

COLLECTIVE BARGAINING AGREEMENT

Between

TOWN OF MADISON

and

**THE UNITED PUBLIC SERVICE EMPLOYEES UNION
BUILDINGS AND GROUNDS**

JULY 1, 2018- JUNE 30, 2023



INDEX

ARTICLE 1 RECOGNITION 1

ARTICLE 2 MANAGEMENT RIGHTS 1

ARTICLE 3 PROBATIONARY PERIOD..... 2

ARTICLE 4 SENIORITY 3

ARTICLE 5 HOURS OF WORK, WAGES, OVERTIME..... 3

ARTICLE 6 CALL-IN PROCEDURE..... 6

ARTICLE 7 HOLIDAYS 7

ARTICLE 8 VACATIONS 8

ARTICLE 9 SICK LEAVE 8

ARTICLE 10 PERSONAL LEAVE..... 9

ARTICLE 11 OTHER LEAVE BENEFITS 10

ARTICLE 12 FAMILY MEDICAL LEAVE..... 11

ARTICLE 13 BENEFITS..... 11

ARTICLE 14 DISCIPLINE..... 16

ARTICLE 15 GRIEVANCE PROCEDURE..... 17

ARTICLE 16 MISCELLANEOUS 18

ARTICLE 17 DRUG TESTING..... 21

ARTICLE 18 NO STRIKE LOCKOUT..... 21

ARTICLE 19 DURATION..... 22

APPENDIX A WAGE SCHEDULES..... 23

APPENDIX B HEALTH INSURANCE SUMMARIES.....26

PREAMBLE

This Agreement is entered into by and between the Town of Madison (herein referred to as the "Employer" or "Town"), and the Madison Building and Grounds Employees, United Public Service Employees Union ("UPSEU"), (hereinafter referred to as the "Union"), and shall be binding on both parties hereto, their successors and assigns, until terminated or amended as, hereinafter provided.

ARTICLE 1 RECOGNITION

The Employer recognizes and acknowledges the Union as the sole and exclusive representative for the purpose of collective bargaining of all full-time (defined as 30 or more hours) regular building and grounds maintenance employees in the bargaining unit certified by the Connecticut Board of Labor Relations in Decision No. 4452 dated March 11, 2010, but excluding supervisors, seasonal employees, all others excluded by the Act, and all others.

ARTICLE 2 MANAGEMENT RIGHTS

This Agreement has, at its purpose the creation of an environment in which the Employer and the Union can cooperate to achieve joint objectives including the use, as appropriate of joint labor/management discussions.

It is agreed that the management rights of the Employer have been bargained and that, except as provided by this Agreement, the Employer reserves and retains exclusively, whether exercised or not, all the lawful and customary rights, powers and prerogatives of management. Such rights include specifically, but not being limited to, the following:

the exclusive right to fully direct and assign its employees, including but not limited to, the right to hire, promote, demote, transfer, lay off for lack of work or other reason deemed sufficient to the Employer, discharge or discipline for just cause, and to maintain discipline among employees;

the determination of services to be performed;

the creation or the discontinuation of services, departments or programs in whole or in part;

the determination and revision of the content of job classifications;

the content of job classifications for newly created positions;

the determination of qualifications of its employees;

the standards of quality of work to be maintained;

the scheduling of all employees;

the type and quantity of machines, tools, equipment and methods to be used, to create, modify, maintain and enforce rules of conduct, performance and safety;

to introduce changes in methods;

to establish work standards;

to determine the size of its work force;

to schedule and change set working hours with reasonable notice to the employees, except in the case of emergency;

to subcontract out work; however, subcontracting shall not result in the elimination of the bargaining unit.

to have supervisory personnel perform bargaining unit work;

and to take all necessary actions to carry out its objectives in emergencies.

ARTICLE 3 PROBATIONARY PERIOD

Section 1: All new employees shall serve a probationary period of six (6) calendar months. The probationary period shall begin immediately upon date of hire. If at the time of hire, the Director of Beach & Recreation believes a longer probationary period is required for the position, the probationary period may be extended for up to an additional six (6) months for a total probationary period of one (1) year.

Section 2: A new employee may be dismissed from the position, at any time during the probationary period by the Director of Beach & Recreation, with the approval of the First Selectman. The employee shall be notified, in writing, of the reasons for the termination and the effective date of the action. The new employee may not appeal his/her removal nor shall the employee or the Union be eligible to utilize the grievance procedure.

Section 3: All full-time regular employees shall receive the same fringe benefits as set forth in Article 13 as other full-time regular employees, effective the first of the month following the employee's date of hire. Vacation (Article 8), and personal time (Article 10) may be accrued by full-time employees from the date of hire, but not used until the completion of the probationary period, with the exception of Holidays as covered under Article 7 and any accrued personal time. Sick leave (Article 9) may be accrued by full-time employees from the date of hire and can be used at the completion of six hundred and eighty (680) hours of service or at the end of the probationary period, whichever

comes first, in compliance with the State of Connecticut PA 14-128.

ARTICLE 4 SENIORITY

Section 1: Seniority is defined as the most recent period of uninterrupted, continuous full-time service of an employee in the bargaining unit computed in years, months and days from the date of hire.

Section 2: An employee shall lose seniority if the employee:

- a) Quits or resigns;
- b) Is discharged with just cause;
- c) Is absent (except in case of layoff) for three (3) consecutive working days without notifying the Town;
- d) When recalled from layoff, fails to notify the Town within two (2) days of his/her intent to return to work and fails to return to work within ten (10) working days after notification was sent and received by registered mail;
- e) Fails to observe the terms and reasons for which a leave of absence has been granted or has engaged in work during such leave of absence;
- f) If time for recall from layoff has expired.

ARTICLE 5 HOURS OF WORK, WAGES, OVERTIME

Section 1: The regular full-time hours of employment shall normally be forty (40) hours per week, except as set forth in Article 2. This Article shall not be construed as a guarantee of any specific number of hours of work per week. All employees must record daily time worked in a manner prescribed by management.

Section 2: The wages, rates and classifications which shall be effective during the term of this Agreement are set forth in Appendix A.

Commencing on July 1, 2017, the positions of Grounds Maintainer I, Grounds Maintainer II-CDL B, Grounds Maintainer III, CDL A and Lead Foreman shall become the new classification descriptions within the bargaining unit.

All current members of the bargaining unit as of 7.1.16 shall be eligible to acquire their CDL B. Three (3) members of the bargaining unit, selected by seniority and the Lead Foreman shall be given the opportunity to acquire their CDL A. For the purposes of acquiring the CDL B, the Town shall provide/allow training on site, after hours and the use of Town vehicles. Employees who are current CDL B holders or other persons, as approved by the Director of Beach & Recreation shall be allowed to facilitate the training at no cost to the Town.

For the purposes of acquiring the CDL A, the Town shall subsidize the training fees up to a maximum cost per person of four thousand, three hundred dollars (\$4,300.00). The Town shall allow training, on site, after hours. The Town shall allow training using Town vehicles if necessary. All members of the bargaining unit who are testing for a CDL A shall have an opportunity to pass the certification test, three (3) times. If in the event an employee cannot acquire their CDL A or CDL B within three (3) DOT testing cycles, that employee shall retain their current rate of pay effective as of 6.30.17. All future increases will be in accordance with the terms and conditions of the Collective Bargaining Agreement. In keeping with the spirit of having four (4) members of the bargaining unit afforded the opportunity to obtain a CDL A by 6.30.17, the Town shall then offer the opportunity to the next most senior member of the bargaining unit. An exception may be made at the discretion of management to extend the deadline for moving into the Classification of Ground Maintainer II, CDL B or Ground Maintainer III, CDL A.

The Town shall pay costs pertaining to the CDL B and CDL A license for current members of the bargaining unit as of 7.1.16 including training where applicable, testing fees, 1st time licensing fee and DOT medical examinations. In the event that a current member of the bargaining unit as of 7.1.16 fails the DOT test the first time, the cost of retaking the test a 2nd time shall be paid for by the employer. In the event a 3rd test is required the employee shall be responsible for testing fees. After the members of the bargaining unit who are employed as of 7.1.16 complete the training and acquire a Commercial Driver's License, the cost of renewing the license shall be borne by the employee. The Town shall continue to pay thereafter, for the DOT medical examination, required by State or Federal law for any member of the bargaining unit who is authorized to be a Commercial Driver's License holder. Upon acquisition of the license, maintaining the license shall be considered a condition of employment.

Effective on 7.1.17, members who have passed the appropriate training and testing required for the classification of Ground Maintainer II, CDL B, Ground Maintainer III, CDL A and Lead Foreman shall be moved into the Classification Wage Scale set forth in Appendix A, in effect on 7.1.17 at Step 4. Future Step movement shall be in accordance with Article 5, Hours of Work, Wages, Overtime, Section 3.

For the purposes of expanding the number of CDL A driver's beyond the four (4) stipulated in the paragraphs above, the Town agrees to discuss this option with the Union. The Union acknowledges and agrees that the final decision on the number of Ground Maintainer II- CDL B and Ground Maintainer III-CDL A employees is at the sole discretion of management and that such decision shall not be subject to the grievance/arbitration process.

Section 2 (a): For employees hired after 7.1.16 or for those employees who were members of the bargaining unit and who did not participate in the training program outlined above, the Town may afford the same opportunity to train for a CDL B as covered under Section 2. If no internal trainer is available, the Town is not under any obligation to provide one. The Town agrees to discuss with the Union future training as

it applies to license classification and cost, use of facilities and equipment after hours and the use of Town vehicles for testing purposes. The Union acknowledges and agrees that the final decision on the continuation of the training program is at the sole discretion of management and that such decision shall not be subject to the grievance/arbitration process.

If the Town so chooses to continue the training program, the Town may pay costs pertaining to the CDL B and CDL A license for future opportunities within the bargaining unit after 7.1.17 including training where applicable, testing fees, 1st time licensing fee and DOT medical examinations. In the event that a member of the bargaining unit either hired after 7.1.16 or who originally declines participation in the training program being offered effective on 7.1.16 and fails the DOT test the first time, the cost of retaking the test a 2nd time shall be paid for by the employee.

Section 3: Employees shall move up one (1) step on their pay classification July 1st of each year provided he/she has been a full-time employee for six (6) months and/or at the end of their probationary period. Employees who have displayed below average performance may have their wage increases delayed for up to three (3) months.

Section 4: An employee appointed to a position should normally be compensated at the minimum rate of the pay range. However, an appointment at a salary above the minimum rate may be made upon written recommendation of the First Selectman or Director of Beach & Recreation. The recommendation should be based upon the qualifications of the applicant or by the lack of applicants available at the minimum rate. All starting salaries, other than at the minimum rate, are subject to the approval of the Board of Selectmen.

Section 5: Employees paid on an hourly basis shall be paid for the actual hours worked during a pay period times their hourly rate.

Section 6: All employees shall receive their paychecks bi-weekly. Paychecks shall be issued by either the Department Head or the Finance Office. Paychecks shall not be issued to anyone other than the person for whom the check is written, unless the employee authorizes so in writing. No payroll deductions, other than those legally required, shall be made from the employee's paycheck without the employee's written approval. Employees may elect to have direct deposit for as long as the Employer provides this service.

Section 7: Employees shall receive time and one-half (1-1/2) for all hours worked in excess forty (40) hours in any one (1) work week or eight (8) hours in any day. A work week is defined as that period of time commencing at 12:01 a.m. on Sunday morning and ending at midnight the following Saturday. Overtime worked on Sundays and holidays shall be paid at double-time.

ARTICLE 6 CALL-IN PROCEDURE

Section 1: All overtime assignments, except snow removal, shall be offered to employees first on a rotational basis. Employees may voluntarily swap overtime assignments for the full shift and must notify the Superintendent immediately of the swap.

Section 2: In the event there are no volunteers for an overtime assignment and an employee must be ordered in, it shall be done in accordance with the overtime rotation list. This shall include the foreman.

Section 3: If an employee is called in to work overtime, that is not contiguous to his/her shift, without advance notice, he/she shall receive a minimum of three (3) hours of overtime-pay at time and a half (1-1/2). For employees who are called in to work overtime, without advance notice on a Sunday or a Holiday, they shall receive a minimum of three (3) hours of overtime pay at double time. The minimum call-in pay shall apply to all employees who actually work less than three (3) hours. For all call-in hours in excess of three (3) hours, the employee shall receive pay for actual time worked at the applicable overtime rate. Call-in pay, without advance notice, shall also apply to either the period three (3) hours before or three (3) hours after the regularly scheduled work day or with at least one (1) day's advance notice. If an employee is scheduled to work overtime on a Saturday and/or Sunday, and the call is cancelled with less than three (3) hours notice, the employee shall receive three (3) hours of overtime pay. Eligibility for call in overtime pay does not commence until such time as the employee enters the facility and clocks in for work. Employees who are called in to work are expected to report to work within one (1) hour of the call.

Section 4: All employees are required to report to work for snow removal duties. Eligibility for call in overtime pay does not commence until such time as the employee enters the facility and clocks in for work. Employees who are called in to work are expected to report to work within one (1) hour of the call.

Section 5: Advance notice shall be given for all overtime, except snow removal, when possible.

Section 6: Employees who are out of work sick on a Friday are ineligible for regular or mandatory overtime on Saturday, Sunday and any Monday holiday.

ARTICLE 7 HOLIDAYS

Section 1: Regular full-time employees shall be granted the following thirteen (13) holidays with pay:

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
Presidents' Day	Veteran's Day
Good Friday	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Independence Day	Christmas Day
July 1 st Accrual - Floating Holiday	

Employees shall be paid for the listed holidays at their daily rate based upon the number of hours normally scheduled to work on said day, provided they work the last full day before and after the holiday unless excused by the Director of Beach & Recreation or is otherwise on an approved leave; or are out sick on either such day.

If any of the listed holidays fall on a Sunday, the following Monday shall be considered the holiday; if the holiday falls on a Saturday, the preceding Friday shall be considered the holiday.

Section 2: When the holiday is celebrated on a regular full-time employee's normal day off, he/she shall receive a holiday compensation day that must be used within the pay period. When the holiday occurs on a day when the employee is required to work, the employee shall be granted equivalent time off within the pay period or receive paid compensation for holiday work.

Section 3: Effective on July 1, 2016, Floating Holiday's shall accrue annually each July 1st. For the purposes of the 1st year of implementation, employees shall be allowed to roll over a Floating Holiday not used but accrued on January 1, 2016. One (1) additional Floating Holiday shall be granted effective July 1, 2016. All Floating Holidays must be exhausted by June 30, 2017. Starting on July 1, 2017 and each July 1st thereafter one (1) Floating Holiday shall accrue to members of the bargaining unit and such day must be used or forfeited no later than June 30th.

**ARTICLE 8
VACATIONS**

Section 1: Regular full-time employees shall receive accrued vacation leave, based upon the following schedule:

Length of Employment	Vacation Accrual
Six (6) months to five (5) years	Ten (10) days/year
Five + (5 +) years to fifteen (15) years	Fifteen (15) days/year
Fifteen + (15 +) – to twenty (20) years	Twenty (20) days/year
Twenty-one (21)+ years	One (1) additional day per year up to a maximum of twenty-five (25) days

Vacation time is accrued monthly and may be taken only after the end of an employee's probationary period. An employee may not carry forward, on their service anniversary date, more than two (2) years of accrued leave.

Section 2: The length of continuous service shall determine vacation time. For the purpose of computing vacation time, employees who leave the Town service and are later reinstated within two (2) years, shall have their service bridged. Employees rehired by the Employer after two (2) years, except as provided in the layoff provision, shall be considered new employees.

Section 3: All vacation leave must be requested and approved by the Superintendent of Building & Grounds or in his/her absence, his/her designee prior to taking the leave. An absence slip must be filed with the Human Resource Department prior to the leave date.

**ARTICLE 9
SICK LEAVE**

Section 1: Regular full-time employees may accrue a total of ten (10) sick days per service year. Paid sick leave can only be used at the completion of six hundred and eighty (680) hours of service or at the end of the probationary period, whichever comes first, in compliance with the State of Connecticut Public Act 14-128. Unused sick leave shall be accumulated as of the employee's service anniversary date.

Section 2: Employees must notify the Director of Beach & Recreation or their Supervisor as soon as possible of a sick leave absence. Employees must notify the department of the absence within the first half hour of the workday at the department head or supervisor's worksite.

Section 3: Sick leave can be used only with the approval of the Director of Beach & Recreation and only for personal illness, personal injury, or required medical or dental treatment. The Director of Beach & Recreation may require an examination by a physician, at the Employer's expense, to determine the continuation of paid sick leave or an employee's ability to return to his/her assigned job duties.

Section 4: An employee is required to submit a doctor's statement stating the nature of the illness or injury if the sick leave exceeds three (3) consecutive work days. Failure to provide the doctor's statement shall be sufficient to deny such leave. A doctor's statement may also be required if the sick leave falls on a Friday or a Monday or the day before or after a holiday at the discretion of the Director of Beach & Recreation.

Section 5: Abuse of sick leave privilege shall be considered sufficient cause for disciplinary action. Sick leave shall not be considered an entitlement to be used at the employee's discretion, but shall be allowed only, in valid cases of sickness or disability. Accumulated sick leave cannot be taken immediately prior to retirement, unless properly chargeable to sick leave.

Section 6: The Employer will provide the same accrued sick leave payments on resignation, retirement, or death as are currently provided to non-union Town employees.

Section 7: Employees will be allowed to use five (5) sick days to attend to care for a direct family member (mother, father, child or direct dependent).

ARTICLE 10 PERSONAL LEAVE

Section 1: Employees who have completed their probationary period shall be entitled to up to three (3) paid personal days per fiscal year for the conducting of legal, business, household, family or other personal matter that need to be completed during normal working hours. Use of personal days are subject to prior approval by the Director of Beach & Recreation. Approval shall not be unreasonably denied. As a general rule, employees are required to give a twenty-four (24) hour notice when requesting a personal day, however, this rule shall not apply in the case of an emergency. Personal leave cannot be accumulated.

Section 2: Effective on July 1, 2016, Personal Leave shall accrue annually each July 1st. For the purposes of the 1st year of implementation, employees shall be allowed to roll over Personal Leave not used but accrued on January 1, 2016. Three (3) additional Personal Leave days shall be granted effective July 1, 2016. All Personal Leave must be exhausted by June 30, 2017. Starting on July 1, 2017 and each July 1st thereafter three (3) Personal Days shall accrue to members of the bargaining unit and such leave must be used or forfeited no later than June 30th.

Section 3: An absence of an employee from work, including an absence for a whole or a part of a day, that is not authorized by a specific grant of leave of absence, under the provisions of Articles 8, 9 and 10, shall be deemed an absence without leave. Any such absence shall be without pay and may subject the employee to disciplinary action. Any employee who is absent from work for three (3) consecutive work days, or on three (3) separate occasions for less than a total of three (3) days without prior approval or notification to his/her department head shall be considered to have resigned.

ARTICLE 11 OTHER LEAVE BENEFITS

Section 1: Regular full-time employees shall be granted a leave of absence, with pay, when a death has occurred in the immediate family. The Employer, upon approval of the Director of Facilities, shall provide the following leave of absence for attendance of memorial services and for a period of bereavement:

Paid Leave

Spouse or Child	Five (5) days
Mother, Father, Sister, Brother	Three (3) days
Grandparents, Grandchild,	One (1) day
Mother-in-Law, Father-in-Law, Sister-in-Law, and Brother-in-Law	

Section 2: An employee shall be granted leaves of absence, designated as civil leave, for jury duty. Such leave shall only be during that part of the day that appearance is required. Such employees shall receive their regular salary for up to five (5) working days per fiscal year of jury service. Fees received from the court must be given to the Employer. When such employee is properly excused by the court, he/she shall report back to work; provided, however, that when the employee is excused by the court for the day, he/she shall immediately telephone or otherwise contact his/her supervisor to determine whether he/she is required to return to work for the remainder of that workday. Such paid leave excludes court time as a result of personal actions (civil or criminal actions or violations).

Section 3: If an employee loses time due to a compensable work-related injury or illness, he/she shall be entitled to compensation as required by the State Worker's Compensation Law. An employee with one or more years of service shall receive benefits equal to his/her normal net weekly pay, with the Employer making up the difference between his/her normal net weekly pay and the total worker's compensation (not including indemnity benefits), social security and pension benefits, up to a maximum of twelve (12) from the date of injury.

Section 4: Employees of the Town, who are members of a Reserve Unit of the Army, Navy, Marine Corps, Coast Guard, or Air Force of the United States of America shall be entitled to absent themselves from their duties with the Employer while engaged in required field training in such a unit. No such employee shall be subjected to any loss or reduction of seniority, vacation, or holiday privileges. While engaged in such training;

the Employer shall pay the difference between the employee's compensation for military activities and his/her regular compensation up to a maximum of ten (10) working days per fiscal year. The employer and eligible employees retain all rights and privileges set forth in Section 7-462 of the Connecticut General Statutes.

ARTICLE 12 FAMILY MEDICAL LEAVE

The Employer and eligible employees retain all rights and privileges under applicable state and federal Family and Medical Leave Act statutes.

ARTICLE 13 BENEFITS

Section 1: All insurance benefits for newly hired full-time employees shall go into effect the first (1st) of the month following the employee's date of hire. Benefits for terminated employees shall cease as of the last day of the month in which they left employment with the Employer.

Section 2:

- a. Medical insurance coverage will be made available to regular full-time employees and eligible family members. Said plan will provide for hospitalization, surgical and prescription benefits under a Town plan with applicable co-payments for doctor's visits, prescriptions and with annual deductibles and subject also to the employee's contribution toward the premium costs set forth below in subsection (C) as summarized in Appendix B.
- b. Dental Coverage will be provided for employees only. Dental coverage for family members may be purchased from the Town at cost.
- c. Employees who choose the medical insurance coverage summarized in Appendix B will be required to contribute fifteen percent (15%) of the total cost of the insurance coverage on a bi-weekly basis for contract year 2018-2019.
- d. Effective July 1, 2019 employees electing coverage in Anthem Century Preferred or Anthem HMO shall contribute sixteen percent (16%) of the total cost of the medical coverage selected.
- e. Employees who participate in the Preventive Care Program and that have certified, either through carrier data or through an Attestation form, prior to June 30th of each that they, and if applicable, their spouse, have completed all aspects of the program shall have their premium cost share adjusted down. Employees and, if applicable, their spouse who are not compliant with the Preventive Care Program shall have their premium cost share adjusted up. Adjustments are based upon the schedule below, each July 1st.

- | | | |
|----|----------|------------|
| a. | 7/1/2020 | 15% or 18% |
| b. | 7/1/2021 | 16% or 19% |
| c. | 7/1/2022 | 17% or 21% |
| d. | 7/1/2023 | 17% or 21% |
- f. The Employer has the right to change carriers of the health insurance coverage program, or to self insure provided that following any such change of carriers or conversion to self-insured, the benefits and coverage are substantially equal to the prior program. For purposes of this Article, substantially equivalent means that when the old and new plan or insurance are compared, in total, the overall coverage and/or benefits of the new plan or program are substantially similar to the old, notwithstanding that there may be differences and/or disparities between benefits and/or coverage between the old and new plans or programs.
- g. Regular full-time employees may choose to not participate in the Town health insurance benefit program. Employees may opt to receive a quarterly payment equal to fifty percent (50%) of the current single Blue Care coverage rate in lieu of health insurance coverage. Employees may only re-enter or exit the health benefit program one time during a calendar year, unless a change has occurred in the employee's status (i.e loss of other insurance, marriage, divorce, etc.).
- h. Retiree health insurance shall be offered to retired employees, between the ages of fifty-five (55) and sixty-five (65), receiving pension benefits. The retired employee is responsible to pay the full premium coverage on a timely basis. Premium payments are due on the 20th of the month prior to the coverage month.
- i. Changes in co-pays shall go in to effect on 7.1.19 and shall be reflected in Appendix B.

Changes to HMO program:

- | | | |
|----|---|-----------------|
| a. | Primary Care Visit | \$25.00 co-pay |
| b. | Specialist Visit | \$35.00 co-pay |
| c. | Outpatient Surgery | \$250.00 co-pay |
| d. | Emergency Room | \$200.00 co-pay |
| e. | Urgent Care | \$100.00 co-pay |
| f. | Hospital Inpatient | \$500.00 co-pay |
| g. | Ambulatory Surgery | \$250.00 co-pay |
| h. | Mental health and Pregnancy co-pays shall be the same as those reflected above. | |

Changes to PPO program:

- | | |
|--|-----------------|
| a. Primary care visit | \$20.00 co-pay |
| b. Specialist visit | \$35.00 co-pay |
| c. Outpatient surgery | \$250.00 co-pay |
| d. Emergency Room | \$100.00 co-pay |
| e. Hospital Inpatient | \$500.00 co-pay |
| f. Ambulatory Surgery | \$250.00 co-pay |
| g. Mental health and Pregnancy co-pays shall be the same as those reflected above. | |
- j. Effective upon ratification of this Collective Bargaining Agreement the Implementation of a Wellness Initiative Program shall commence. An Employee, and if applicable, their spouse must both participate in the Preventative Care Program. Employee premiums will be driven by participation
- Preventive Care Program monitors compliance for screenings on the following services:
 - Physical Examination – Annual
 - Cholesterol check – Annual
 - Cervical Cancer Screening – Every three (3) years
 - Breast Cancer Screening – Starting at age 40 then as recommended
 - Colon Cancer Screening – Starting at age 50 then as recommended
 - Prostate cancer Screening – Starting at age 50 then as recommended.
 - If an employee/spouse has already completed a diagnostic test (Ex: at age 50 a colonoscopy was performed and the employee/spouse does not have to be screened for 10 years, the Town will either have the carrier confirm the record or the employee will need to have their physician complete an Attestation form)
 - The Town only receives information indicating that the screening has been performed. The Town does not receive any results from the screening/testing.
 - If prior screenings were not done by the Town's current Insurance Carrier the employee must then have their physician fill out the Attestation Form and submit it to Human Resources.
 - Additional benefits provided currently by Anthem:
 - Live Health Online
 - Any employee, spouse or dependent that uses Live Health Online as an alternative to seeing either their primary care physician or going to Urgent Care or the ER will have their co-payment waived. Live Health Online is also available too accessing mental health benefits.
 - Anthem Condition Care Incentive Program:
 - Any employee who has a chronic care condition as approved by Anthem will have their co-pay to the physician or specialist waived. Based upon billing information Anthem can identify our employees who see physician/specialists for one of these conditions the

employee (and spouse) will receive a letter from Anthem, which they should show to the provider that will waive the co-payment.

Approved conditions are:

- COPD
- Asthma
- Heart & Hypertension
- Diabetes
- Coronary Artery Disease
- Condition Care is not a mandatory part of the program (like the Preventative Care Program); employees can voluntarily enroll.
- Dependents will also qualify for the co-pay waiver for the conditions of Asthma and Diabetes.
- Employees who participate in the Anthem Condition Care Program will receive outreach from Anthem on healthy strategies and preventive care.
- Health Risk Assessment
 - For each employee and spouse that completes a health risk assessment through Anthem.com they will receive a \$75.00 gift card.
 - The Health Assessment information is used by Anthem to help suggest programs or other health or wellness tools that you may find beneficial. This tool is for employees. Your information is not shared with your employer and the Town only receives information from Anthem indicating that the Health Risk Assessment has been completed.
- These benefits may be subject to change in the event the Town changes carriers.

Section 3: Life Insurance shall be provided to regular full-time employees with coverage of fifty thousand dollars (\$50,000) for life and accidental death and dismemberment for employees under age of sixty-five (65) and coverage of twenty-five thousand (\$25,000) for employees over age sixty-five (65), at Town expense.

Section 3a: Voluntary Life Insurance - The Employer will offer at a group rate, voluntary life insurance to its full-time employees at the employee's expense. The plan is made available on a totally voluntary basis and deductions will be made through the employee's paycheck. Additional information is available through Human Resources.

Section 4: Long-Term Disability Insurance shall be provided to regular full-time employees at Employer's expense. Coverage provides for sixty percent (60%) of the base salary after ninety (90) days of disability or use of accrued sick leave, whichever is greater. In addition, the Employer shall continue to make short-term disability coverage available to employees at the employee's option and sole expense.

Section 5: Pension Plan - All regular full-time employees hired prior to July 1, 2013 are eligible to participate in the Town's noncontributory pension plan as of their date of employment. Details of the pension plan are described in a separate document available in Human Resources. Employees hired on and after July 1, 2013 shall be eligible to participate in the Town's defined contribution plan which shall include a

minimum mandatory employee contribution of three percent (3%) and an employer match up to six percent (6%) Commencing on July 1, 2019 the employer contribution shall increase to seven percent (7%). Commencing on July 1, 2019 employees who participate in the defined benefit plan may also contribute to the defined compensation plan and shall be eligible to receive an employer contribution match up to three percent (3%).

Section 6: Flexible Spending Accounts - All full-time employees will be eligible to participate in a Flexible Spending Account Plan made available for Health and Dependent Care expenses. Additional information on the plans is offered through Human Resources.

Section 7: Longevity - The Employer intends to reward years of service and dedication to its full-time employees. Full-time employees will be eligible to receive a Longevity payment paid on January 1st of each year, according to the schedule below. Employees must have worked as full-time employees to be eligible to have credit for their years of service.

Employees hired on or before June 30, 2012 who meet the following criteria will be eligible for the following:

- | | |
|--|----------|
| A. More than five (5) years
but less than ten (10) years completed service. | \$550.00 |
| B. More than ten (10) years
but less than fifteen (15) years completed service. | \$750.00 |
| C. More than fifteen (15) years completed service. | \$950.00 |

Commencing on July 1, 2019 all members of the bargaining unit shall be eligible to receive Longevity payments. For existing members of the bargaining unit hired prior to the ratification of this Collective Bargaining Agreement, prior years of service shall be counted towards Longevity.

Section 8: After January 1, 2019, if applicable the parties agree to a reopener and midterm bargaining regarding the impact, if any, of the excise (Cadillac Tax) under the Affordable Health Care Act.

ARTICLE 14 DISCIPLINE

Section 1: The type of disciplinary actions shall vary with the severity of the situation and may include the following measures (but not necessarily in this order):

- A. Verbal warning "Documented" in writing
- B. Written warning
- C. Suspension without pay
- D. Discharge

All disciplinary action may be appealed through the grievance procedure.

The Employer shall select the appropriate initial step depending on the seriousness of the disciplinary offense. No employee shall be subjected to disciplinary action except for just cause.

Section 2: If the Director of Beach & Recreation determines that a reprimand is an appropriate disciplinary action, the employee may receive an oral or written warning. The reprimand should state the reason(s) for the disciplinary action, an offer of assistance on the part of the department head to correct the problem situation as well as a time frame in which the employee is required to correct the problem activity. A copy of a written reprimand shall be given to the employee. A copy of the reprimand and/or a notice of the reprimand shall be placed in the employee's personnel file for a period of two years. After that time, the record shall be removed from the employee's file and no longer considered for disciplinary purposes except if the employee takes the position that the event never occurred. Multiple reprimands for different matters may lead to further disciplinary action.

Section 3: The Director of Beach & Recreation (with the approval of the First Selectman, or his/her designee, may place an employee on disciplinary probation for a period of up to three (3) months. The employee shall receive written notification of the disciplinary action, including the effective starting and ending dates of the probation. Any employee may be discharged at any time during disciplinary probation if the problem activity is continued. At the expiration of the disciplinary probation period, the department head shall notify the First Selectman, or his/her designee whether the probation has been resolved or if the employee requires further disciplinary action.

Section 4: The Director of Beach & Recreation (with approval of the First Selectman or his/her designee, may suspend an employee, either with or without pay, after proper investigation and for just cause. The employee shall receive written notice stating the reason(s) for the suspension and the effective date.

Section 5: The Director of Beach & Recreation may discharge an employee, after proper investigation and for just cause (with approval of the First Selectman, or his/her designee if the situation warrants such action. An employee may be suspended with

pay when immediate action is necessary and/or the Director of Beach & Recreation needs to review the facts of the cases. The employee shall be notified, in writing, as soon as possible, of the outcome of the Director of Beach & Recreation review.

The Director of Beach & Recreation and/or Director of Human Resources shall conduct discharge notification to the employee. A record of the discharge meeting shall be placed in the employee's personnel file. Any such suspension or discharge under this Section 5 shall be for just cause.

Section 6: Each employee shall have the right to see and review his/her personnel file at least twice per year by appointment with the Director of Human Resources. The Employer shall provide copies of all material in the file upon request of the employee. Employees may request that the Employer correct, amend or delete incorrect or inaccurate material. Failing mutual agreement, the employee shall have the right to respond in writing to all items in his/her personnel file. Such responses shall be made part of the file. No separate personnel file shall be maintained other than the one subject to employee inspection. Each employee will be given copies of any evaluation reports placed in the employee's file.

ARTICLE 15 GRIEVANCE PROCEDURE

Section 1: A grievance is defined as any dispute between the Union, or an employee represented by the Union, and the Employer, over a specific provision in the Collective Bargaining Agreement. A grievance arising between the Employee and the Union or an employee represented by the Union shall be settled in the following manner:

Step 1: The employee shall first notify the Director of Beach & Recreation in writing, of the nature and facts of the grievance within five (5) working days from its occurrence. The Director of Beach & Recreation shall return his/her resolution of the grievance in writing, within five (5) working days after such notification.

Step 2: If the Director of Beach & Recreation's resolution of the grievance is not satisfactory to the employee, he/she shall submit such complaint in writing, to the First Selectman within five (5) working days from the receipt of the resolution from the Director of Beach & Recreation. Within five (5) working days of the receipt of the complaint from the grievant, the First Selectman, or his/her designee shall call a hearing to review the nature and facts of the grievance. The First Selectman, or his/her designee may call the employee, Director of Beach & Recreation or any other person involved in the grievance to said hearing. The grievant shall be entitled to Union representation at such meeting. Within ten (10) working days of the hearing, the First Selectman shall render a decision in writing, to all concerned.

Step 3: If the First Selectman's, or his/her designee's resolution of the matter is not satisfactory to the Union, the Union may submit such grievance in writing, to the State

Board of Mediation and Arbitration or for grievances involving discharge to the American Arbitration Association (AAA) within five (5) working days from the receipt of the resolution from the First Selectman. Only the Union or the Employer has the right to request arbitration of a grievance under this Agreement. The arbitrator designated herein shall be bound by and must apply all the terms of this Agreement and shall have no power to add to, subtract from, or in any way modify the provisions of this Agreement. The award shall be final and binding as provided by law. Each party will bear its own expenses for arbitration. If the grievance is not submitted to a higher step on a timely basis, it will be deemed settled on the basis of the answer in the Step last considered. If the grievance is not filed in a timely manner, it is waived.

ARTICLE 16 MISCELLANEOUS

Section 1: Tuition Reimbursement Plan - The Employer may make available a tuition reimbursement program for regular full-time employees for courses that are job-related or required for their position. These courses must be taken at an accredited school.

Employees should request in writing, inclusion in the tuition reimbursement program, to the First Selectman or Director of Human Resources, prior to enrollment in the course. Upon approval, each employee shall be eligible to receive reimbursement for fifty (50%) percent of the course cost, including books, up to a maximum of five hundred dollars (\$500, after successful completion (a grade of "C" or better). A copy of the course and book receipts, along with a transcript or acceptable document, should be submitted with the reimbursement request.

Section 2: The use of Town property for any personal use whatsoever is prohibited.

Section 3: Uniforms and Shoes/Boots - At the Employer's determination, employees may be required to wear uniforms, protective gear or other types of special clothing related to the employee's position. The Employer shall provide the uniforms, protective gear, special clothing, or shall provide an allowance for those employees whose work requires that uniforms, protective gear or special clothing be worn. The Employer reserves the rights to determine what uniforms are to be worn, who shall wear uniforms, what protective gear is required, and how such gear shall be worn or used. At the termination of employment, the Employer requires that the employee return all uniforms and protective gear, or the employee shall be held responsible for the cost of the items. To the extent the Employer intends to change uniform styles in the future, the employees shall be consulted in the selection of the uniform style and the cost of that change shall be borne by the Employer. The uniforms furnished by the Employer will include five (5) tee shirts yearly per employee. The Employer will provide a boot allowance of two hundred and fifty dollars (\$250.00), paid annually the first pay period in July. Effective on July 1, 2019 the boot allowance shall increase to three hundred dollars (\$300.00)

Section 4: Outside Employment - An employee may engage in employment outside of his/her Town employment, except that, no outside employment shall interfere with or be in conflict of interest with Town employment. Accordingly, any employee engaging in outside employment shall advise the Director of Beach & Recreation or the First Selectman of same solely for the purpose of determining whether a conflict of interest with Town employment exists. An employee whose outside employment is determined to be in conflict of interest with Town employment or is determined to be interfering with the performance of the employee's regular duties with the Town, shall vacate said additional employment or be subject to dismissal. The First Selectman has the responsibility to determine whether or not a specific activity is prohibited, in relation to the Town of Madison's Ethics and Conflict of Interest Policy.

Section 5: Accident Reports - Physical or Property Damage - Any accident resulting in personal injury or property damage should be immediately reported to the Director of Beach & Recreation or Supervisor, who in turn shall notify the Director of Human Resources. If an employee notices an unsafe working condition, he/she should report such condition immediately to his/her supervisor.

Section 6: Meal Allowance - When an employee is required to report to work without advance notice more than three (3) hours before the beginning of regularly scheduled hours or is required to work three (3) hours beyond the end of the regularly scheduled work hours or must work during normal meal time, the employee may request, in writing, a Town paid meal allowance as follows:

- Breakfast: \$8.00
- Lunch: \$9.00
- Dinner: \$12.00

Effective on July 1, 2019 the meal allowance shall increase as follows:

- Breakfast \$10.00
- Lunch \$12.00
- Dinner \$15.00

Section 7: Return of Madison Property - At the time of separation, and prior to the final payment of monies due, all records, assets, or other items of Town property in the employee's custody shall be transferred to the Director of Beach & Recreation. In the event that all items in the employee's custody are not returned to the Employer, an amount representing the value of the unreturned property shall be deducted from the employee's final compensation or collected through other appropriate action.

Employees who are separated from the Town service shall receive payment for all earned salary and accumulated vacation and personal time, subject to normal deductions and for any indebtedness.

Section 8: Layoff - The Director of Beach & Recreation shall determine the order of layoff of employees based upon bargaining unit seniority. In the event of a layoff, an employee shall be retained on the recall list for one (1) year from the date of layoff. Employees subject to layoff shall be notified in writing, not less than two (2) calendar weeks prior to the effective date, except in emergency cases in which the Employer has no opportunity for advance notice.

Section 9: Medical Examinations and Drug Screening Applicants may be required to satisfactorily pass a medical examination, after an offer of appointment to Town service, in order to assure that the individual is able to perform the essential duties of the position. The pre-employment medical examination may include a drug screening.

After an appointment to the Town service, a medical examination may be requested to ensure an employee is still able to perform the duties of his/her position. When required, a practicing physician appointed by the Employer at the Employer's expense shall perform the examination.

Section 10: No prior policy, practice or procedure of the Employer shall be enforceable against the Employer except for those specifically enumerated in this Agreement. Thus, the Union and/or the employee shall have no right to demand of the Employer anything not expressly provided for in this Agreement. All prior practices are null and void unless specifically included in this Agreement.

Section 11: This Agreement constitutes the entire contract between the Employer and the Union and can only be amended by mutual agreement of the parties.

Section 12: An authorized representative of the Union may visit any Town facility for the purpose of investigating grievances or problems, by prior arrangement with the Director of Beach & Recreation, and at reasonable times and under circumstances that do not unreasonably disrupt work or Town operations.

Section 13: Communications Devices - Buildings and Grounds employees will be issued a telecommunications device in the form of either a Cell Phone, Walkie Talkie or radio for communication and safety purposes.

Section 14: Volunteer Fire Fighters - Any employee who is a Madison volunteer fire personnel may leave work at his/her discretion to go to a call and shall return promptly to work after his or her duties are completed. The employee shall receive pay only for such time spent on a volunteer fire call, subject to review by his/her supervisor.

ARTICLE 17 DRUG TESTING

Section 1: The parties recognize the importance to the Town, to bargaining unit employees and to the citizens of Madison that the workforce remains free of the effects of illegal drugs or controlled substances on the job. The Town has the right to conduct drug testing under the following circumstances.

- a. Random drug screenings, during employment, shall be conducted in accordance with the regulations of state statutes or federal DOT guidelines for all employees whose positions require the operation of Town vehicles.
- b. The Town may require an employee to submit to drug testing if there is a reasonable suspicion that the employee may be under the influence of illegal or controlled substances. If an arbitrator is called upon to determine whether the Town had “reasonable suspicion” to conduct a drug test in any given case he/she shall not be bound by any external definition of that term.
- c. An employee’s first confirmed positive test shall not be cause for termination, provided the employee agrees to participate in a treatment program as recommended by the Town’s EAP program or by an SAP (Substance Abuse Professional as defined by the Town of Madison’s Drug and Alcohol Policy). The employee must successfully complete such program as well as any recommended follow-up, which may include a requirement of additional random testing, and provides whatever authorization is necessary to permit the Town to verify compliance with the above. Said employee must agree to submit to a fitness for duty exam before returning to work. An employee’s second positive test result shall be grounds for discharge.
- d. Refusal to submit to testing shall be considered the equivalent of a confirmed positive test.
- e. The Town has the right to test employees pursuant to the regulations issued by the Town of Madison Drug and Alcohol Policy, as the policy may be amended from time to time in accordance with Federal Department of Transportation requirements.

ARTICLE 18 NO STRIKE LOCKOUT

Section 1: Neither the Union nor any employee shall engage in, encourage or tolerate any strike, slow down, sit down or any interruption of work in any form during this Agreement.

Section 2: The Employer shall not engage in a lockout of its employees during the term of this Agreement.

**ARTICLE 19
DURATION**

Section 1: This Agreement shall be in full force and effect and retroactive from July 1, 2018 through June 30, 2023.

Section 2: Should either the Employer or the Union wish to amend, modify or terminate this Agreement at the expiration date hereof, said party, shall, at least one hundred and twenty (120) days prior to the expiration date, notify the other party by certified mail of said desire to amend, modify or terminate this Agreement. Whereupon, within a reasonable period after receipt of such notice negotiations shall commence between the representatives of the Employer and the Union for the purpose of discussing said amendment, modification or termination of this Agreement.

Section 3: Should neither party so notify the other of a desire to amend, modify or terminate this Agreement, it shall automatically extend itself for an additional period of one (1) year when the procedure for amendment, modification or termination shall be as outlined in Section 2 of this Article; this Article shall be automatically extended from year to year should neither party notify the other of a desire to amend, modify or terminate this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their respective officers and representatives as of this ___ day of _____, 2018.

TOWN OF MADISON

THE UNITED PUBLIC SERVICE
EMPLOYEES UNION, MADISON
BUILDING AND GROUNDS UNIT

By: _____
Thomas Banisch
First Selectman

By: _____
Craig Taylor
Unit President, UPSEU

By _____
Kevin Boyle
President, UPSEU

By: _____
Daniel Bonfiglio
Labor Relations, UPSEU

**APPENDIX A
WAGE SCHEDULES**

- A. Effective and retroactive to July 1, 2018 there will be a two and twenty-five hundredths percent (2.25%) wage increase.
- B. Effective July 1, 2019 the wage schedule in effect shall be increased by two and thirty-five hundredths percent (2.35%)
- C. Effective July 1, 2020 the wage schedule in effect shall be increased by two and twenty-five hundredths percent (2.25%)
- D. Effective July 1, 2021 the wage schedule in effect shall be increased by two and thirty-five hundredths percent (2.35%)
- E. Effective July 1, 2022 the wage schedule in effect shall be increased by two and thirty-five hundredths percent (2.35%)

July 1, 2018

2.25%

Description	Step 1	Step 2	Step 3	Step 4	Step 5
Grounds Maintainer I	\$19.50	\$19.89	\$20.29	\$20.70	\$21.11
Grounds Maintainer II – CDL B	\$23.40	\$23.87	\$24.34	\$24.83	\$25.33
Grounds Maintainer III – CDL A	\$25.81	\$26.33	\$26.86	\$27.40	\$27.94
Grounds – Lead Foreman – CDL A	\$28.38	\$28.95	\$29.52	\$30.12	\$30.72

July 1, 2019

2.35%

Description	Step 1	Step 2	Step 3	Step 4	Step 5
Grounds Maintainer I	\$19.95	\$20.35	\$20.76	\$21.18	\$21.60
Grounds Maintainer II – CDL B	\$23.94	\$24.43	\$24.91	\$25.41	\$25.92
Grounds Maintainer III – CDL A	\$26.41	\$26.94	\$27.49	\$28.04	\$28.59
Grounds – Lead Foreman – CDL A	\$29.04	\$29.63	\$30.21	\$30.82	\$31.44

July 1, 2020

2.25%

Description	Step 1	Step 2	Step 3	Step 4	Step 5
Grounds Maintainer I	\$20.39	\$20.80	\$21.22	\$21.65	\$22.08
Grounds Maintainer II – CDL B	\$24.47	\$24.97	\$25.47	\$25.98	\$26.50
Grounds Maintainer III – CDL A	\$27.00	\$27.54	\$28.10	\$28.67	\$29.23
Grounds – Lead Foreman – CDL A	\$29.69	\$30.29	\$30.88	\$31.51	\$32.14

July 1, 2021

2.35%

Description	Step 1	Step 2	Step 3	Step 4	Step 5
Grounds Maintainer I	\$20.86	\$21.28	\$21.71	\$22.15	\$22.59
Grounds Maintainer II – CDL B	\$25.04	\$25.55	\$26.06	\$26.59	\$27.12
Grounds Maintainer III – CDL A	\$27.63	\$28.18	\$28.76	\$29.34	\$29.91
Grounds – Lead Foreman – CDL A	\$30.38	\$31.00	\$31.60	\$32.25	\$32.89

July 1, 2022

2.35%

Description	Step 1	Step 2	Step 3	Step 4	Step 5
Grounds Maintainer I	\$21.35	\$21.78	\$22.22	\$22.67	\$23.12
Grounds Maintainer II – CDL B	\$25.62	\$26.15	\$26.67	\$27.21	\$27.75
Grounds Maintainer III – CDL A	\$28.27	\$28.84	\$29.43	\$30.02	\$30.61
Grounds – Lead Foreman – CDL A	\$31.09	\$31.72	\$32.34	\$33.00	\$33.66

Summary of Benefits and Coverage: What this [Plan](#) Covers & What You Pay For Covered Services **Coverage Period:** 07/01/2018– 06/30/2019

Anthem Blue Cross and Blue Shield : Town of Madison B & G FD 700
BlueCare HMO \$20-\$30 Plan

Coverage for: Individual + Family |
Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms

of coverage, <https://coc.anthem.com/cocdps/aso>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (800) 922-6621 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0/single or \$0/2-person or \$0/family for In- Network Providers .	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	No.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	Yes. \$50 for Out-of- Network Providers for Home Health Care . There are no other specific deductibles .	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan ?	\$6,850/single or \$13,700/2-person or \$13,700/family for In- Network Providers .	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , Balance-Billing charges, and Health Care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes, Century Preferred. See www.anthem.com or call (800) 922-6621 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of- network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of- network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay	Not Covered	-----none-----
	Specialist visit	\$30 copay	Not Covered	-----none-----
	Preventive	No Charge	Not Covered	You may have to pay for

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	care/screening/immunization			services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab – Office No charge X-Ray – Office No charge	Not Covered	Lab – Office -----none----- X-Ray – Office -----none-----
	Imaging (CT/PET scans, MRIs)	No charge	Not Covered	-----none-----
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.anthem.com/pharmacyinformation/ National	Tier 1 - Typically Generic	\$10/prescription (retail) and \$20/prescription (home delivery)	Not Covered	Unlimited Annual Maximum Retail: 30 days Mail Order: 90 days
	Tier 2 - Typically Preferred / Brand	\$25/prescription (retail) and \$50/prescription (home delivery)	Not Covered	
	Tier 3 - Typically Non-Preferred / Specialty Drugs	\$40/prescription (retail) and \$80/prescription (home delivery)	Not Covered	
	Tier 4 - Typically Specialty Drugs	\$40/prescription (retail) and \$80/prescription (home delivery)	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 copay	Not Covered	-----none-----
	Physician/surgeon fees	No charge	Not Covered	-----none-----
If you need immediate medical attention	Emergency room care	\$100 copay	\$50 copay	Copay waived if admitted.
	Emergency medical transportation	No charge	Not Covered	-----none-----
	Urgent care	\$50 copay	Not Covered	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500 copay per admission	Not Covered	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
	Physician/surgeon fees	No charge	Not Covered	-----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$30 copay Other Outpatient \$30 copay	Not Covered	
	Inpatient services	\$500 copay per admission	Not Covered	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
If you are pregnant	Office visits	\$30 copay	Not Covered	Copay applies to initial visit only. There may be other levels of cost share that are contingent on how services are provided. Failure to obtain pre-authorization may result in non-coverage or reduced benefits. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No charge	Not Covered	
	Childbirth/delivery facility services	\$500 copay per admission	Not Covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	No charge	Not Covered	200 visits/benefit period.
	Rehabilitation services	No charge	Not Covered	*See Therapy Services section
	Habilitation services	\$30 copay	Not Covered	
	Skilled nursing care	\$500 copay per admission	Not Covered	120 days limit/benefit period. Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
	Durable medical equipment	No charge	Not Covered	-----none-----
	Hospice services	No charge	Not Covered	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
If your child needs dental or eye care	Children's eye exam	Covered	Not Covered	*See Vision Services section.
	Children's glasses	Not covered	Not Covered	
	Children's dental check-up	Not covered	Not Covered	

Summary of Benefits and Coverage: What this [Plan](#) Covers & What You Pay For Covered Services

Coverage Period: 7/01/2018– 6/30/2019

Anthem Blue Cross and Blue Shield : Town of
Madison FD 710 CP PPO \$15 Plan

Coverage for: Individual + Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services.

NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (800) 922-6621 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0/single or \$0/2-person or \$0/family for In- Network Providers . \$400/single or \$800/2-person or \$1200/family for Out-of- Network Providers .	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	No.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	Yes. \$50 for Out-of- Network Providers for Home Health Care . There are no other specific deductibles .	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan ?	\$6,850/single or \$13,700/2-person or \$13,700/family for In- Network Providers . \$2400/single or \$4800/2-person or \$7200/family for Out-of- Network Providers .	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , Balance-Billing charges, and Health Care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes, Century Preferred. See www.anthem.com or call (800) 922-6621 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of- network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of- network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay	30% coinsurance	-----none-----
	Specialist visit	\$15 copay	30% coinsurance	-----none-----
	Preventive care/screening/immunization	No Charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab – Office No charge X-Ray – Office No charge	Lab – Office 30% coinsurance X-Ray – Office 30% coinsurance	Lab – Office -----none----- X-Ray – Office -----none-----
	Imaging (CT/PET scans, MRIs)	No charge	30% coinsurance	-----none-----
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.anthem.com/pharmacyinformation/ National	Tier 1 - Typically Generic	\$10 copay/prescription (retail only) and \$20 copay prescription (mail order only)	30% coinsurance (retail) and 30% coinsurance (home delivery)	\$1,000 Annual Maximum Retail: 34 days Mail Order: 100 days
	Tier 2 - Typically Preferred / Brand	\$25 copay/prescription (retail only) and \$50 copay prescription (mail order only)	30% coinsurance (retail) and 30% coinsurance (home delivery)	
	Tier 3 - Typically Non-Preferred / Specialty Drugs	\$40 copay/prescription (retail only) and \$80 copay prescription (mail order only)	30% coinsurance (retail) and 30% coinsurance (home delivery)	
	Tier 4 - Typically Specialty Drugs	\$40 copay/prescription (retail only) and \$80 copay prescription (mail order only)	30% coinsurance (retail) and 30% coinsurance (home delivery)	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 copay	30% coinsurance	-----none-----
	Physician/surgeon fees	No charge	30% coinsurance	-----none-----
If you need immediate medical attention	Emergency room care	\$50 copay	Covered as In- Network	Copay waived if admitted.
	Emergency medical transportation	No charge	Covered as In- Network	-----none-----
	Urgent care	\$25 copay	Not covered	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 copay per admission/\$750 maximum per year	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
	Physician/surgeon fees	No charge	30% coinsurance	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$15 copay Other Outpatient \$15 copay	Office Visit 30% coinsurance Other Outpatient 30% coinsurance	
	Inpatient services	\$250 copay per admission/\$750 maximum per year	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
If you are pregnant	Office visits	\$15 copay	30% coinsurance	Copay applies to initial visit only. There may be other levels of cost share that are contingent on how services are provided. Failure to obtain pre-authorization may result in non-coverage or reduced benefits. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No charge	30% coinsurance	
	Childbirth/delivery facility services	\$250 copay per admission/\$750 maximum per year	30% coinsurance	
If you need help recovering or have other special health needs	Home health care	No charge	30% coinsurance	200 visits/benefit period.
	Rehabilitation services	No charge	30% coinsurance	*See Therapy Services section
	Habilitation services	\$15 copay	30% coinsurance	
	Skilled nursing care	\$250 copay per admission/\$750 maximum per	30% coinsurance	120 days limit/benefit period. Failure to obtain pre-authorization may

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		year		result in non-coverage or reduced benefits.
	Durable medical equipment	No charge	30% coinsurance	-----none-----
	Hospice services	No charge	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
If your child needs dental or eye care	Children's eye exam	Covered	30% coinsurance	*See Vision Services section.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
- Routine foot care unless you have been diagnosed with diabetes.
- Dental care (adult)
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture
- Hearing aids
- Private-duty nursing
- Bariatric surgery
- Infertility treatment
- Routine eye care (adult) 1 exam/benefit period.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

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

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

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

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



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms

of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (800) 922-6621 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0/single or \$0/2-person or \$0/family for In- Network Providers .	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	No.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	Yes. \$50 for Out-of- Network Providers for Home Health Care . There are no other specific deductibles .	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan ?	\$6,850/single or \$13,700/2-person or \$13,700/family for In- Network Providers .	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , Balance-Billing charges, and Health Care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes, Century Preferred. See www.anthem.com or call (800) 922-6621 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of- network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of- network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 copay	Not Covered	-----none-----
	Specialist visit	\$35 copay	Not Covered	-----none-----
	Preventive care/screening/immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab – Office No charge X-Ray – Office No charge	Not Covered	Lab – Office -----none----- X-Ray – Office -----none-----

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Imaging (CT/PET scans, MRIs)	No charge	Not Covered	-----none-----
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.anthem.com/pharmacyinformation/ National	Tier 1 - Typically Generic	\$10/prescription (retail) and \$20/prescription (home delivery)	Not Covered	Unlimited Annual Maximum Retail: 30 days Mail Order: 90 days
	Tier 2 - Typically Preferred / Brand	\$25/prescription (retail) and \$50/prescription (home delivery)	Not Covered	
	Tier 3 - Typically Non-Preferred / Specialty Drugs	\$40/prescription (retail) and \$80/prescription (home delivery)	Not Covered	
	Tier 4 - Typically Specialty Drugs	\$40/prescription (retail) and \$80/prescription (home delivery)	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250 copay	Not Covered	-----none-----
	Physician/surgeon fees	No charge	Not Covered	-----none-----
If you need immediate medical attention	Emergency room care	\$200 copay	\$50 copay	Copay waived if admitted.
	Emergency medical transportation	No charge	Not Covered	-----none-----
	Urgent care	\$100 copay	Not Covered	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500 copay per admission	Not Covered	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
	Physician/surgeon fees	No charge	Not Covered	-----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$35 copay Other Outpatient \$35 copay	Not Covered	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
	Inpatient services	\$500 copay per admission	Not Covered	
If you are pregnant	Office visits	\$35 copay	Not Covered	Copay applies to initial visit only. There may be other levels of cost share that are contingent on how services are provided. Failure to obtain pre-authorization may result in non-coverage or reduced benefits. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No charge	Not Covered	
	Childbirth/delivery facility services	\$500 copay per admission	Not Covered	
If you need help recovering or have other special health needs	Home health care	No charge	Not Covered	200 visits/benefit period.
	Rehabilitation services	No charge	Not Covered	*See Therapy Services section
	Habilitation services	\$30 copay	Not Covered	
	Skilled nursing care	\$500 copay per admission	Not Covered	120 days limit/benefit period. Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
	Durable medical	No charge	Not Covered	-----none-----

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	equipment			
	Hospice services	No charge	Not Covered	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
If your child needs dental or eye care	Children's eye exam	Covered	Not Covered	*See Vision Services section.
	Children's glasses	Not covered	Not Covered	
	Children's dental check-up	Not covered	Not Covered	

Summary of Benefits and Coverage: What this [Plan](#) Covers & What You Pay For Covered Services

Coverage Period: 7/1/19

Anthem Blue Cross and Blue Shield : Town of
Madison FD 710 CP PPO

Coverage for: Individual + Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services.

NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (800) 922-6621 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0/single or \$0/2-person or \$0/family for In- Network Providers . \$400/single or \$800/2-person or \$1200/family for Out-of- Network Providers .	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	No.	You will have to meet the deductible before the plan pays for any services.
Are there other deductibles for specific services?	Yes. \$50 for Out-of- Network Providers for Home Health Care . There are no other specific deductibles .	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan ?	\$6,850/single or \$13,700/2-person or \$13,700/family for In- Network Providers . \$2400/single or \$4800/2-person or \$7200/family for Out-of- Network Providers .	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , Balance-Billing charges, and Health Care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes, Century Preferred. See www.anthem.com or call (800) 922-6621 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of- network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of- network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay	30% coinsurance	-----none-----
	Specialist visit	\$35 copay	30% coinsurance	-----none-----
	Preventive care/screening/immunization	No Charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab – Office No charge X-Ray – Office No charge	Lab – Office 30% coinsurance X-Ray – Office 30% coinsurance	Lab – Office -----none----- X-Ray – Office -----none-----
	Imaging (CT/PET scans, MRIs)	No charge	30% coinsurance	-----none-----
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.anthem.com/pharmacyinformation/ National	Tier 1 - Typically Generic	\$10 copay/prescription (retail only) and \$20 copay prescription (mail order only)	30% coinsurance (retail) and 30% coinsurance (home delivery)	\$1,000 Annual Maximum Retail: 34 days Mail Order: 100 days
	Tier 2 - Typically Preferred / Brand	\$25 copay/prescription (retail only) and \$50 copay prescription (mail order only)	30% coinsurance (retail) and 30% coinsurance (home delivery)	
	Tier 3 - Typically Non-Preferred / Specialty Drugs	\$40 copay/prescription (retail only) and \$80 copay prescription (mail order only)	30% coinsurance (retail) and 30% coinsurance (home delivery)	
	Tier 4 - Typically Specialty Drugs	\$40 copay/prescription (retail only) and \$80 copay prescription (mail order only)	30% coinsurance (retail) and 30% coinsurance (home delivery)	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250 copay	30% coinsurance	-----none-----
	Physician/surgeon fees	No charge	30% coinsurance	-----none-----
If you need immediate medical attention	Emergency room care	\$100 copay	Covered as In- Network	Copay waived if admitted.
	Emergency medical transportation	No charge	Covered as In- Network	-----none-----
	Urgent care	\$100 copay	Not covered	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	\$500 copay per admission/\$750 maximum per year	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
	Physician/surgeon fees	No charge	30% coinsurance	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$35 copay Other Outpatient \$35 copay	Office Visit 30% coinsurance Other Outpatient 30% coinsurance	
	Inpatient services	\$500 copay per admission/\$750 maximum per year	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
If you are pregnant	Office visits	\$35 copay	30% coinsurance	Copay applies to initial visit only. There may be other levels of cost share that are contingent on how services are provided. Failure to obtain pre-authorization may result in non-coverage or reduced benefits. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	No charge	30% coinsurance	
	Childbirth/delivery facility services	\$500copay per admission/\$750 maximum per year	30% coinsurance	
If you need help recovering or have other special health needs	Home health care	No charge	30% coinsurance	200 visits/benefit period.
	Rehabilitation services	No charge	30% coinsurance	*See Therapy Services section
	Habilitation services	\$35 copay	30% coinsurance	
	Skilled nursing care	\$500 copay per admission/\$750 maximum per	30% coinsurance	120 days limit/benefit period. Failure to obtain pre-authorization may

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		year		result in non-coverage or reduced benefits.
	Durable medical equipment	No charge	30% coinsurance	-----none-----
	Hospice services	No charge	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
If your child needs dental or eye care	Children's eye exam	Covered	30% coinsurance	*See Vision Services section.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)	
<ul style="list-style-type: none"> • Cosmetic surgery • Routine foot care unless you have been diagnosed with diabetes. 	<ul style="list-style-type: none"> • Dental care (adult) • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none"> • Acupuncture • Hearing aids • Private-duty nursing 	<ul style="list-style-type: none"> • Bariatric surgery • Infertility treatment • Routine eye care (adult) 1 exam/benefit period.

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Does this plan provide Minimum Essential Coverage? Yes

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