

**COLLECTIVE BARGAINING AGREEMENT**

**between**

**TOWN OF WESTON**

**and**

**WESTON TOWN DISPATCHERS  
THE UNITED PUBLIC SERVICE  
EMPLOYEES UNION,  
UPSEU**

**JULY 1, 2021 - JUNE 30, 2025**

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## PREAMBLE

This Agreement entered into by the Town of Weston, hereinafter referred to as the Town, and The Town of Weston Dispatchers, The United Public Service Employees Union, hereinafter referred to as the Union, has as its purpose the promotion of harmonious relations between the Town and the Union, while at the same time recognizing the obligations of both parties to the public.

## ARTICLE I RECOGNITION

**Section 1.** The Town recognizes the Union as the sole and exclusive bargaining agent for the purposes of collective bargaining in matters of wages, hours, and other conditions of employment for the full-time dispatchers, including one (1) designated senior dispatcher, who are members of the bargaining unit which unit excludes supervisors.

## ARTICLE II DUES DEDUCTIONS

**Section 1.** The Town agrees to deduct Union membership dues once each month from the pay of those employees who have signed an authorized payroll deduction card. The amounts to be deducted shall be certified to the Town by the Union and the aggregate deductions of all employees shall be remitted, together with an itemized statement, to UPSEU after such deductions are made.

**Section 2.** These deductions will be made on the first payroll of each month as specified by the Town and agreed to by the Union. Once initiated, authorization shall not be withdrawn until the employee is no longer a member of the bargaining unit.

**Section 3.** The Union agrees to indemnify and save the Town harmless against any and all claims, demands, suits or other forms of liability that shall arise out of or by reason of action or inaction taken by the Town for the purpose of complying with the provisions of this Article.

**Section 4.** It is also agreed that neither any employee nor the Union shall have any claim against the Town for any deductions made or not made, as the case may be, unless a claim or error is made in writing to the Town within sixty (60) calendar days after the date such deductions were or should have been made.

## ARTICLE III UNION SECURITY

**Section 1.** All employees who are members of the Union on the effective date of this Agreement shall, as a condition of employment, remain members of the Union.

**Section 2.** All employees covered herein who are hired after the effective date of this Agreement who do not voluntarily join the Union shall, as a condition of continued employment, pay to the Union each month during the life of this Agreement, or any extension thereof; a service charge in an amount equal to the regular monthly Union dues, and/or other applicable fees as provided in Article II.

## **ARTICLE IV** **SENIORITY**

**Section 1.** The seniority rights of all members of the bargaining unit shall be based upon a position within the bargaining unit and shall be determined from the date of continuous employment after a member or members were officially appointed. A list of members showing their seniority in length of service shall be provided to the Union and to each member of the bargaining unit each year during the first week of January each year.

**Section 2.** Seniority shall not be broken by vacations, sick time (including maternity leave), suspension, or any authorized leave of absence.

**Section 3.** Employees who may resign voluntarily, or who may be discharged for just cause, shall lose all seniority.

**Section 4.** An employee with the least seniority shall be laid off first. Laid off permanent employees with the most seniority shall be rehired first and no new employee shall be hired until all laid off employees have been given an opportunity to return to work and providing the employee recalled is qualified to fill the vacancy. In the event of a layoff, an employee shall retain his/her seniority status for one (1) year from the date of his/her layoff.

**Section 5.** Employees recalled from lay-off shall have two (2) weeks to indicate acceptance or rejection of their previously held position and must return to that position within three (3) weeks to avoid loss of seniority, unless a time extension has been mutually agreed upon.

## **ARTICLE V** **PROBATIONARY PERIOD**

**Section 1.** New dispatchers joining the bargaining unit shall serve a probationary period of one hundred eighty (180) calendar days after training sign-off. All employees, after completion of the probationary period, shall become permanent employees and shall acquire a length of service record as of their original date of hire in the bargaining unit.

## **ARTICLE VI** **PROMOTIONS**

**Section 1.** When a vacancy exists, the employee with the highest seniority shall, if qualified, be given the first opportunity to fill the vacancy. If he/she refuses the opportunity, it shall go to the next senior employee. The Town shall post all vacancies and new positions within the bargaining unit for ten (10) days. If the senior employee successfully bids for the vacancy or new position, the ten (10) day posting shall be waived. A break-in probationary period for a promotional vacancy shall be thirty (30) working days.

The Senior Dispatcher will assist the Director of Communications with interviews, evaluations, and hiring recommendations for prospective candidates when dispatcher vacancies occur; along with the training of new hires. The Senior Dispatcher also assists the Director of Communications with designing and disseminating of new policies/procedures. The Senior Dispatcher performs the duties of the Communications Center Director when he/she is

unavailable.

## ARTICLE VII GRIEVANCE PROCEDURE

**Section 1. Purpose:** The purpose of the grievance procedure shall be to settle employee grievances on as low an administrative level as possible so as to ensure efficiency and employee morale.

**Section 2. Definition:** A grievance, for the purposes of this procedure, shall be considered to be employee or union complaints concerned with:

1. Discharge, suspension or other disciplinary action.
2. Charge of favoritism or discrimination.
3. Interpretation and application of written rules and regulations and policies of the Communications Center or the Town of Weston affecting members of the Bargaining unit.
4. Matters relating to the interpretation, application of the articles and sections of this Agreement.

**Section 3. Procedure:** Any employee may use this grievance procedure with or without Union assistance. Should an employee process a grievance through one or more steps provided herein prior to seeking Union aid, the Union may, at its discretion, process the grievance from the next succeeding steps following that which the employee has utilized.

An employee or the Union who has a grievance, as defined in Section 2, items 1, 2, 3 and 4 of this Article, shall have the right to appeal such grievance to the next succeeding step in which the grievance originated.

**STEP ONE:** Any employee who has a grievance shall reduce the grievance to writing within ten (10) working days of the event giving rise to the grievance and shall submit it to the Communications Center Director (Director) who shall arrange to meet with the grievant and/or the Union and use his best efforts to settle the dispute. The Director's decision shall be submitted in writing to the aggrieved employee and his representative, if represented, within ten (10) working days of receipt of the grievance.

**STEP TWO:** If the complainant and the Union are not satisfied with the decision rendered by the Director, the Union may within ten (10) working days elevate the grievance to the Town Administrator who shall arrange to meet with the grievant and/or the Union and use his best efforts to settle the dispute. The Town Administrator's decision shall be submitted in writing to the aggrieved employee and his representative, if represented, within ten (10) working days of receipt of the grievance.

**STEP THREE:** If the complainant and the Union are not satisfied with the decision rendered, the Union may within thirty (30) working days notify the Town that it intends to submit it to the Connecticut State Board of Mediation and Arbitration, and the decision rendered by the Arbitrator or Arbitrators shall be final and binding upon both parties. However, the arbitrator or arbitrators shall be limited to the express terms of this Agreement and shall have no authority to

amend or modify the provisions of this Agreement.

**Section 4. Mediation:** The mediation services of the State Board of Mediation and Arbitration may be used in the third step provided both parties mutually agree on the desirability of the service.

**Section 5. Recording of Minutes and Testimony:** Either party shall have the right to employ a public stenographer or use a mechanical recording device at any step in the procedure at his own expense.

**Section 6. Union as a Complainant:** The Union shall be entitled to submit grievances in the name of the Union in the same manner as is provided herein for employees.

**Section 7. Time Extensions:** Time extensions beyond those stipulated in this grievance procedure may be arrived at by mutual agreement of the parties concerned.

**Section 8. Representation:** All parties to any grievance shall have the right and choice of representation whenever representation is desired, at their own expense.

**Section 9. Working Days:** Working Days shall be defined as the days and hours of operation of the Town Hall.

## **ARTICLE VIII** **DISCIPLINE AND DISCHARGE**

**Section 1.** No employee shall be removed, dismissed, discharged, suspended, fired, or disciplined in any other manner by the Town, or its duly authorized agent(s), except for just cause. If any employee is removed, dismissed, discharged, suspended, fired, or reduced in rank or otherwise disciplined, such member may challenge such action through the grievance procedure. Disciplinary actions shall normally be applied in the following order:

- (1) Oral warning
- (2) Written warning
- (3) Suspension
- (4) Discharge

In the event of an incident or course of employee behavior of a serious nature, the employer may, subject to challenge under the grievance procedure, apply multiple disciplinary actions and/or dispense with some or all of the progressive disciplinary steps set forth above.

## **ARTICLE IX** **SICK LEAVE**

**Section 1.** Sick leave shall be considered to be the absence from duty, with pay for the following reasons:

- a. Illness or injury, except where directly traceable to employment by an employer other than the Town of Weston.

- b. When the employee is required to undergo medical, optical, or dental treatment, and only when this cannot be accomplished on off-duty hours.
- c. When the illness of a member of the employee's immediate family residing in his household requires his personal attendance, and a medical certificate supporting the illness and the necessity of the employee's attendance is furnished to the Town by such employee if the time exceeds three (3) consecutive working days.

## **Section 2. Sick Leave Allowance**

Each employee shall have credited to his account, sick leave with full pay of fifteen (15) working days during each calendar year, as of July 1 for the previous twelve (12) months of service, or pro rata if less than a full year.

## **Section 3. Sick Leave Accumulation**

- a. All unused sick leave for any employee during continuous employment shall accumulate to a maximum of one hundred fifty (150) days. The Town Administrator may, in his discretion, grant sick leave beyond one hundred fifty (150) days.
- b. No credit towards accumulated sick leave shall be granted for time worked by an employee in excess of his normal work week.
- c. Sick leave shall continue to accumulate during leaves of absence with pay and during the time an employee is on authorized sick leave or vacation.
- d. Sick leave shall not continue to accumulate during leaves of absence without pay.
- e. All sick leave shall be cumulative from the date of hire.

## **Section 4. Medical Certificate and Inspections**

- a. For any period of absences consisting of more than three (3) consecutive working days.
- b. When it is reasonably presumed that a member of the immediate family is suffering from a serious contagious disease which may endanger the health of other employees of the Department.

## **Section 5. Reporting Illness**

- a. When an employee finds it necessary to be absent from duty on sick leave, he shall cause the fact to be reported to the duty dispatcher not later than four (4) hours prior to his schedule of duty, unless his knowledge of such sickness occurs after four hours prior to the tour of duty, in which case he shall report it as soon as is diligently possible.

## **Section 6. Redemption of Accumulated Sick Leave**

Upon separation of his services with the Town for any reason other than discharge, an employee shall receive on the basis of his current wages, full compensation for forty percent (40 %) of his unused accumulated sick leave. Effective July 1, 2010 all new employees must have at least ten (10) years of service to qualify for this benefit.

Upon retirement, defined as age 55 with 15 years of service, or age plus service equaling the number 75 with at least 10 years of service, employees shall be entitled to receive payment, for unused accumulated sick leave. Based on current wages, employees hired prior to July 1, 2010 shall be entitled to compensation of 60% of their unused accumulated sick leave balance. Employees with a hire date after July 1, 2010 shall be entitled to a compensation amount of 40%.

In the event of an employee's death, compensation shall be paid to the employee's spouse and/or minor children for one-hundred percent (100 %) of the employee's unused accumulated sick leave. If the employee has neither a spouse nor children, such compensation shall be given to the estate of the deceased employee.

## **Section 7. Sick Leave Records**

The Town shall maintain a record for each employee of all sick leave taken and accumulated, and shall furnish a copy to the Union every three (3) months, upon request.

## **Section 8. Personal Leave**

Each employee shall be entitled to three (3) days per fiscal year as personal leave days.

## **ARTICLE X FUNERAL LEAVE**

**Section 1.** Five (5) days special leave with full pay shall be granted for death of an employee's spouse, father, mother and children, sister, brother, mother-in-law, father-in-law and grandparents. Should the death occur on a day not scheduled as a regular workday, only the actual workdays necessary to complete the five (5) day period shall be allowed. Extended leave may be granted for special cases by the Town Administrator.

## **ARTICLE XI CLOTHING**

**Section 1.** The Town shall provide each dispatcher with all uniforms necessary. Such uniform shall consist of four (4) work pants, five (5) short sleeve golf shirts, five (5) long sleeve golf shirts, one (1) sweater, one (1) belt and one (1) pair of black shoes. The Town will replace any such items which are torn or otherwise caused to be unusable by action when on duty and shall replace items that so need it by cause of reasonable and normal wear and use.

**Section 2.** The Town shall provide an annual cleaning allowance to all Communications Center employees of two hundred and forty dollars (\$240), equaling twenty dollars (\$20) per month,

payable twice each contract year on or about August 15 for the service period July 1- December 31, and February 15 for the service period January 1 - June 30.

## **ARTICLE XII HOLIDAYS**

**Section 1.** Each employee shall be entitled to fifteen (15) paid holidays per year payable on the date on which the holiday occurs.

**Section 2.** The paid holidays are as follows:

New Year's Day	Memorial Day	Columbus Day
Lincoln's Birthday	Independence Day	Thanksgiving Day
Washington's Birthday	M. L. King Day	Day after Thanksgiving
Good Friday	Veteran's Day	Christmas Day
Easter Sunday	Labor Day	Juneteenth

**Section 3.** Employees who do not work on a holiday shall receive holiday pay. Employees who work their regularly-scheduled shift on a holiday shall receive one and one-half (1/2) times their regular rate of pay for all hours worked and in addition shall receive holiday pay. Employees who are required to work on a holiday which is not their regularly-scheduled day of work shall receive double time for all hours worked and in addition shall receive holiday pay.

**Section 4.** Any day declared a holiday by the President, the Governor, First Selectman, Board of Selectmen or resulting from federal or state law shall be observed as a day off with full pay for any dispatcher not scheduled for work on that day or any Town employee not working on that day, and shall be paid double-time for any dispatcher or Town employee required to work on that day. Dispatchers who are required to work on a holiday which is not a regularly scheduled work day shall receive double time plus holiday pay.

## **ARTICLE XIII OVERTIME**

**Section 1.** All overtime duty shall be paid at the rate of one and one-half (1 1/2) times his regular hourly rate for all hours thereof in excess of eight (8) hours per day or regular work schedule.

**Section 2.** Employees who may be called into work on their regular day off, shall be required to work a full shift, eight (8) hours and shall be compensated for such work at one and one-half (1 1/2) times the employee's regular rate, provided that if the employee, by mutual agreement of the employee and the Town Administrator or his designate, works less than 8 hours, compensation shall be paid for only the hours worked, at one and one-half (1 1/2) times the employee's regular rate.

**Section 3.** When an employee is required to return to duty to perform overtime duties on a regular working day and when the overtime hours so worked are not continuous with the employee's regular duty hours, or for an emergency turnout, he shall be paid from the time of the call in and paid not less than three (3) hours at the rate of one and one-half (1 1/2) times his regular rate, provided the employee is on site within one hour of the call-in.

**Section 4.** Overtime pay shall not be subject to the minimum hours provisions when such overtime results from extending a tour of duty on any shift to properly complete work assignments.

**Section 5.** All overtime work assignments shall be based on total number of hours worked, for all full-time dispatchers. Said system shall have records to be posted monthly of all overtime worked for that month and the total number of hours worked to date and shall be kept in close proportion to all other dispatchers. All refusals shall be marked as a refusal and the number of hours that were offered shall still be added to the dispatcher's total hours.

Should, at the end of each month, a disproportionate number of total hours for any employee exist, then, in that case, they shall be adjusted at the next available opportunity. All overtime resulting from a dispatcher's inability to fill a scheduled shift (i.e., sick, funeral days, etc.) shall be treated as follows.

1. The dispatcher unable to fill his scheduled shift shall notify the on-duty dispatcher.
2. If the other full-time dispatchers refuse the overtime shift, the on-duty dispatcher shall then:
  - a. Offer the shift to the part-time dispatchers. If they refuse -
  - b. The Director or his designee shall order in the full-time dispatcher with the least amount of overtime for the current month provided he/she is otherwise eligible to work that shift to cover the shift.

**Section 6.** Nothing contained in this Agreement shall be construed so as to prevent the Town from ordering an employee to work overtime in any emergency situation.

**Section 7.** Once the Department work schedule has been posted, per Article XV, Section 5, bargaining unit members shall be first offered any shifts remaining unfilled. However, prior to formal posting, the Town reserves the right to fill any open shift from outside the bargaining unit.

The Union agrees that the supervisory position for the Communications Center created by the Town will remain outside the bargaining unit. The Town agrees that this position shall not result in the layoff of any member of the bargaining unit. The Town and the Union further agree that the position may perform bargaining unit work, but that any instance in which the supervisor is filling a shift or the majority of a shift, the procedures and practices described in Article XIII, Section 5 and 7, and Article XV, Section 5, shall be followed.

**Section 8.** All work performed on the seventh consecutive shift shall be paid for at the double-time rate of pay.

#### **ARTICLE XIV** **VACATIONS**

**Section 1.** Employees shall be granted time off with pay for vacations according to the following schedule:

2 weeks after 1 year, with one week eligible to be used after 6 months

3 weeks after 5 years

4 weeks after 10 years

5 weeks after 20 years

Years of employment shall deal with years employed by the Town on a full-time basis.

**Section 2.** The vacation period shall be between July 1<sup>st</sup> to June 30<sup>th</sup> of each fiscal year and each employee shall be afforded the opportunity to be off on vacation within the fiscal year. Up to one week of vacation time can be accumulated and carried over into the subsequent vacation period.

**Section 3.** An employee's vacation shall be determined on the anniversary date of the employment and department seniority prevails in the selection of vacation periods. Choice of dates shall be granted, whenever practical, but operating requirement of the Communications Center shall prevail (for dispatchers). When choice of date has been granted, it will not be interfered with, except in cases of emergency.

**Section 4.** Prorated accumulated vacation pay, limited to that year, shall be given to employees upon termination or retirement from Town service.

**Section 5.** In the event of an employee's death, his/her prorated accumulated vacation pay, limited to that year, shall be paid to the employee's spouse and/or minor children. If the employee has neither a spouse nor children, such compensation shall be given to the estate of the deceased employee.

## **ARTICLE XV** **HOURS OF WORK**

**Section 1.** The Town will make every effort to maintain a full staffing complement for the Dispatch area.

The schedule rotation will be as follows: Four (4) days on/two (2) days off, four (4) evenings on/two (2) days off for all full-time bargaining unit members with the exception of one full-time bargaining unit member who shall work five (5) midnight shifts, Monday through Friday, with two (2) days off (Saturday and Sunday).

**Section 2.** The work period therefore shall consist of seven (7) days. The Communications Center shall maintain three (3) such working periods:

Shift A	7:00 A.M to 3:00 P.M.
Shift B	3:00 P.M. to 11:00 P.M.
Shift C	11:00 P.M. to 7:00 A.M.

**Section 3.** No employee shall be required to work two (2) eight (8) hour shifts consecutively,

except in an emergency situation, in which case the second eight (8) hour shift shall be at time and one-half unless the shift is on a holiday, in which case the first shift will be at double time, and the second shift will be at double time plus holiday pay.

**Section 4.** During each eight (8) hour tour of duty, employees shall be allowed thirty (30) minutes for lunch, if possible. All dispatch employees shall receive a meal allowance of ten dollars (\$10.00) when held over at least four (4) hours on a shift without prior notice. Effective with the ratification of this agreement the meal allowance shall increase to fifteen dollars (\$15.00).

**Section 5.** All work schedules shall be completed and posted on the Departmental bulletin board not later than five (5) days in advance of the date when the working period changes. For purposes of this Section, the work schedule is defined as one calendar month.

**Section 6.** Any dispatcher, other than the regularly assigned midnight shift dispatcher, shall receive a six percent 6% shift differential for each full midnight shift worked. The midnight shift dispatcher shall receive a 6% shift differential when working a non-scheduled midnight shift.

**Section 7.** Any dispatcher, other than the regularly assigned evening shift dispatcher, shall receive a three percent 3% shift differential for each full evening shift worked.

The shift differential is not designed to be provided in the extent of an extended absence by the regular midnight dispatcher, or during the period of vacancy in the position. Accordingly, the differential shall cease to be provided after the tenth consecutive missed shift by the regularly assigned midnight dispatcher, or after the tenth consecutive shift following a vacancy in the position of midnight dispatcher.

## **ARTICLE XVI** **WAGES AND BENEFITS**

### **Section 1.**

Effective and retroactive to July 1, 2021, each employee shall receive a wage increase of one and one half percent (1.50%).

Effective July 1, 2022, each employee shall receive a wage increase of two and four tenths percent (2.40%).

Effective July 1, 2023, each employee shall receive a wage increase of two and four tenths percent (2.40%).

Effective July 1, 2024, each employee shall receive a wage increase of three percent (3.00%).

A wage table shall be attached as Appendix A of this Agreement.

**Section 2. Pay Schedules:** The Town shall have the right to pay employees on a bi-weekly basis (every 2 weeks) provided that if the Town elects to pay employees biweekly, it shall do so by direct deposit to the financial institution selected by the employee.

**Section 3.** All dispatchers who have less than twelve (12) months of service shall be paid at Step 1.

All dispatchers who have twelve (12) months of service, but less than twenty-four (24) months shall be paid at Step 2.

All dispatchers who have twenty-four (24) months of service, but less than thirty-six (36) months shall be paid at Step 3.

All dispatchers who have thirty-six (36) months of service, but less than forty-eight months shall be paid at Step 4.

All dispatchers who have forty-eight (48) months of service shall be paid at Step 5.

**Section 4.** New dispatchers to the Communications Center shall be paid at Step 1 as outlined in Section 1 of this Article and shall advance through the steps on the anniversary date of their employment on a full-time basis, and as provided for in Section 2 of this Article.

**Section 5. Training:** Dispatchers shall be entitled to take part in training classes and seminars held off premises, to increase their knowledge and job ability. The dispatchers shall be paid a full day's wages if the program takes place on their regularly scheduled work day and time and one-half if it occurs on a scheduled day off. Transportation, lodging (if required) and meals shall be reimbursed to the dispatcher by the Town.

**Section 6. Longevity:** Employees shall earn longevity payments which will be payable on the anniversary of each employee's date of hire. The longevity payments shall be as follows:

- a. Employees with one (1) or more consecutive years of service shall receive \$1,025.00 per year.
- b. Employees with four (4) or more consecutive years of service shall receive \$1,150.00 per year.
- c. Employees with seven (7) or more consecutive years of service shall receive \$1,400.00 per year.
- d. Employees with ten (10) or more consecutive years of service shall receive \$1,650.00 per year.
- e. Employees with fifteen (15) or more consecutive years of service shall receive \$1,900.00 per year.
- f. In calendar year 2019 and only in calendar year 2019, longevity payments detailed in Section 6 of this Article, subsections a through e, shall be triple (3x) in value.
- g. Employees hired after the 2018-2021 Collective Bargaining Agreement is ratified

shall not be eligible to receive longevity payments.

## **ARTICLE XVII** **INSURANCE**

### **Section 1. Life Insurance.**

- a. The Town shall provide life insurance for each member of the bargaining unit in the amount equal to two and one half times (2.5X) the employee's annual base salary rounded to the nearest thousand. The employee's spouse, at his/her expense, may purchase life insurance from the Town's carrier.
- b. The Town shall provide a line of duty accidental death and disability policy, in addition to (a) above, with a maximum death benefit in the amount equal to two and one half times (2.5X) his/her annual base salary rounded to the nearest thousand.

### **Section 2. Medical Insurance**

- a. All employees and their eligible dependent(s) shall be entitled to health care benefits. The benefits provided by the Health Reimbursement Arrangement (HRA) or equivalent plan shall be as described in Appendix B.
- b. The HRA and Account Provisions are as follows: Employees shall have a high deductible health care plan with a Health Reimbursement Arrangement (HRA). The terms of this plan set forth in Addendum B. Adjustments to the deductible for the high deductible plan may be made from time to time consistent with federal limits associated with HRA plans or based on cost savings which may be available by adjusting insurance/self-insurance limits.
- c. The Town may change insurance carriers of self-insure for any of the insurance plans listed in this Article provided the replacement coverage and benefits are substantially equal to the current coverage and benefits. The Town shall provide sixty (60) days advanced notice to the Union and shall consult with the Union prior to implementing any change.

### **Section 3. Vision/Dental Insurance**

Coverage shall be provided at benefit levels as described in Appendix C and D.

### **Section 4. Prescriptions**

Prescription co-payments shall be: \$15/25/40.

Mail Order shall be twice (2X) listed amount for a 90-day supply.

### **Section 5. Employee Contribution Rates**

Effective as of the ratification:

7/01/21	EMPLOYEE (22.5%)	TOWN (77.5 %)
7/01/22	EMPLOYEE (22.5%)	TOWN (77.5%)
7/01/23	EMPLOYEE (22.5%)	TOWN (77.5%)
7/01/24	EMPLOYEE (23.5%)	TOWN (76.5%)

**Section 6. Unpaid Leave**

Except as otherwise required by law, an employee shall be responsible for paying the full cost of his/her medical insurance benefits, for himself/herself and his/her eligible dependents, while the employee is on unpaid leave

**Section 7. Post Retirement:**

(1) The Town shall make Medicare Supplement insurance available to Medicare and CMERF-eligible retirees who meet the following conditions:

- A. The attainment of age 55 with at least 15 completed years of consecutive service; or
- B. The attainment of at least 30 completed years of consecutive service, regardless of age.

(2) The Town shall make available the following health coverage to eligible retirees achieving the CMERS specified “Normal Retirement Age:”

- a) Medical plan coverage, the same as that made available to active employees, as such coverage is from time to time negotiated and changed.
- b) The Town shall contribute the following annual amounts based on years of service and age (if applicable) at the time of retirement, for participating retirees who are not eligible for Medicare coverage:

Five Thousand Dollars (\$5,000.00) after twenty (20) completed years of service (CMERS Normal Retirement).

Five Thousand Five Hundred Dollars (\$5,500.00) after twenty-five (25) completed years of service.

Sixty five percent (65%) of the monthly COBRA rate after thirty (30) years of service, (regardless of age).

(3) The Town shall pay the cost of providing a Medicare Supplemental health insurance policy for eligible retirees only, up to a maximum contribution by the Town of \$190 per month. When an eligible retiree (as provided in (1) above) becomes eligible for Medicare the retiree shall no longer be eligible to participate in the Town’s medical plan coverage but his/her spouse may continue to participate in the Town’s medical plan until he/she becomes eligible for Medicare, provided that the spouse shall be responsible for paying 100% of the monthly COBRA rate to

continue such participation. It shall be the responsibility of the retiree to apply for Medicare coverage and to obtain the Medicare supplemental health insurance policy. The Town may request proof of coverage from the retiree on an annual basis. If the premium cost of the Supplemental policy for the retiree is less than \$190 per month, the Town's obligation is limited to the actual cost of the premium. Effective July 1, 2012 if the premium cost of the Supplemental policy for the retiree is less than \$190 per month, the town's obligation is limited to the actual cost of the premium.

(4) Any participant who becomes employed by another employer that provides health insurance coverage shall have the employer's health insurance plan designated as the participant's primary health insurance plan while such coverage is in effect. In the event that a participant's covered spouse is also covered under his or her employer's medical benefit plan, such other plan shall be secondary under the existing provisions of the coverage made available by the Town of Weston. All participants will be requested, at least once a year, to provide a statement to the town confirming whether they or their covered dependents have any other medical coverage. The Town agrees to extend Retiree Health benefits to employees who are Medicare eligible aged sixty-five (65) or more) as described above.

(5) Employees hired after the 2018-2021 Collective Bargaining Agreement is ratified shall not be eligible to receive retiree medical benefits or a payment towards a Medicare supplement plan as provided in this Section 7 of Article XVII, with side letters to this effect.

(6) The benefits set forth in this Article XVII Section 7 shall not be negotiated or changed for current employees and neither the Town nor Union may propose to change it, with side letters to this effect for each member.

## **ARTICLE XVIII PENSION**

**Section 1.** All Weston Communications Center employees shall be enrolled in the Connecticut Municipal Employees Retirement System (CMERS). Both the Town and the bargaining unit agree to be bound by all relevant CMERS rules and regulations.

## **ARTICLE XIX UNION BUSINESS LEAVE**

**Section 1.** Union officers shall be allowed to attend official union conferences without loss of pay for the period required to attend the function, not to exceed three (3) days per year in total for the bargaining unit.

## **ARTICLE XX UNSAFE PRACTICES**

**Section 1.** The Town shall not willfully establish a situation that is considered an unusually unsafe practice for the work of any dispatcher or other member of the bargaining unit. This shall include providing appropriate security and maintaining air conditioning, air cleaning and sufficient heat in the Communications Center. Should such a practice be continued as an operating policy, this shall be grounds for grievance under the procedures and steps so provided for in this Agreement. Nothing in this Article is to be construed as dealing with emergency

situations.

**ARTICLE XXI**  
**LEAVE OF ABSENCE**

**Section 1.** Upon the written request of any employee, directed to the Town Administrator, the Town may grant the employee a personal leave of absence without loss of seniority and without pay for a period of one year.

**ARTICLE XXII**  
**GENERAL PROVISIONS**

**Section 1.** The Town shall give to each employee and to a new employee when he/she is hired, a copy of this contract, an identification card and a copy of the Rules and Regulations of the Communications Center to dispatchers and the equivalent for any other Town employees who are members of the bargaining unit. Employee access to an electronic format of said documents shall satisfy the requirements of this section.

**Section 2.** The Town shall designate one bulletin board on the premises of the Communications Center for the purpose of posting notices concerning Union business and activities or any other matter pertinent to Union business.

**Section 3.** The Town agrees that there will be no lockout of any employee or employees during the term of this Agreement. The Union and the individual employees covered hereunder expressly agree that there will be no strike, slow down or work stoppage during the term of this Agreement.

**Section 4.** If any Article or any Section of this contract is declared invalid for any reason, such declaration of invalidity shall not affect the other Articles or Sections or portions thereof which shall be valid unless they have direct connections and bearing on each other.

**Section 5.** Jury Duty: Special leave shall be granted to employees performing jury duty with the Town paying the difference between the jury duty pay and the employee's regular pay.

**Section 6.** The parties mutually agree that members of this bargaining-unit shall have the right to use all Town recreational areas/facilities for themselves and families and shall, for all intents and purposes, hold the status of a resident when fees are required for such use.

**Section 7.** Coffee, water, and related beverage supplies are to be provided to the Communications Center by the Town.

**Section 8.** The Town shall provide and maintain for the Communications Center a standard size refrigerator, microwave oven, toaster oven and coffee maker.

**Section 9.** Any military leave required by employees will be in accord with prevailing federal and Connecticut State laws.

**Section 10.** The Town shall, within a reasonable time after receipt of a written request from an employee, permit such employee to inspect his or her personnel file if such a file exists. Such

inspection shall take place during regular business hours at the Town Hall. The Town shall keep any personnel file pertaining to a particular employee for at least one year after the termination of such employee's employment.

### **ARTICLE XXIII PAST PRACTICE**

Nothing in this Agreement shall be construed as abridging any right, benefit or privilege that all employees within this bargaining unit have enjoyed heretofore, unless it is specifically stated that said practice has been superseded by a provision of this Agreement.

### **ARTICLE XXIV MANAGEMENT'S RIGHTS**

**Section 1.** It is understood and agreed that the Town of Weston possesses the sole right and authority to operate and direct the employees of the Town and its various departments in all aspects, including employees of the Communications Center. Such authority shall include but not be limited to all rights and authority exercised by the Town prior to the execution of this Agreement, except as modified in this Agreement. These rights include, but are not limited to:

- a. The right to determine its mission, policies and to set forth all standards of service offered to the public.
- b. To plan, direct, control, and determine the operations or services conducted by employees of the Town.
- c. To determine the methods, means, and number of personnel needed to carry out the department's mission.
- d. To direct the working forces;
- e. To hire and assign or transfer employees within the department or to other applicable functions.
- f. To promote, suspend, discipline, or discharge for just cause.
- g. To lay-off or relieve employees due to lack of work or funds or for other legitimate reasons.
- h. To make, publish, and enforce rules and regulations.
- i. To introduce new or improved methods, equipment or facilities.
- j. To take any and all actions as may be necessary to carry out the mission of the Town and the Communications Center in situations of civil emergency as may be declared by the First Selectman, Town Administrator, Police Chief, or Fire Chief, provided that no right enumerated herein shall be exercised or enforced in a manner contrary to or inconsistent with the provisions of this Agreement.

**ARTICLE XXV**  
**DURATION**

This Agreement shall be in effect July 1, 2021 and shall continue in effect until June 30, 2025 and thereafter shall continue in effect from year to year, except that it may be amended at any time by mutual agreement, by giving to the other party of not less than one hundred twenty (120) days written notice of intention to propose amendments. Within thirty (30) days of receipt of such notice, by either party, a meeting shall take place between the Town and the Union to confer with respect to such amendment, modification, or termination.

**FOR THE TOWN OF WESTON**

Signed:



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Samantha Nestor First Selectwoman

**FOR THE UNION UPSEU**

Signed:



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Joseph Constantino, Local President



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Ronald Suraci, Staff Representative



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Kevin Boyle, UPSEU, President

## ARTICLE A: WESTON DISPATCHERS WAGE SCHEDULE

EFFECTIVE DATE	GRADE	TITLE	STEP	HOURLY RATE
7/1/2021	GR 1	DISPATCHER	1	26.61
7/1/2021	GR 1	DISPATCHER	2	27.96
7/1/2021	GR 1	DISPATCHER	3	29.38
7/1/2021	GR 1	DISPATCHER	4	30.84
7/1/2021	GR 1	DISPATCHER	5	32.38
7/1/2021	GR 2	SR DISPATCHER	1	27.81
7/1/2021	GR 2	SR DISPATCHER	2	29.22
7/1/2021	GR 2	SR DISPATCHER	3	30.68
7/1/2021	GR 2	SR DISPATCHER	4	32.23
7/1/2021	GR 2	SR DISPATCHER	5	33.85
7/1/2022	GR 1	DISPATCHER	1	27.25
7/1/2022	GR 1	DISPATCHER	2	28.63
7/1/2022	GR 1	DISPATCHER	3	30.09
7/1/2022	GR 1	DISPATCHER	4	31.58
7/1/2022	GR 1	DISPATCHER	5	33.16
7/1/2022	GR 2	SR DISPATCHER	1	28.48
7/1/2022	GR 2	SR DISPATCHER	2	29.92
7/1/2022	GR 2	SR DISPATCHER	3	31.42
7/1/2022	GR 2	SR DISPATCHER	4	33.00
7/1/2022	GR 2	SR DISPATCHER	5	34.66
7/1/2023	GR 1	DISPATCHER	1	27.91
7/1/2023	GR 1	DISPATCHER	2	29.32
7/1/2023	GR 1	DISPATCHER	3	30.81
7/1/2023	GR 1	DISPATCHER	4	32.33
7/1/2023	GR 1	DISPATCHER	5	33.95
7/1/2023	GR 2	SR DISPATCHER	1	29.16
7/1/2023	GR 2	SR DISPATCHER	2	30.64
7/1/2023	GR 2	SR DISPATCHER	3	32.17
7/1/2023	GR 2	SR DISPATCHER	4	33.79
7/1/2023	GR 2	SR DISPATCHER	5	35.49
7/1/2024	GR 1	DISPATCHER	1	28.74
7/1/2024	GR 1	DISPATCHER	2	30.20
7/1/2024	GR 1	DISPATCHER	3	31.74
7/1/2024	GR 1	DISPATCHER	4	33.30
7/1/2024	GR 1	DISPATCHER	5	34.97
7/1/2024	GR 2	SR DISPATCHER	1	30.04
7/1/2024	GR 2	SR DISPATCHER	2	31.56
7/1/2024	GR 2	SR DISPATCHER	3	33.14
7/1/2024	GR 2	SR DISPATCHER	4	34.81
7/1/2024	GR 2	SR DISPATCHER	5	36.56

# Your summary of benefits

Anthem Blue Cross and Blue Shield, Town of Weston Plan 2

Your Plan: Anthem Century Preferred PPO GHRA \$2500/\$5000

Your Network: Century Preferred

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

Employer's Annual Health Reimbursement Account Contributions: Person \$2,500/Family \$5,000

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

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b> <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i>	\$2,500 person / \$5,000 family	
<b>Out-of-Pocket Limit</b> <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$3,500 person / \$7,000 family	\$5,000 person / \$10,000 family
<b>Preventive care/screening/immunization</b> <i>In-network preventive care is not subject to deductible, if your plan has a deductible. Included are the preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.</i>	No charge	20% coinsurance after deductible is met
<b>Doctor Home and Office Services</b>  <b>Primary care visit to treat an injury or illness</b>	0% coinsurance after deductible is met	20% coinsurance after deductible is met

# Your summary of benefits

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



# Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection.</i></p>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
<p><b>Diagnostic Services</b></p> <p><b>Lab:</b></p> <p>Office</p> <p>Freestanding/Site-of-Service Lab</p> <p>Outpatient Hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>
<p><b>X-ray:</b></p> <p>Office</p> <p>Freestanding/Site-of-Service Radiology Center</p> <p>Outpatient Hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>
<p><b>Advanced Diagnostic Imaging:</b> <i>Imaging services include MRI, MRA, CAT, CTA, PET, and SPECT scans</i></p> <p>Office</p> <p>Freestanding/Site-of-Service Radiology Center</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>



# Your summary of benefits

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



# Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Hospital</p> <p>Freestanding Surgical Center</p> <p><b>Doctor and other services</b></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>
<p><b>Hospital Stay (all Inpatient stays including Maternity, Mental/Behavioral Health, Substance Abuse, Infertility, Hospice and Human Organ and Tissue Transplant services):</b></p> <p>Facility fees (for example, room &amp; board)</p> <p><b>Doctor and other services</b></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>
<p><b>Recovery &amp; Rehabilitation</b></p> <p><b>Home health care</b>  <i>Coverage is limited to 100 visits per benefit period (80 of those visits can be Home Health Aide visits). Limit is combined In-Network and Non-Network.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p>
<p><b>Rehabilitation services (for example, physical/speech/occupational therapy/chiropractic):</b></p> <p>Office  <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy, and speech therapy combined is limited to 60 visits per benefit period. Chiropractic care limited to 12 visits per benefit period. Limit is combined across professional visits and outpatient facilities. Limit is combined In-Network and Non-Network.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p>



# Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Outpatient hospital</b>  <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy, chiropractic and speech therapy combined is unlimited per benefit period. Limit is combined across professional visits and outpatient facilities. Limit is combined In-Network and Non-Network</i></p>	<p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p>
<p><b>Cardiac rehabilitation</b></p> <p>Office</p> <p>Outpatient hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>
<p><b>Skilled nursing care (in a facility)</b>  <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 100 per benefit period.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p>
<p><b>Hospice</b></p>	<p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p>
<p><b>Durable Medical Equipment</b>  <i>Coverage for hearing aids is limited to 1 per ear every 2 years.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p>
<p><b>Prosthetic Devices</b>  <i>Mandatory coverage of a wig if prescribed by a licensed oncologist for a patient who suffers hair loss as a result of chemotherapy. Member cost share for prosthetic arms, legs and microprocessors is 0% coinsurance after deductible when In-Network.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p>



# Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Pharmacy Deductible</b>	Combined with medical deductible	Combined with medical deductible
<b>Pharmacy Out of Pocket</b>	Combined with medical out of pocket maximum	Combined with medical out of pocket maximum
<b>Prescription Drug Coverage</b> <i>National Drug List</i> <i>This product has a 34-day supply is available at a Retail Pharmacy. A 90 day supply is available through Home Delivery.</i>		
<b>Tier 1 - Typically Generic</b> <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i>	After deductible is met \$5 Copay retail \$5 Copay mail order	20% coinsurance after deductible (retail and home delivery).
<b>Tier 2 – Typically Preferred Brand</b> <i>Covers up to a 34 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i>	After deductible is met \$25 Copay retail \$50 Copay mail order	20% coinsurance after deductible (retail and home delivery).
<b>Tier 3 - Typically Non-Preferred Brand</b> <i>Covers up to a 34 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i>	After deductible is met \$40 Copay retail \$80 Copay mail order	20% coinsurance after deductible (retail and home delivery).



# Your summary of benefits

## Notes:

- The family deductible and out-of-pocket maximum are non-embedded; the deductible can be met individually or accumulatively.
- Your coinsurance, copays and deductible count toward your out of pocket amount.
- For additional information on this plan, please visit [sbc.anthem.com](http://sbc.anthem.com) to obtain a "Summary of Benefit Coverage".
- If your plan includes out of network benefits, all services with calendar/plan year limits are combined both in and out of network.
- If your plan includes out of network benefits and you use a non-participating provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge. When receiving care from providers out of network, members may be subject to balance billing in addition to any applicable copayments, coinsurance and/or deductible. This amount does not apply to the out of network out of pocket limit.



## Language Access Services:

### Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (844) 682-6553.

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

**Arabic (العربية):** إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (844) 682-6553.

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (844) 682-6553:

**Chinese (中文):** 如果您对本文件有任何疑问, 您有权使用您的语言免费获得协助和资讯。如需与译员通话, 请致电 (844) 682-6553。

**Farsi (فارسی):** در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (844) 682-6553 تماس بگیرید.

**French (Français):** Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (844) 682-6553.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nempòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (844) 682-6553.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (844) 682-6553.

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

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

**Navajo (Diné):** Dii naaltsoos biká'ígíí lahgo bina'ídiikidgo ná bohónéedzā dóo bee ahóót'i' t'áá ni nizaad k'ehj' bee nít hodoonih t'áadoo bááh ilínigóó. Ata' halne'ígíí la' bich'í' hadeesdzih ninizingo koj' hodiilnih (844) 682-6553.

## Language Access Services:

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

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

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

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

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

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

### It's important we treat you fairly

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



# Your Vision Benefits Summary

Get access to the best in eye care and eyewear with TOWN OF WESTON and VSP® Vision Care.

## Using your VSP benefit is easy.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** The decision is yours to make—choose a VSP network doctor or any out-of-network provider. Visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

## Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

## Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.<sup>1</sup> Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's preferred online eyewear store.

## Plan Information

VSP Coverage Effective Date: 07/01/2018  
VSP Provider Network: VSP Signature

TOWN OF WESTON and VSP provide you with an affordable eyecare plan.

Visit [vsp.com](http://vsp.com) or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

1. Brands/Promotion subject to change.  
2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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Appendix C



Benefit	Description	Copay
<b>Your Coverage with a VSP Provider</b>		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> <li>• Every 12 months</li> </ul>	\$0
<b>Prescription Glasses</b>		\$20
<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$130 allowance for a wide selection of frames</li> <li>• \$150 allowance for featured frame brands</li> <li>• 20% savings on the amount over your allowance</li> <li>• Every 12 months</li> </ul>	Included in Prescription Glasses
<b>Lenses</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> <li>• Every 12 months</li> </ul>	Included in Prescription Glasses
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>• Tints/Photochromic adaptive lenses</li> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average savings of 35-40% on other lens enhancements</li> <li>• Every 12 months</li> </ul>	\$0 \$0 \$80 - \$90 \$120 - \$160
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$130 allowance for contacts; copay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> <li>• Every 12 months</li> </ul>	Up to \$60
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>• Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>• 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>	

### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit [vsp.com](http://vsp.com) for plan details.

Exam .....	up to \$50	Lined Trifocal Lenses .....	up to \$100
Frame .....	up to \$70	Progressive Lenses .....	up to \$75
Single Vision Lenses .....	up to \$50	Contacts .....	up to \$105
Lined Bifocal Lenses .....	up to \$75	Tints .....	up to \$5

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change in the event of a conflict between this information and your organization's contract with VSP; the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP vision Care, Inc. is the legal name of the corporation through which VSP does business.

Appendix D



**WELCOME TO YOUR DENTAL PLAN!**

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

**Powerful and easily accessible member tools.**

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for Android and Apple phones.

**Dentists in your plan network.**

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to [anthem.com](http://anthem.com) or call dental customer service at the number listed on the back of your ID card.

**Ready to use your dental benefits?**

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

**Need to contact us?**

See the back of your ID card for who to call, write or email.

**Your dental benefits at a glance**

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

	In-Network	Out-of-Network
<b>Annual Benefit Maximum</b> · Per insured person	Calendar Year \$1,500	\$1,500
<b>D&amp;P applies to Annual Maximum</b>	Yes	Yes
<b>Annual Maximum Carryover / Carry in</b>	No/No	No/No
<b>Orthodontic Lifetime Benefit Maximum</b> · Per eligible insured person	N/A	N/A
<b>Annual Deductible</b> · Per insured person/Family maximum	Calendar Year \$50/3X Individual	\$50/3X Individual
<b>Deductible Waived for Diagnostic/Preventive Services</b>	Yes	Yes
<b>Out-of-Network Reimbursement:</b>	90th percentile	

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Dental Services	In-Network Anthem Pays	Out-of-Network Anthem Pays	Waiting Period
<b>Diagnostic and Preventive Services</b> · Periodic oral exam 2 per 12 months · Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance · Bitewing X-rays: 2 sets per 12 months · Full-mouth or Panoramic X-rays: 1 per 36 months · Fluoride application: 1 per 12 months through age 19 · Sealants 1 per 60 months; through age 16 · Space Maintainers 1 per lifetime through age 18; posterior teeth · Consultation (second opinion) 1 per 12 months	100% Coinsurance	100% Coinsurance	No Waiting Period
<b>Basic Services</b> · Amalgam (silver-colored) Filling 1 per tooth per 12 months · Composite (tooth-colored) Filling 1 per tooth per 12 months posterior (back) fillings covered as composites · Brush Biopsy (cancer test) Covered, 1 per 12 months; all ages	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Non-Surgical)</b> · Root Canal and retreatments 1 per tooth per 24 months	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Surgical)</b> · Apicoectomy and apexification 1 per tooth per 24 months	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Non-Surgical)</b> · Periodontal Maintenance 2 per 12 months; w/teeth cleaning · Scaling and root planing 1 per quadrant per 24 months	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Surgical)</b> 1 per quadrant per 36 months · Periodontal Surgery (osseous, gingivectomy, graft procedures)	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Simple)</b> · Simple Extractions 1 per tooth per lifetime	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Complex)</b> · Surgical Extractions 1 per tooth per lifetime	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Major (Restorative) Services</b> · Crowns, onlays, veneers 1 per tooth per 60 months · Cosmetic teeth whitening Not Covered	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontics</b> · Dentures and bridges 1 per tooth per 60 months · Dental Implants Not Covered	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontic Repairs/Adjustments</b> · Crown, denture, bridge repairs 2 per 36 months; 6 months after placement · Denture and bridge adjustments: 2 per 36 months; 6 months after placement	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Orthodontic Services</b> · None	Not Covered	Not Covered	N/A

**Additional Services and Programs**

**Anthem Whole Health Connection -Dental**

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

**Accidental Dental Injury Benefit**

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

**Extension of Benefits**

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

**International Emergency Dental Program**

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

**Additional Limitations & Exclusions**

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

**Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

**Cosmetic dentistry** (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

**Analgesia, analgesic agents, and anxiolysis nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail.

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