden Dispatchers |
| 981152HSA | Meriden City Employees |

City of Meriden

Your prescription copayments at a glance

Show this to your doctor and discuss ways to pay less for your medications.

If you need a long-term medication, you may pay less over time by using the Express Scripts PharmacySM. We'll deliver up to a 90 day supply right to you- and **standard shipping is free**. To learn more about your benefit, log in to Express-Scripts.com and select "View Benefit Highlights" from the drop-down menu under Health & Benefits Information. First-time visitors, please take a moment to register before using this service.

| | At a retail pharmacy | Through home delivery |
|-------------------------------|----------------------|-----------------------|
| Generic drugs | \$5.00 | \$5.00 |
| Preferred brand-name drugs | \$25.00 | \$25.00 |
| Nonpreferred brand-name drugs | \$40.00 | \$40.00 |

For short-term prescriptions, such as antibiotics, use a participating retail pharmacy

As a member, you can go to any of nearly 60,000 retail pharmacies, including most major drugstores. Just ask your retail pharmacy if it's in our network. You can also log in to Express-Scripts.com and select "Locate a pharmacy" from the menu under "Manage Prescriptions."

Don't pay a higher cost for your medications. Start saving now with home delivery. If you take maintenance medication, such as those used to treat high blood pressure or high cholesterol, you'll soon need to make an important decision on where you fill that prescription. The medications affected by this plan limit may change.

Use generics and preferred medications. If you are taking a medication that's not on the preferred list, ask your doctor to consider prescribing a lower-cost generic or preferred brand-name drug. To find out which drugs are preferred, log in to Express-Scripts.com and select "Learn about Formularies" from the "Health & Benefits Information" menu.

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Some medications are not covered unless you first receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses), unless you receive approval through a coverage review. During this review, Express Scripts asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. To find out whether a medication requires a coverage review, log in to Express-Scripts.com anytime, select "Price a medication" under "Manage Prescriptions", and search for your medication. On the pricing results page, select "View coverage notes" to see coverage details.

My Rx Choices®: An easy way to lower your out-of-pocket prescription costs

Your **My Rx Choices** prescription savings program is designed to help you find potential savings on prescription medications that you or your covered family members take on an ongoing basis.

Your doctor knows which medications are right for you but may not know their cost. **My Rx Choices** provides you with available lower-cost options so that you and your doctor can make the most informed decisions based on health and cost. No prescription is ever changed without your doctor's approval.

Specialty medications: Get individualized service through Accredo

Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. Accredo, an Express Scripts specialty pharmacy, is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs.

Whether they're administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. By ordering your specialty medications through Accredo, you can receive:

- Toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week
- Delivery of your medications within the United States, on a scheduled day, Monday through Friday, at no additional charge
- Most supplies, such as needles and syringes, provided with your medications
- Safety checks to help prevent potential drug interactions
- Refill reminders

Worry-Free Fills®: A convenient, automatic refill program for your long-term medications

When you refill certain home delivery prescriptions, you'll be asked whether you want to enroll. Once you enroll and are ready for a refill or renewal, your medications will automatically ship to you. Find out more about how **Worry-Free Fills** works by logging in to Express-Scripts.com

Stretch your home delivery payments with the Extended Payment Program

Instead of paying in full up front, you'll be billed for the cost of your medications over three installments. You can enroll online.

Express Scripts manages your prescription benefit for your employer.

| Group | Group Name |
|--------|--------------------------|
| 981101 | City Police |
| 981103 | City Public Works |
| 981119 | City Clerical |
| 981142 | City Supervisors |
| 981168 | Police Retirees Under 65 |

APPENDIX D
POSITIONS NOT SUBJECT TO OVERTIME PROVISIONS OF THIS CONTRACT

Assessor

Associate City Attorney

Director of Accounting

Deputy City Attorney

Staff Attorney/Human Rights Advocate

Risk Manager

Director of Senior Affairs

Technology Specialist

Programmer Analyst

Senior Programmer Analyst

Accountant

Performance/Budget Analyst

Youth Services Director

Director of Public Health Nurses/School Health Services

Purchasing Officer

APPENDIX E
City of Meriden Dress Code Policy
Local 424, Unit 48 Employees

All Local 424 employees who receive uniforms and laundry service shall wear uniform pants (no jeans), uniform shirt or department T-shirts and work boots. All uniform shirts must be buttoned, over any non-department T-shirt. The shirts worn must display a City emblem; emblems may not be removed.

Employees who receive polo shirts and sweatshirts will wear them everyday. Jeans may be worn if neat with no holes or tears.

All uniforms must be clean and serviceable.

Failure to abide by this policy will cause employee to be sent home on their own time to change and discipline will ensue. Any Department head may speak to an employee who is out of uniform and instruct him to correct the situation.

APPENDIX F

SIDE LETTER TO THE COLLECTIVE BARGAINING AGREEMENT FOR ON CALL PERSONNEL ON CALL TAKE HOME VEHICLE POLICY

APPENDIX F

SIDE LETTER TO THE COLLECTIVE BARGAINING AGREEMENT FOR ON CALL PERSONNEL ON CALL TAKE HOME VEHICLE POLICY

The parties agree to the following parameters for such vehicles:

- Vehicles are only to be used to transport the employee to and from work. An employee may make a reasonable stop on the way to or from work as they would normally, i.e. to pick up coffee, dinner etc, as long as this is on their regular route.
- Employee may use the vehicle within a 10 mile radius from their home or place of work or if traveling to Meriden for any reason off hours.
- No one but the employee may be transported in these vehicles without specific permission from the Personnel Director.
- Accidents, damage, or mechanical problems incurred with the vehicle while in the employee's possession, must be reported within 24 hours to employee's supervisor and the Risk Manager.
- If an employee becomes ill or injured while on call he must return the vehicle to the department (or arrange to have it returned) and may not use it during this time.
- Employees who are put out on administrative leave for any reason will also be asked to surrender their vehicle. City Personnel will transport the employee home, if necessary.
- Employees are expected to maintain their vehicles in a tidy and clean condition. Employees will not be compensated during this time or for any time they spend maintaining the cleanliness of the vehicle while off-duty.
- Employees are expected to present a neat appearance while operating the vehicle. The image that is projected while a City of Meriden vehicle is being operated is important to the City and each Department. This means NO tank tops, shorts, T-shirts bearing inappropriate slogans etc. may be worn while operating a City vehicle.
- ABSOLUTELY NO SMOKING WHILE IN A CITY VEHICLE
- Seat belts must be worn at all times

- The on call vehicle will have magnet signs on both doors and rear tailgate that reads: "This is an after hours City of Meriden vehicle for emergencies only".
- This will ensure that these vehicle are clearly identified to citizens of Meriden and what they are used for.
- Employees who violate this agreement will have the privilege removed in addition to any other discipline.

Employees will sign a copy of this agreement if they intend at any time to have an on call take-home vehicle. This program does not affect, alter, or abridge the right of the City to continue to assign City vehicles to personnel for operational reasons.

APPENDIX G
COMP TIME FORM

APPENDIX G
COMP TIME FORM

Name _____

Dept. _____

I currently have _____ hours of comp time and have requested time off but have been unable to take the time due to my departmental workload.

Employee Signature _____

Date _____

Department Head Approval _____

Date _____

Submitted to Personnel on _____

Comp time overage approval. _____

Director of Personnel _____

