

**A CONTRACT BETWEEN
THE TOWN OF OLD SAYBROOK CONNECTICUT
AND
THE CONNECTICUT ORGANIZATION OF PUBLIC SAFETY EMPLOYEES
C.O.P.S. LOCAL #106**

July 1, 2016 to June 30, 2020

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PREAMBLE

The following contract, effective upon signing, unless otherwise specifically provided for herein, and continuing through June 30th, 2020, by and between the Town of Old Saybrook, hereinafter called the "Town", and The Connecticut Organization of Public Safety Employees C.O.P.S. Local #106, hereinafter called the "Union" is designed to maintain and promote a harmonious relationship between the Town and its employees who are covered by the provisions of this contract, in order that more efficient and progressive public service may be rendered. It is mutually agreed as follows:

ARTICLE I – RECOGNITION

Within the meaning of Section 7-471 Connecticut General Statutes, the Town hereby recognizes the Union as the exclusive bargaining agent for the purpose of collective bargaining for hours, wages, and other conditions of employment for all non-probationary, uniformed and investigatory employees, but excluding all personnel above the rank of Master Sergeant.

The recognition clause shall be construed to apply to employees and not to work. It shall not limit the Town right to transfer work to other employees not included within the above described unit where the nature or amount of work is required; it shall not be construed to mean that any employee or classification of employees has an exclusive right to any work. The specific terms of this contract shall be the sole source of any rights that may be asserted by the Union against the Town.

ARTICLE II – EMPLOYEE STATUS

Section 1 – Probationary Period.

All appointments, including those made by promotion shall be subject to a probationary period of one (1) year. An employee, during his or her probationary period, may be summarily dismissed or demoted for any reason whatsoever without a hearing. Any promoted employee found to be unsatisfactory during his or her probationary period shall be reinstated to his or her previous position, or its equivalent, without loss of seniority and will assume the rank, grade, or pay of his or her previous position. Any employee who satisfactorily completes his or her probationary period shall become a non-probationary employee.

Section 1(a).

Patrol officers' one year probationary period commences after successful completion of the Department's Field Training Program.

Section 2 – Seniority.

The seniority rights of all members of the department shall be based upon the total accumulated employment with the department beginning with the day the employee begins full-time service.

In cases where multiple employees begin full-time service on the same date, the employee who ranked highest on the final hiring list determined by the Board of Police Commissioners shall have the greatest seniority. The seniority of the remaining employees who begin full-time service on the same date shall also be determined by their position on the final hiring list in descending order. In the absence of clear evidence of the Police Commission's creation of a final hiring list, the employees' relative seniority shall be determined based upon the best available evidence of the Police Commission's preference for the candidates at the time the offers for employment are extended.

It is provided that there shall be seniority rank and that rank seniority shall accrue from the first day of appointment to any given rank. In cases where multiple employees are promoted to the same rank on the same day, their relative seniority shall be determined at the time of appointment. In all cases, the Police Commission shall make this determination at the time of promotion.

An employee's length of service shall be reduced by the time lost due to sick or injury leave of more than ninety (90) days per occurrence provided that, effective with retroactive application to July 1, 2005, this shall not apply to leaves attributable to accepted workers' compensation claims. Seniority shall be given consideration in all promotional examinations by adding to the final examination grade of each candidate one-half (½) point for each completed year of service which such candidate had with the Department of Police Services on the closing date of application for such promotional examination.

Employees who resign voluntarily, or who are discharged for just cause, or who take a leave of absence without pay for the purpose of working in another occupation, shall lose all seniority.

In the event of a dispute between employees concerning any issue not covered by this agreement, all other things being equal, seniority shall prevail.

ARTICLE III – RIGHTS OF THE TOWN

The Employer has and will continue to retain, whether exercised or not, all of the rights, powers and authority heretofore had by it and, except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, it shall have the sole unquestioned right, responsibility and prerogative of management of the affairs of the Town and direction of the working force, including but not limited to, the following:

1. To determine the organization and standards of Town services and to manage its operations.
2. To determine the care, maintenance and operation of equipment used for and on behalf of the purposes of the Town.
3. To establish or continue policies, practices and procedures for the conducting of Town business and, from time to time, to change or abolish such policies, practices or procedures.
4. To establish new or improved methods, procedures, practices, technologies or facilities which the Town may deem necessary and advisable for the efficient operation of the Town.
5. To establish or discontinue processes or operations or to establish or discontinue their performance by employees.
6. To determine the standards of selection for employment, and to select and determine the number of and types of employees required or necessary to perform the Town's operations.
7. To employ, direct, schedule, assign, evaluate, suspend, discharge, transfer, promote, demote, layoff, terminate, or otherwise relieve employees for just cause.
8. To establish or amend and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the Town, provided such rules and regulations are made known in a reasonable manner to the employees affected by them.
9. To determine the content of job classifications and ensure that incidental duties connected with the Town operations, whether enumerated in job descriptions or not, shall be performed by employees.
10. To fulfill all of the Town's legal responsibilities.
11. To establish contracts or sub-contracts for municipal operations, provided that this right shall not be used for the purpose or intention of undermining the Union or of discriminating against its members.

The above rights, responsibilities and prerogatives are inherent in the Town by virtue of statutory and charter provisions. Such rights may not be subject to review or determination in any grievance or arbitration proceeding, but the manner or exercise of such rights may be subject to the grievance procedure described in this Agreement.

ARTICLE IV – DISCIPLINARY ACTION – DISMISSAL**Section 1 – Dismissal.**

If action is taken by the Old Saybrook Police Commission to remove an employee, and in the judgment of the employee this action is taken without just cause, he or she may ask the Old Saybrook Police Commission to meet with the Union's Grievance Committee for the purpose of resolving the dispute. If no agreement is reached between the Old Saybrook Police Commission and the Union with respect to the action of the Old Saybrook Police Commission, either party may, not later than ten (10) days after final determination by the Old Saybrook Police Commission, submit such dispute to the Connecticut State Board of Mediation and Arbitration. The decision of the Board shall be binding on all parties. Nothing contained herein shall prevent any employee from representing himself or herself in these appeal proceedings. The cost of such arbitration shall be shared equally by the Union and the Town. For purposes of this Article IV and Article V, all references to "days" shall mean days the Old Saybrook Town Hall is open for business.

ARTICLE V – GRIEVANCE PROCEDURES

Should any employee or group of employees feel aggrieved by any condition of employment which is controlled by this contract, adjustment shall be sought as follows:

Step 1.

3. The Union shall submit the grievance in writing to the Chief of Police, setting forth the nature of the grievance within thirty (30) days of the act causing said grievance. Failure to submit the grievance to the Chief of Police within the proper timeframe shall result in the claim being waived. Within three (3) days after the Chief receives the grievance, he or she shall meet with the Union Grievance Committee for the purpose of adjusting or resolving the grievance.

Step 2.

- B. If the grievance is not adjusted or resolved by the Chief of Police to the satisfaction of the Union within five (5) days after such meeting, the Union may present such grievance in writing within seven (7) days thereafter to the Old Saybrook Police Commission. Within seven (7) days thereafter, the Old Saybrook Police Commission shall meet with the Grievance Committee of the Union for the purpose of adjusting or resolving the grievance.

Step 3.

- C. If the grievance is not adjusted or resolved by the Board of Police Commissioners to the satisfaction of the Union within five (5) days after such meeting, the Union may present such grievance in writing within seven (7) days thereafter to the Old Saybrook Board of Selectmen. Within seven (7) days thereafter, the Old Saybrook

Board of Selectmen shall meet with the Grievance Committee of the Union for the purpose of adjusting or resolving the grievance.

Step 4.

- D. If the grievance is not adjusted or resolved by the Old Saybrook Board of Selectmen to the satisfaction of the Union within five (5) days after such meeting, the Union may, within ten (10) days thereafter, submit the dispute to arbitration by the Connecticut State Board of Mediation and Arbitration. The decision of such Board shall be final and binding on all parties.
- E. Nothing contained herein shall prevent an employee from presenting his or her own grievance and representing himself or herself.
- F. The arbitrator shall not have authority to change or modify or amend this agreement.
- G. The time limits specified herein may be extended by written agreement of the parties. Any failure on the part of the Union to submit a grievance or process a grievance in accordance with the time limits set forth above shall result in the waiver of the grievance.
- H. Nothing in this Article is intended to prohibit the Town from processing a grievance through the grievance procedure up to and including arbitration.
- I. All costs of arbitration shall be shared equally by the Town and the Union.
- J. Up to one (1) member of the Union grievance committee who is on duty shall be permitted to attend the Step 1, 2 and/or 3 grievance meetings referred to above without loss of pay for scheduled hours.

ARTICLE VI – HOLIDAYS

Section 1 – Number of Holidays.

Each full-time employee shall be eligible for the following holidays:

New Year's Day	Memorial Day	Thanksgiving Day
Martin Luther King Day	Independence Day	Day after Thanksgiving
Presidents Day	Labor Day	Christmas Day
Good Friday	Columbus Day	
Easter Sunday	Veteran's Day	

For employees hired before January 1, 2014 the above holidays shall be accrued as paid days off at the beginning of each fiscal year.

For employees hired after January 1, 2014, the Town shall pay each full-time employee the value of thirteen (13) days of pay. Such payment shall be made in two (2) equal installments, the first in December and the second in June of each contract year. Employees hired in the middle of a contract year shall receive prorated pay for the holidays that have not yet occurred at the time the employee is hired.

Section 2.

The Town may declare additional holidays in its discretion.

ARTICLE VII – VACATIONS

Section 1.

Each full-time employee who has less than one year of completed service prior to July 1st shall be eligible for one (1) day of paid vacation for each month of completed service up to a maximum of ten (10) working days of vacation.

Probationary patrolmen will accrue vacation during their probationary period but will not be eligible for time off with pay until after completing all required Connecticut Municipal Police Academy and Department-required field training, or after eight (8) months of continuous service with the Town, whichever occurs first. Any accrual will be forfeited if employment is terminated prior to the employee being eligible for time off with pay.

Section 2.

Each full-time employee who has completed one (1) full year of service by July 1st shall be eligible for ten (10) working days of paid vacation.

Section 3.

Each full-time employee who has completed between five (5) and ten (10) years of service by July 1st shall be eligible for fifteen (15) working days of paid vacation,

Section 4.

After the eleventh (11th) year of service, one (1) day shall be added for each year to their vacation time to a maximum of twenty-five (25) days after twenty (20) years of service.

Section 5.

All vacation earned but not taken shall be paid in the event of the death of an employee, with such payment being made to the employee's estate.

Section 6.

All vacation earned but not taken shall be paid in the event an employee resigns with two (2) weeks' notice.

Section 7.

In the event an employee terminates or resigns without two (2) weeks' notice, all vacation earned but not taken shall be forfeited.

Section 8.

In order to maintain sound budgetary controls, with permission of the Chief, employees will be permitted to carry ten (10) unused vacation days from one fiscal year to the next providing the vacation days carried forward are used in the first nine (9) months of the new fiscal year. Such permission shall not be unreasonably denied.

The Chief of Police may at his/her discretion provide compensation for approved, unused vacation days up to a maximum of 10 days. Payment for unused vacation time shall be at the employee's normal straight time rate.

Section 9.

Vacation eligibility will not accrue, during personal leaves of absence.

Section 10.

Employees who work a four (4) day on, two (2) day off schedule, shall submit any vacation requests for four (4) or more days at least two (2) months in advance of the posting of the respective work schedule. Employees who work a five (5) day on, two (2) day off schedule, shall submit any vacation request for five (5) or more days at least two (2) months in advance of the posting of the respective work schedule. Such notice requirements may be waived by the Department Administration for good cause.

ARTICLE VIII – SICK LEAVE

Section 1.

Each full-time employee at the time of employment will be granted three (3) sick days and will be credited with one (1) day of sick leave for each month of completed active service thereafter.

Section 1(a).

Each full-time employee may use up to five (5) days per year for the illness, injury or health condition of his/her child or spouse, medical diagnosis, care or treatment for the same, or preventative medical care for the same. Said five (5) days shall be subtracted from the employee's existing sick leave bank. Additional days may be utilized at the Chief's discretion.

Section 2.

Sick time may be accumulated to a maximum of 195 days. When using sick leave, sick time accumulated last will be subtracted first from the sick leave bank.

Section 3.

At the discretion of the Chief, sick leaves will not be paid beyond three (3) days without verification of illness in the form of a certificate from a physician stating that such illness prevents the employee from working.

Section 4.

Employees shall be eligible to use accrued paid sick leave prior to the time that any claim they make for workers' compensation benefits is accepted.

Employees on Workers' Compensation leave due to a work related injury shall receive the difference between the weekly benefits provided by the Workers' Compensation Act and the amount of his/her base salary at the time of injury for a period of not longer than three calendar months.

Section 5.

Extensions – Upon expiration of an employee's accrued sick leave, the Old Saybrook Police Commission, in its discretion and for good cause, may extend any of the above for not more than sixty (60) unpaid days if the employee furnishes a certificate from a physician stating that he or she is unable to return to work because of sickness or disability.

Section 6.

Sick Leave Without Pay – If an employee's illness, as verified by a doctor's certificate, extends beyond the period covered by this accrued sick leave and any extension, and the employee is ineligible for pension payments, he or she will be granted sick leave without pay for the period of his or her illness up to one (1) year from the granting of the sick leave without pay. During the term of such sick leave without pay, the employee must furnish reasonable proof of his or her illness as required by the Chief from time to time.

Section 7.

Upon retirement or normal separation in good standing, having attained at least fifteen (15) years of continuous service with the Department, an employee shall be compensated for up to a maximum of eighty-one (81) days of unused accumulated sick leave. The value of each sick day paid pursuant to this Section shall be calculated at the employee's base rate of pay at the time of retirement or normal separation in good standing.

ARTICLE IX – FUNERAL LEAVE

Section 1.

Death in Immediate Family – Each employee shall be granted leave with pay to attend the funeral in the event of death of a member of his or her immediate family. Such leave shall start on the day of the death and continue through and include the day of the burial, providing that such leave shall not be more than five (5) days commencing with the day of death. For the purposes of this Article the term “immediate family” shall include the following: mother, father, mother-in-law, father-in-law, sister, brother, wife, child, grandparents, and any relation of an employee in residence with such employee. It is within the discretion of the Chief to extend the definition of “immediate family” to include others than those defined above.

Section 2.

Each employee will be granted up to one day (8 hours) to attend the funeral of relatives other than those defined as “immediate family.”

ARTICLE X – MISCELLANEOUS LEAVE AND OTHER PROVISIONS

Section 1.

Line-of-Duty Death Benefits – In addition to any unused and accrued vacation pay, any unused and accrued sick leave and life insurance benefits, to which an employee's estate may be entitled, the estate shall also receive the next four (4) weeks of pay which would otherwise have become due such employee.

Section 2.

Military Service – Eligible employees will be allowed leave for military service and any benefits required by law and will be reinstated following such service in accordance with the requirements of the law as amended from time to time.

Section 3.

Leave of Absence Without Pay – The Old Saybrook Police Commission, upon the recommendation of the Chief, may grant a leave of absence without pay for a period not to exceed one (1) year to any employee, who has been employed as a police officer for the Town for at least one (1) year, requesting leave for personal reasons. Upon the expiration of such a leave of absence, or earlier, if so requested by such employee, he or she shall be reinstated in the same position which he or she held at the time the leave was granted, provided the position is still open. If no opening exists, the individual will be placed at the top of the list of eligible candidates for consideration as openings occur.

Section 4.

Funeral Benefits – The Town will pay reasonable funeral expenses in the event of a line-of-duty death, in addition to any other benefits provided by the Connecticut General Statutes.

ARTICLE XI – PROTECTION FOR EMPLOYEES' PERSONAL PROPERTY

Section 1.

The Town assumes liability for damage to the personal property of an employee which occurs while the employee is engaged in police work, provided the Town shall not be liable for such damage resulting from the willful misconduct of such employee.

Section 2.

Liability under this Article shall be limited to shoes, watches, eyeglasses, prescription sunglasses and dentures. Proof of repair or replacement may be required at the discretion of the Chief.

The maximum payment for personal property damage for each item, per incident is Three Hundred Fifty (\$350.00) Dollars. Specific limitations shall be set by the Union and the Department Administration.

ARTICLE XII – UNIFORMS AND EQUIPMENT

Section 1.

The Town, at its expense, shall furnish each full-time and part-time employee, at the time of his or her employment, the uniforms and equipment deemed necessary by the Board of Police Commissioners.

Section 2.

Each full-time employee shall have their uniforms cleaned at a professional service designated by the Department. The Department shall pay for three uniform sets each week

and one jacket per month. Employees who exceed the weekly limit shall be responsible for additional charges.

Section 3.

Beginning July 1, 2004, each full-time, non-probationary employee as of July 1st of each year shall be credited with a replacement clothing/equipment account of up to Four Hundred Dollars (\$400.00). Employees may purchase Department-approved uniform clothing and equipment from approved suppliers for items reasonably necessary and the invoices for such purchases shall be paid by the Department with the employee's account being deducted accordingly. Payment of invoices by the Police Administration, to the extent that there is sufficient funds in the employee's account, shall not be unreasonably denied. Uniform maintenance payment to supernumerary officers will be based on the amount of time employee spends on the active duty roster and shall be within the discretion of the Chief.

ARTICLE XIII – WORK WEEK AND OTHER PROVISIONS

Section 1(a).

Employees are asked to provide the Department Administration with their shift preferences and the Administration attempts to schedule employees according to such preferences.

The current scheduling practice for all employees shall continue in effect unless for good business reasons the Chief of Police or his designee needs to reassign officers to meet the Town's public safety needs. The current scheduling practice includes:

The Department Administration will solicit the shift preferences of non-special assignment and non-probationary employees in January and July of each year. If needed, scheduling adjustments will be made when practicable and in accordance with the Town and Department's business needs. In the event of a conflict in employees' shift preferences, which cannot be resolved in any other manner by the Department Administration, such conflict shall be resolved with the more senior employee receiving his/her shift preference for the relevant period.

The Department shall continue to schedule on each shift at least three (3) police officers dedicated to the patrol function, with at least one being a supervisor.

All non-probationary employees (including K-9 Officers) except those assigned to the Special Assignment Position of Detective, any Special Assignment Position that is primarily administrative in nature, and those at the rank of Master Sergeant shall, unless for emergency reasons, work a four (4) day on, two (2) day off schedule.

Special-Assignment and probationary employees shall, unless for emergency reasons, work a five (5) day on, two (2) day off schedule. Day off rotations will alternate between Friday/Saturday, Saturday/Sunday, and Sunday/Monday. Officers assigned to special

assignments with administrative duties may work a five (5) day on, two (2) day off schedule without rotating days off.

Employees assigned to School Resource Officer duties shall, unless for emergency reasons, work a five (5) day on, two (2) day off schedule, with Saturday/Sunday off.

Patrol Division Work Schedules will be posted at least one calendar month in advance of commencement.

When the Chief of Police deems it necessary to staff community based, fundraising, or governmental events, he or she shall determine the number of positions required and shall staff the events consistent with current scheduling practices both prior to the posting of the schedule and after the posting of the schedule. This provision does not apply to the Memorial Day Parade, the Summer and Winter Stroll, the Torchlight Parade, the Chamber of Commerce Arts and Crafts Show, Public School commencement ceremonies, and the Town's annual fireworks event.

Prior to the posting of the work schedule, Department members will have an opportunity to accept or refuse extra shifts as offered by the Department's Administration. The Department shall retain the right to require employees to work overtime assignments if insufficient employees voluntarily accept the shifts.

Section 1(b).

The current administrative assignments in the Department include the following: Detective, Detective Sergeant, Accreditation Coordinator, School Resource Officer, Community Policing Officer, Emergency Communications Division Supervisor, Records Division Supervisor, Canine Officer, Information Technology Officer and Traffic. In all cases, employees assigned to these positions will also be scheduled to work patrol shifts as necessary.

Section 1(c).

Employees who work a four (4) day on, two (2) day off schedule shall work an additional ninety-six (96) hours without additional compensation each fiscal year. This shall be accomplished in the following manner:

1. Working administrative shifts (in no less than four (4) hour blocks). These shifts are to be scheduled by the employee with approval by the Chief of Police.
2. Use of vacation time (in no less than four (4) hour blocks).
3. Attend professional development that is approved by the Chief of Police.

4. Work patrol related shifts or patrol related "overtime" in no less than one (1) hour increments. These hours (hours related to patrol) shall be deducted at a rate of one and one-half (1-½) hours for each hour worked, provided the employee has worked in excess of forty (40) hours in the pay period (including vacation time, but excluding sick time).
5. Any combination of the above.

Section 2.

Any department member being promoted or having a change of assignment to a different category, before the effective date of this Agreement or during the term of this Agreement, is to have his or her pay scale readjusted at the time of his or her promotion or change of assignment so that it is commensurate with the rank or assignment into which he or she is placed.

Section 3.

Overtime Pay – Overtime pay shall be paid at the rate of time-and-one-half (1-½) the employee's regular rate of pay when an employee works in excess of forty (40) hours in one week. This provision shall not apply to time worked resulting from a voluntary shift change arranged between two officers and approved by the Chief or extra police duty. Only hours worked, paid vacation and holiday time for eligible employees, shall be included in calculating overtime eligibility.

Scheduled overtime assignments shall be made, whenever reasonably possible, through a procedure whereby the Department Administration contacts appropriate qualified personnel, taking into consideration the employees' work schedules and personal preferences for overtime, until an employee accepts the assignment.

Non-scheduled overtime assignments shall be made, whenever reasonably possible, with the Department Administration contacting qualified personnel who sign up on the overtime list on a rotational basis until an employee accepts the assignment. For the purpose of this provision relating to overtime assignments that arise after the posting of the schedule, a qualified police officer shall be defined as any certified police officer holding the requisite skills to perform the assignment at issue. Such qualified personnel who sign up on the overtime list shall be contacted on a rotational basis unless the needs of the Town would be better served by assigning a specific employee(s) to fill the vacancy.

In the event that unforeseen overtime becomes available (i.e., employee sickness, emergency, holdover, etc.), or when it is otherwise impractical to fill such overtime by contacting employees on the overtime list, the Department Administration shall retain the right to fill the assignment in its discretion. ~~Also, the Department Administration shall~~ retain the right to require employees to work overtime assignments if insufficient

employees voluntarily accept the shifts. Part-time officers shall be included in the overtime list. Full-time officers shall have the first right of refusal for overtime assignments.

Section 4.

Employees who are required to return to duty for any reason shall be paid for not less than two (2) hours work at the appropriate rate. This minimum call back provision shall not apply to early call in or holdovers.

Section 5.

The Town reserves the right to issue paychecks biweekly beginning July 1, 2017. The Town will give the Union four (4) weeks' notice prior to the start of the biweekly pay implementation.

ARTICLE XIV – ADVANCED EDUCATION

Section 1.

Any employee who has earned a Bachelor's Degree from an accredited college or university shall have a total of \$500.00 added to his or her annual income. Any employee who has attained an Associate's Degree shall have \$250.00 added to his or her annual income.

Section 2.

Any full-time employee who attends courses at an accredited college or university shall be reimbursed \$200.00 per semester for books, lab fees and other expenses. Proof of course completion and achieving a passing grade will be required for reimbursement.

ARTICLE XV – EXTRA POLICE DUTY

Section 1.

Employees working on extra duty assignments shall be paid in accordance with the following during the term of this Agreement:

1. Rate of pay shall be time-and-one-half (1-½) the regular pay rate of the officer assigned.
2. During the term of this contract the rate for assignments less than four (4) hours shall be four (4) hours at time-and-one-half (1-½) the regular rate of the officer assigned.

3. For all assignments excluding municipal-sponsored events, which continue for less than a full hour increment, the employee shall be paid as if the employee completed the full hour of work. (By way of example, an assignment lasting seven and one-quarter ($7 \frac{1}{4}$) hours shall be paid for eight (8) hours).

Section 2.

If an "Extra Policy Duty" position is canceled with less than one (1) hour's notice, the officer will receive the minimum rate of four (4) hours at the time-and-one-half ($1\frac{1}{2}$) the regular pay rate of the officer assigned.

Section 3.

If an officer works in excess of eight (8) consecutive hours on any extra duty assignment, the officer shall be paid at the rate of one and one-half times ($1\frac{1}{2}$) the rate paid to such officer for the first eight (8) hours for all hours worked in excess of the first eight (8) hours.

Section 4.

If an officer works an extra duty assignment on any Holiday as set forth in Article VI or on a Saturday or a Sunday, all time worked shall be paid at the rate of two times the officer's regular rate.

ARTICLE XVI – HOSPITALIZATION AND INSURANCE

Section 1(a).

The Town of Old Saybrook agrees to offer eligible employees and their eligible dependents the following programs of medical insurance on terms set forth below:

Through June 30, 2017, employees will be enrolled in the \$1,500/\$3,000 High Deductible Health Plan as described in Appendix A.

Effective July 1, 2017, employees will be enrolled in a \$2,000/\$4,000 High Deductible Health Plan as described in Appendix A-1.

Effective July 1, 2019, employees will be enrolled in a \$2,250/\$4,500 High Deductible Health Plan as described in Appendix A-2.

All fees related to the establishment of employee Health Care Savings Accounts and implementation of the High Deductible Health Plan shall be paid for by the Town.

The Town will contribute the following percentage amounts of the deductible in each fiscal year. Such contributions will be made annually on July 1:

2016-2017	50%
2017-2018	50%
2018-2019	45%
2019-2020	45%

The Town shall continue to fund the HDHP deductible at the 2019-2020 rate until such rate is changed through the collective bargaining process.

Employees shall contribute to medical insurance premium (or premium equivalent) costs for the medical benefit plan and dental benefits elected as follows:

Effective July 1, 2016, employees shall pay thirteen percent (13%) of the premium (or premium equivalent) costs.

Effective July 1, 2017, employees shall pay fourteen percent (14%) of the premium (or premium equivalent) costs.

Effective July 1, 2018, employees shall pay fourteen percent (14%) of the premium (or premium equivalent) costs.

Effective July 1, 2019, employees shall pay fourteen percent (14%) of the premium (or premium equivalent) costs.

Said contributions shall be pre-tax and automatically payroll deducted.

Section 1(b).

The Town shall offer eligible employees dental benefits, as described in Appendix B, subject to the employee premium (or premium equivalent) cost sharing provision set forth above.

Section 1(c).

Employees may elect to waive, in writing, the medical insurance (both health and dental) coverage provided by the Town and in lieu thereof may receive an annual payment from the Town of \$1,000 for waiving single coverage and \$2,000 for waiving single plus one or family coverage for each fiscal year during which the employee continues to elect not to participate in such coverage. Such payment will be issued in equal payments of either \$500 or \$1,000 in December and June of each fiscal year, and will be subject to normal employment tax withholding and deductions. To receive such payment, an eligible employee must complete and submit a form provided by the Town no later than June 1st of each fiscal year indicating his/her intent not to participate in medical insurance (both health and dental) coverage provided by the Town. Further, such employees must present evidence to the Town that they are covered under another health insurance program. Employees may elect to resume medical insurance (both health and dental) coverage due to

the occurrence of one of the following conditions for which documentation and a request for reinstatement must be submitted to the First Selectman or his designee in writing.

1. Involuntary termination of the alternative health benefits plan coverage;
2. Ineligibility of the employee and/or dependent(s) under the alternative plan;
3. The employee acquires a new dependent through marriage, birth or adoption and the new dependent is not covered by the alternative plan;
4. Coverage under the alternative plan is substantially reduced or the cost of the plan to the employee substantially increases.

Upon receipt of such request and documentation, insurance coverage provided by the Town shall be reinstated as soon as possible, including waiting periods, which may be prescribed by the applicable plan. Employees who are reinstated to insurance coverage provided by the Town shall reimburse the Town by payroll deduction the pro-rata share of any waiver payment made.

Section 2.

A Term Life Insurance Policy in an amount equal to two times the employee's base salary shall be provided to employees covered by this contract.

Section 3.

In the event of a reduction in force (layoff) the benefits as described in this Article will terminate on the first of the month following the month in which the employee(s) was laid off.

Section 4.

Except as otherwise provided below for all employees hired on or after January 1, 2006, for employees who retire following the effective date of this Agreement, the Town shall make available to all police officers who effect normal retirement under the Town's plan for retirement, membership in the medical insurance benefits plan(s) offered by the Town to active employees as such plan(s) may be changed by the Town from time to time. An eligible retiree shall contribute to the cost of his/her medical insurance benefits in the same amount as active employees as such contributions may change from time to time. The Town shall pay the remainder of the cost of such benefits for the retiree only, including whatever deductible contribution the Town may be making to the HSA for individual coverage. The retiree shall be responsible for paying the remainder of the deductible cost for him/ her and the full premium and full deductible cost resulting from the retiree's election to purchase dependent

coverage. Said coverage shall begin at the time of normal retirement and cease when the retiree is first eligible for Medicare or is eligible for substantially similar medical insurance coverage offered by any subsequent employer, whichever occurs first. If a retiree is offered such coverage by a subsequent employer, but later loses such coverage, provided the Town's insurance carrier allows it, the retiree shall be permitted to return to the Town's plan(s), subject to the other provisions of this Article.

Section 4(a).

Bargaining unit employees specified in Attachment A shall be grandfathered such that they will continue to receive the benefit set forth in Article XVI, Section 4.

Section 4(b).

Notwithstanding the above terms, all employees hired on or after January 1, 2006 shall not be eligible for any Town contribution toward any medical insurance benefits following their retirement.

Section 4(c).

Retirees identified in Section 4(a), who are otherwise eligible for insurance benefits following retirement in accordance with the provisions of this Article, shall be permitted to purchase medical insurance coverage under the Town's plan for their eligible dependents provided that the retiree shall pay the full cost of such dependent coverage, subject to insurance carrier limitations and requirements.

Section 5.

The Town may change insurance carriers or self-insure for any of the insurance benefits listed in Sections 1, 2, and 4 of this Article provided that the coverage is substantially similar to the plans that are currently in effect. Whenever possible, the Town will provide the Union and members of the bargaining unit with at least sixty (60) days advance notice of the Town's intent to change carriers or self-insure.

ARTICLE XVII – PENSION

Section 1.

For the purpose of this Agreement, pensions in effect on July 1, 1998 shall remain in effect. However, the terms of the Old Saybrook Police Pension Plan shall be incorporated into a separate agreement, which shall include:

Section 2.

1. The service cap used in determining the retirement function shall be 35 years.

2. Effective July 1, 1998, the Town shall provide a pension benefit of two (2%) percent per year of appropriate earnings, provided an officer has 25 years of service.
3. Effective July 1, 1998, the disability eligibility threshold shall be reduced to the employee's full time date of hire.
4. Pension benefit calculation will be a function of appropriate earnings earned during last three years of service.
5. To fund the above the payroll deduction for each participating plan member will be five (5%) percent, pre-tax.
6. The formal pension plan document as approved by the Board of Selectmen shall govern in any and all disputes that may arise related to the pension benefits for employees covered under this Agreement.
7. The parties agree to create a committee consisting of an equal number of management and union representatives. The purpose of the committee shall be to meet and discuss the terms of the current pension benefit provided to bargaining unit employees, including the employee's contribution to the cost of the benefits compared to the terms of pension benefits provided in other local communities for similar employees. Any costs which the parties mutually agree to incur in carrying out the purpose of the committee shall be shared equally between the parties.

ARTICLE XVIII – MISCELLANEOUS PROVISIONS

Section 1.

Meal Time – Forty-five (45) minutes shall be allowed for meal time when at all practicable.

Section 2.

Use of Private Vehicles – When private vehicles are used for official police business, there shall be a mileage allowance equal to the federal mileage reimbursement. Private vehicles shall not be used for official police business without authorization of the Chief or his or her designee.

Section 3.

Vehicle Maintenance – Except in emergencies, no employee shall be required to perform maintenance work on police vehicles. The Town shall assure that all police vehicles are washed, vacuumed, and disinfected, as deemed necessary by the Chief.

Section 4.

Non-Discrimination – It is the policy of the Town and the Union that there shall be no discrimination because of race, creed, color or national origin in the hiring of employees and the provisions of this contract shall apply equally to all employees within the recognized bargaining unit without regard to race, creed, color, or national origin.

Section 5.

Longevity – The Town will pay an annual longevity payment to each full-time sworn employee as follows: upon completion of the employee's fifth year of service, \$300; an additional \$100 for each year completed over five (5) years to a maximum of \$2,000. Such annual longevity payment will be made as soon as practicable after the employee's anniversary of being hired or appointed a full-time sworn employee.

Section 6.

Fitness for Duty – The Town shall have the right, for good cause, to require employees to undergo physical fitness testing to ensure their fitness for duty.

Section 7.

Court Appearances – Each officer shall be paid time-and-one-half (1-½) his regular rate of pay less any payment received from other sources for court and administrative agency hearings, excluding State Board of Mediation and Arbitration, State Board of Labor Relations, or Commission on Human Rights and Opportunities hearings. This pay will only be applicable if scheduled while the employee is off duty provided the employee "signs in" if required for said court or administrative agency hearing.

Section 8.

Take Home Vehicles – Effective upon ratification of this Agreement, Department vehicles issued to those employees assigned as Detectives may only be used for work and commutation from the employee's home to the Department, so long as the employee's home is no more than twenty (20) miles from the Department. Department vehicles issued to any future employees assigned as Detectives may only be used for work and commutation from the employee's home to the Department, so long as the employee's home is no more than fifteen (15) miles from the Department.

Effective upon ratification of this Agreement, Department vehicles issued to any future employees assigned as K-9 Officers may only be used for work and commutation from the employee's home to the Department, so long as the employee's home is no more than fifteen (15) miles from the Department.

Section 9.

K-9 Unit Pay – Regardless of the employee's rank, years of service or hours worked in any particular work week, the K-9 Handler shall be paid at the rate equal to the regular rate of pay for a Step 3 (top step) Patrolman for a total of forty-five (45) minutes each day of the year the K-9 Handler is assigned a K-9 Asset for the purpose of caring for the animal.

The Town may create the position of K-9 Unit Coordinator, which position shall be responsible for coordinating matters related to the training of the K-9 Handler and K-9 Asset, as well as other administrative functions related to the K-9 program. If such a position is created by the Town, the K-9 Unit Coordinator shall be compensated in the form of a five hundred dollar (\$500) stipend for the performance of such administrative duties.

ARTICLE XIX – RATES OF PAY

Employees will be paid in accordance with the wage schedules set forth below. Wage increases shall be applied retroactively to July 1, 2016, provided that all retroactive wage increase amounts shall be paid in a lump sum as soon as practicable following the effective date of this Agreement and there shall be no retroactive pay adjustments for extra police duties.

July 1, 2016 – June 30, 2017 – (2.25%)

Step	1	2	3
Master Sergeant	82,208	84,673	
Det. Sergeant	74,827	77,873	81,178
Sergeant	74,827	77,873	81,178
Detective	72,542		
Patrolman	56,836	62,662	70,254
Patrolman Trainee	51,219		

July 1, 2017 – June 30, 2018 – (2.35%)

Step	1	2	3
Master Sergeant	84,140	86,663	
Det. Sergeant	76,585	79,703	83,086
Sergeant	76,585	79,703	83,086
Detective	74,247		
Patrolman	58,171	64,134	71,905
Patrolman Trainee	52,423		

July 1, 2018 – June 30, 2019 – (2.45%)

Step	1	2	3
Master Sergeant	86,201	88,786	
Det. Sergeant	78,461	81,655	85,122
Sergeant	78,461	81,655	85,122
Detective	76,066		
Patrolman	59,596	65,706	73,667
Patrolman Trainee	53,707		

July 1, 2019 – June 30, 2020 – (2.75%)

Step	1	2	3
Master Sergeant	88,572	91,228	
Det. Sergeant	80,619	83,901	87,462
Sergeant	80,619	83,901	87,462
Detective	78,158		
Patrolman	61,235	67,513	75,692
Patrolman Trainee	55,184		

Employees shall be compensated at the Patrolman Trainee rate from their date of hire until the successful conclusion of their field training as determined by the Chief of Police.

ARTICLE XX – SAVINGS CLAUSE

Section 1.

If any Article or Section of this Agreement is declared invalid for any reason, such declaration of invalidity shall not affect other Articles, Sections, or portions thereof.

ARTICLE XXI – AMENDMENTS, SUBJECTS FOR BARGAINING AND CONTRACT TERMINATION

Section 1.

This Agreement may be amended at any time by an agreement, in writing, by the Town and the Union.

Section 2.

The Town and the Union, for the life of this Agreement, each voluntarily and unqualifiedly, waives the rights, and each agrees that the other shall not be obligated to

bargain collectively with respect to any subject or matter not specifically referred to or covered in this Agreement.

Section 3.

Except as otherwise provided herein, this Agreement shall be effective upon signing, and shall continue in full force and in effect until June 30, 2020, inclusive, and thereafter, it shall be considered automatically renewed for successive periods of twelve (12) months unless at least two hundred ten (210) days prior to the end of the expiration date or any twelve (12) month effective period, either party shall serve written notice upon the other that it desires cancellation, revision, or modification of any provisions of this Agreement. In this event the parties shall attempt to reach an agreement with respect to the proposed change or changes. Ideally, by one hundred and fifty (150) days, but no later than one hundred and twenty (120) days prior to the expiration date of this Agreement, meetings to consider such changes shall be held by the parties. In the event the parties do not reach a written agreement by the expiration date of June 30th in a particular year, as provided for herein, then this Agreement shall remain in effect until such time as a new agreement is reached and approved in accordance with Section 7-474. Nothing in this Article shall conflict with the Section 7-473b of the Connecticut General Statutes.

ARTICLE XXII – LAYOFF AND RECALL

Section 1.

Layoff – In the event of a reduction in force of the bargaining unit, the order of layoff shall be as follows:

1. Probationary Employees in the rank affected
2. Non-Probationary Employees in the rank affected

The order of the layoff shall be by Department seniority, except in the case of a layoff within a rank above patrol, which shall be by rank seniority.

Section 2.

Bumping – Laid off Sergeants may exercise their Department seniority to bump the least senior Patrolman.

Section 3.

Recall – Laid off employees shall retain recall rights for a period of twelve (12) months. Seniority shall continue to accrue during the period an employee has a right to recall. Recall shall be in the inverse order of layoff. Notice of recall shall be sent certified, return receipt requested, to the employee at his last known address at least two (2) weeks in

advance of the date the employee is expected to return. An employee who fails to return to work promptly when notified of recall shall forfeit recall rights.

ARTICLE XXIII – AGENCY SHOP


All employees covered by this Agreement, and those who are not members of the Union, but covered by this Agreement, as a condition of employment, shall either join the Union as a dues paying member or pay a service fee established by the Union in accordance with legal requirements to be payroll deducted and remitted to Old Saybrook Police Union C.O.P.S. Local #106 upon the Union's presentation to the Town of a signed authorization to make such deduction. Said sums due as deductions shall be certified to the Town by the Union no later than July 1 annually.

Said dues and service fees shall be deducted by the Town and remitted to the Union at the end of each month, provided the Town is in possession of written authorization signed by the employee permitting such deductions.

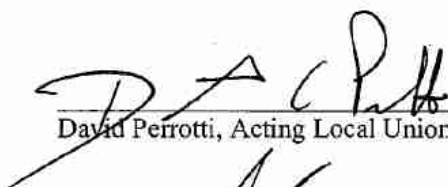
The Union agrees to defend, indemnify, and hold the Town harmless against any and all expenses, liability, suits or claims including the cost of any legal fees the Town incurs as a result of any action or inaction of the Town pursuant to the provisions of this Article.

For the Union


For the Town



Ronald Suraci, Union Representative


Carl P. Fortuna Jr., First Selectman


David Perrotti, Acting Local Union President


Lee Ann Palladino, Finance Director


Andrew Brooks, Acting Local Union
Vice President


Michael A. Spera, Chief of Police

Date: 12/20/2017

Date: 12/15/2017

ATTACHMENT A

Article XVI, Section 4(a) List

Current Bargaining Unit Members Hired Prior to January 1, 2006

Grandfathered to receive the benefit set forth in Article XVI, Section 4

Master Sergeant Robert van der Horst
Master Sergeant Jay Rankin
Patrol Sergeant Jeffrey DePerry
Patrol Sergeant Christopher DeMarco
Patrol Sergeant William Bergantino
Patrol Sergeant Ryan Walsh
Detective David Perrotti
Patrolman Samuel Barnes
Patrolman Brian Ziolkovski

APPENDIX A



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

Open Access High Deductible Health Plan (HDHP) for use with a Health Savings Account (HSA)

This is a brief summary of benefits. Refer to your **ConnectCare Insurance Company, Inc. Certificate of Coverage** for more information. The Certificate of Coverage will prevail for all benefits, conditions, limitations and exclusions. All benefits described below are per Member per Contract year. All benefit limits/maximums are listed in the Plan pages column of this summary and have a combined maximum for in- and out-of-network services. A Referral from your Primary Care Provider is not required.

The Individual Deductible applies if you have coverage only for yourself and not for any Dependents. The Family Deductible applies if you have coverage for yourself and one or more Eligible Dependents. In addition, if you have family coverage, any applicable copayment, coinsurance or cost share maximums will apply until the total is met for the family, without regard to how much any one family member has met.

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		IN-NETWORK		OUT-OF-NETWORK	
Contract Year Plan Deductible <i>(Deductible is combined for in- and out-of-network health services and prescription drugs)</i>	\$1,500 per Individual \$3,000 per Family				
Coinurance Maximum <i>(Maximum Does not Include Deductibles)</i>	\$1,500 per Individual \$3,000 per Family				
Out-of-Pocket Maximum <i>(The Maximum Includes the Plan Deductible and Coinsurance Maximum for health services and prescription drug copayments)</i>	\$3,000 per Individual \$6,000 per Family				
Out-of-Network Reimbursement	Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.				
Lifetime Maximum Benefit	Unlimited				
PREVENTIVE SERVICES	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS	
Adult Physical Exam	No Member cost <i>(Plan Deductible waived)</i>	100% <i>(Plan Deductible waived)</i>	20% after Plan Deductible	80% after Plan Deductible	
Infant / Pediatric Physical Exam	No Member cost <i>(Plan Deductible waived)</i>	100% <i>(Plan Deductible waived)</i>	20% after Plan Deductible	80% after Plan Deductible	
Gynecological Annual Preventive Exam	No Member cost <i>(Plan Deductible waived)</i>	100% <i>(Plan Deductible waived)</i>	20% after Plan Deductible	80% after Plan Deductible	
Preventive Laboratory Services <i>(Complete blood count and Urinalysis)</i>	No Member cost <i>(Plan Deductible waived)</i>	100% <i>(Plan Deductible waived)</i>	20% after Plan Deductible	80% after Plan Deductible	
Baseline Routine Mammography	No Member cost <i>(Plan Deductible waived)</i>	100% <i>(Plan Deductible waived)</i>	20% after Plan Deductible	80% after Plan Deductible	

Old Saybrook FlexPDSCH HSA 19901350CF17Combine/f/f/b/emb/ncs/arev/ E351508

PREVENTIVE SERVICES	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Routine Mammography	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Annual Routine Vision Exam (one exam per year when provided by an Optometrist or Ophthalmologist)	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
Hearing Screenings (one exam every year)	No Member cost (Plan Deductible waived)	100% (Plan Deductible waived)	20% after Plan Deductible	80% after Plan Deductible
OUTPATIENT SERVICES				
Primary Care Provider Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Specialist Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Gynecological Office Services	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Maternity Care Office Services	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Allergy Testing (unlimited)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Laboratory Services (includes services performed in a Hospital or laboratory facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Non-Advanced Radiology (includes x-rays performed in a Hospital or radiology facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Advanced Radiology (includes services for MRI, PET and CAT scan and Nuclear Cardiology performed in a Hospital or radiology facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Outpatient Rehabilitative Therapy (includes services combined for physical, speech, and occupational therapy and chiropractic services) (unlimited)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Retail Clinic	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible

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EMERGENCY / URGENT CARE				
Walk-In/Urgent Care Centers	No Member cost after Plan Deductible	100% after Plan Deductible	Same as In-Network Benefit	Same as In-Network Benefit
Emergency Room	No Member cost after Plan Deductible	100% after Plan Deductible	Same as In-Network Benefit	Same as In-Network Benefit
Ambulance Services	No Member cost after Plan Deductible	100% after Plan Deductible	Same as In-Network Benefit	Same as In-Network Benefit
HOSPITAL SERVICES				
Inpatient Hospital Services, Including Room & Board (includes facility and provider services)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Ambulatory Services (Outpatient) (includes services performed in a Hospital or ambulatory facility)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Skilled Nursing and Rehabilitation Facilities	No Member cost after Plan Deductible	100% after Plan Deductible up to 220 days per year	20% after Plan Deductible up to the benefit maximum; then no coverage	80% after Plan Deductible up to 220 days per year
Private Duty Nursing	No Member cost	100%	20% after Plan Deductible	80% after Plan Deductible
MENTAL HEALTH SERVICES				
Inpatient Mental Health Services (including inpatient acute, residential and partial hospitalization programs)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Inpatient Alcohol and Substance Abuse Treatment (including inpatient acute, residential and partial hospitalization programs)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Outpatient Mental Health, Alcohol and Substance Abuse Treatment (including office visits, professional services provided in the home and intensive outpatient treatment programs)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
OTHER SERVICES				
Durable Medical Equipment Including Prosthetics and Disposable Medical Supplies (includes Wigs prescribed by an oncologist for Member suffering hair loss as a result of chemotherapy or radiation therapy to a contract year maximum of \$500)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Diabetic Equipment and Supplies	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible

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OTHER SERVICES				
Infertility (Infertility benefits outlined in the Certificate Of Coverage are unlimited, with no age or cycle restrictions)	No Member cost after Plan Deductible (Office visit)	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
	No Member cost after Plan Deductible (Ambulatory Services Outpatient)			
	No Member cost after Plan Deductible (Inpatient Hospital)			
Nutritional Counseling (Limit 3 visits per year)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Home Health Services (unlimited)	No Member cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
PREVENTION AND WELLNESS				
<p>In-Network Prevention and wellness services as defined by the United States Preventive Service Task Force (listed below) are exempt from all member cost shares (deductible, copayment and coinsurance) under the Patient Protection and Affordable Care Act (PPACA). These services are identified by the specific coding your Provider submits to ConnectCare. Service coding must match ConnectCare's coding list to be exempt from all cost sharing.</p> <ul style="list-style-type: none"> • Routine Physical Exam and appropriate screening and counseling for adults • Preventive Care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration • Preventive Care and screenings for women supported by the Health Resources and Services Administration • Bone Density Screenings, age 60 or older • Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy; age 50 or older • Routine Mammography Screening • Immunizations recommended by the Advisory Committee on Immunization Practices of the CDC • Outpatient Laboratory Services: <ul style="list-style-type: none"> • Cervical Cancer and Cervical Dysplasia Screening - Pap Smear • Lipid Cholesterol Screening for adults and children at risk • Fasting Plasma Glucose or Hemoglobin A1c • Hematocrit and Hemoglobin for children • Lead screening for children • Tuberculin testing for children • Chlamydia, Syphilis and Gonorrhea screening for females all ages • Human immunodeficiency virus screening - HIV testing, no limit • Screening for phenylketonuria (PKU) in newborns • Screening for sickle cell disease in newborns • Routine Vision Screening when services are rendered by a Primary Care Provider • Routine hearing screening when rendered by a Primary Care Provider • Developmental, Autism, and Psychosocial/behavioral assessments when rendered by a Primary Care Provider • Dietary counseling for adults with hyperlipidemia or obesity • Tobacco Cessation Interventions • Screening for Hepatitis B, Iron Deficient Anemia, Rh (D) Blood Typing and Asymptomatic Bacteriuria in women who are pregnant • Screening for Abdominal Aortic Aneurysm in men who have ever smoked • BRCA counseling and genetic screening for women at risk 				

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Important Information
<ul style="list-style-type: none"> • If you have questions regarding your Plan, visit our website at www.connecticare.com or call us at (860) 674-5757 or 1-800-251-7772. • Many services require that you obtain our Pre-Certification or Pre-Authorization prior to obtaining care prescribed or rendered by Non-Participating providers. A Benefit Reduction will apply if you do not obtain Pre-Authorization for these specified services. Refer to your ConnectCare Insurance Company, Inc. Certificate of Coverage for more information. • For mental health, alcohol, and substance abuse services call 1-888-946-4658 to obtain Pre-Authorization. • We track benefits internally and do not provide Members with a regular update of benefits that have been used. Members should keep a record of benefits they use to determine when they reached their benefit limit. Members will be responsible for paying in full any services rendered after the limit is reached. • All benefit limits/maximums are combined for In-Network and Out-of-Network unless indicated otherwise. • Out-of-Network cost shares are reimbursed at the Maximum Allowable Amount. Members are responsible to pay any charges in excess of this amount. Please refer to your ConnectCare Insurance Company, Inc. Certificate of Coverage for more information. • If you are a Massachusetts resident, please refer to your <i>Amendatory Rider for Massachusetts Mandated Benefits</i> for additional details of your mandated benefits. • If you are a Massachusetts resident, this plan along with Pharmacy services meets Massachusetts Minimum Creditable standards for 2012. • Your Plan is Insured by ConnectCare Insurance Company, Inc.

Benefits are Subject to Department of Insurance Approval

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ConnectiCare

FlexPOS Combined Deductible Prescription Drug Plan for Use with Health Savings Account (HSA) Benefit Summary

This is a brief summary of your prescription drug benefit. Refer to your Prescription Drug Rider or consult with your benefits manager for more information. The Prescription Drug Rider and the Certificate of Coverage will prevail for all benefits, conditions, limitations and exclusions. All Benefits described below are per Member per Contract year.

Personalized for: Town of Old Saybrook

PRESCRIPTION DRUGS				
Covered prescription drugs through retail Participating Pharmacies or our mail order service. Your Plan includes the following: Voluntary Mail Order Program.				
	IN-NETWORK		OUT-OF-NETWORK	
Contract Year Plan Deductible (Deductible is combined for In- and Out-of-Network health services and prescription drugs)	\$1,500 Individual \$3,000 Family The Contract Year Deductible can be reduced by any combination of covered Health Services or covered prescription drug services. If you have Family coverage, then covered Health Services and covered prescription drugs will be applied to the Family Plan Deductible until the total amount is met without regard to which family member uses the benefits.			
Out-of-Network Reimbursement	Not Applicable		Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.	
RETAIL PHARMACY (up to a 34 day supply per prescription)	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Tier 1 drugs	No Member Cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Tier 2 drugs	No Member Cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
Tier 3 drugs	No Member Cost after Plan Deductible	100% after Plan Deductible	20% after Plan Deductible	80% after Plan Deductible
MAIL ORDER PHARMACY (up to a 100 day supply per prescription)	MEMBER PAYS	PLAN PAYS	MEMBER PAYS	PLAN PAYS
Tier 1 drugs	No Member Cost after Plan Deductible	100% after Plan Deductible	100%	Not a covered benefit
Tier 2 drugs	No Member Cost after Plan Deductible	100% after Plan Deductible	100%	Not a covered benefit
Tier 3 drugs	No Member Cost after Plan Deductible	100% after Plan Deductible	100%	Not a covered benefit

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 Old Saybrook Flex 102278
 Old Saybrook Flex POS WITH HSA 1926 3630P17 Covered with Member and Family 6/16/15

Additional Information

- Under this program covered prescription drugs and supplies are put into categories (i.e., tiers) to designate how they are to be covered and the Members Cost-Share. The placement of a drug or supply into one of the tiers is determined by the ConnectiCare Pharmacy Services Department and approved by the ConnectiCare Pharmacy & Therapeutics Committee based on the drugs or supplies clinical effectiveness and cost, not on whether it is a Generic Drug Or Supply or Brand Name Drug Or Supply.
- Generic Drugs can reduce your out-of-pocket prescription costs. Generics have the same active ingredients as Brand Name Drugs, but usually cost much less. So, ask your doctor or pharmacist if a Generic alternative is available for your prescription. Also, remember to use a Participating Pharmacy. Most pharmacies in the United States participate in our network. To find out, visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722.
- Amounts paid by Members because they must pay a price difference for a Brand Name Drug do not count towards meeting any Deductible, Coinsurance, Copayment, or Pharmacy Coinsurance Maximum.
- Certain prescription drugs and supplies require Pre-Authorization from us before they will be covered under the Prescription Drug Rider. You should visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722 to find out if a prescription drug or supply requires Pre-Authorization.
- Always remember to carry your ConnectiCare ID Card.
- If you are a Massachusetts resident, please refer to your Amendment Rider for Massachusetts Mandated Benefits for additional details of your benefits.

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APPENDIX A-1

Plan for Years Two and Three of Contract - Effective 7/1/17 through 6/30/19

ConnectiCare

FlexPOS-CNT-HSA-2000/4000F-83-Combined Open Access Contract Year Benefit Summary (A)

The Individual Deductible and Maximum Out-of-Pocket applies if you have coverage only for yourself and not for any dependents. The Family Deductible and Maximum Out-of-Pocket applies if you have coverage for yourself and one or more eligible dependents. In addition, if you have family coverage, any applicable copayments or coinsurance will not apply to services until the total deductible is met for the family, without regard to how much any one family member has met. No one Member will exceed an In-Network Maximum Out-of-Pocket greater than \$6,850.

Your ConnectiCare health plan helps you get the care you need. Here are the most frequently used services. Refer to your certificate of coverage on connecticare.com for a complete list of benefits.

Personalized for: Town of Old Saybrook

Getting care in our network

In-Network Preventive Services These services are no cost to you when you use an in-network doctor or facility. Frequency is based on age and gender. For a complete list of preventive services and to find a doctor, refer to connecticare.com.	
<ul style="list-style-type: none"> Physical Well woman visit and pap test More than 25 screenings, including mammograms and colonoscopies 	<ul style="list-style-type: none"> Flu shot Vaccinations Certain birth control and other prevention medications

Your care costs Costs for these services are shared by you and ConnectiCare as follows when you use a doctor or facility in our network.		
	Single Coverage	Family Coverage
In-network deductible Plan deductible is combined for in and out-of-network	\$2,000	\$4,000
In-network maximum out-of-pocket Out-of-pocket maximum is combined for in and out-of-network	\$4,000	\$8,000
After you've spent the in-network maximum out-of-pocket amount in deductibles, copays and coinsurance, ConnectiCare will pay 100% of your covered health care expenses for the remainder of that year.		
Screenings	Your cost	
Baseline routine mammography	\$0 plan deductible waived	
Routine mammography including tomosynthesis screening	\$0 plan deductible waived	

Screenings	Your cost
Breast ultrasound screening	\$0 after plan deductible
Routine exam one exam per year	\$0 plan deductible waived
Allergy testing Unlimited	\$0 after plan deductible
Hearing Screenings one exam per year	\$0 plan deductible waived
Ongoing Care and Sick Visits	Your cost
Primary care services	\$0 after plan deductible
Specialist services	\$0 after plan deductible
Gynecologist services	\$0 after plan deductible
Maternity and pre-natal care visits	\$0 plan deductible waived
Allergy injections Unlimited	\$0 after plan deductible
Telemedicine visit	\$0 after plan deductible
Retail clinic	\$0 after plan deductible
Nutritional Counseling Limit 3 visits per year	\$0 after plan deductible
Infertility (Infertility benefits outlined in the Certificate of Coverage are unlimited, with no age or cycle restrictions)	\$0 (Office visit) after plan deductible \$0 (Ambulatory Services Outpatient) after plan deductible \$0 (Inpatient Hospital) after plan deductible
Lab and Radiology	Performed in a hospital, lab or radiology facility (Please refer to the provider directory for facility type)
Laboratory services	\$0 after plan deductible
Non-advanced radiology X-ray, diagnostic	\$0 after plan deductible
Advanced radiology MRI, PET and CAT scan and nuclear cardiology	\$0 after plan deductible
Sudden and Unexpected Care	The In-network cost share applies for both the In-Network and Out-of-Network services
Urgent care or other walk-in clinic	\$0 after plan deductible
Emergency room	\$0 after plan deductible

CICU/Flex HSA/HDP Copyw_colns_Comb MUNI/BS (01/2017) Effective Date: 7/2017
 OldSavbrookFile274210
 FlexPOS-GNT-HSA-2600/400F-S3-Combined 72025731

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Sudden and Unexpected Care The In-network cost share applies for both the In-Network and Out-of-Network services	
Ambulance	\$0 after plan deductible
Inpatient Hospital Services	
inpatient hospital services, including room and board	\$0 after plan deductible
Skilled nursing and rehabilitation facilities up to 220 days per year	\$0 after plan deductible
Private duty nursing	\$0 after plan deductible
Outpatient Hospital Services and Home Care (Please refer to the provider directory for facility type)	
Hospital outpatient facilities	\$0 after plan deductible
Ambulatory surgical center	\$0 after plan deductible
Home health services Unlimited	\$0 after plan deductible
Outpatient Rehabilitative Services	
Rehabilitative services Unlimited (includes services combined for physical, speech and occupational therapy and chiropractic services)	\$0 after plan deductible
Mental Health and Substance Abuse	
Inpatient mental health services	\$0 after plan deductible
Inpatient alcohol and substance abuse treatment	\$0 after plan deductible
Outpatient mental health, alcohol and substance abuse treatment (office visits and home services)	\$0 after plan deductible
Outpatient mental health, alcohol and substance abuse treatment (intensive outpatient treatment and partial hospitalization)	\$0 after plan deductible

Supplies	
Durable medical equipment including prosthetics and disposable medical supplies (Includes Wigs prescribed by an oncologist for Member suffering hair loss as a result of chemotherapy or radiation therapy up to one wig per year)	\$0 after plan deductible
Diabetic equipment and supplies	\$0 after plan deductible
Modified food products and specialized formula pharmacy tier	\$0 after plan deductible

Vision Hardware Services Coverage is limited to one of the following every twelve months	In-Network Member Pays	Out-of-Network Member pays
Frames for prescription lenses and any one of the following:	Any amount over \$100	Any amount over \$55
Single vision lenses	\$0	Any amount over \$32
Bifocal lenses	\$0	Any amount over \$55
Trifocal lenses	\$0	Any amount over \$65
OR		
Contact lenses	Any amount over \$100	Any amount over \$87

Getting care outside of our network

You may also get care outside of our network; however, your share of the costs will be higher. Out-of-network doctors and facilities do not appear in the "Find a doctor" directory on connecticare.com.		
	Single Coverage	Family Coverage
Out-of-network deductible Plan deductible is combined for in and out-of-network	\$2,000	\$4,000
Out-of-network coinsurance	20% after plan deductible	20% after plan deductible
Out-of-network home health care	20% after plan deductible	20% after plan deductible
Out-of-network durable medical equipment	20% after plan deductible	20% after plan deductible
Out-of-network maximum out-of-pocket Out-of-pocket maximum is combined for in and out-of-network	\$4,000	\$8,000

Important Information

- This is a brief summary of benefits. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for complete details on benefits, conditions, limitations and exclusions, or consult with your benefits manager. All benefits described are per member per Contract year.
- A Referral from your Primary Care Provider is not required.
- If you have questions regarding your plan, visit our website at www.connecticare.com or call us at (860) 674-5757 or 1-800-251-7722.
- Many services require that you obtain our pre-certification or pre-authorization prior to obtaining care prescribed or rendered by network providers or non-participating providers. A reduction will apply if you do not obtain pre-authorization for these specified services. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- For mental health, alcohol, and substance abuse services call 1-888-946-4658 to obtain pre-authorization.
- Out-of-Network cost shares are reimbursed at the maximum allowable amount. Members are responsible to pay any charges in excess of this amount. Please refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- If you are a Massachusetts resident, please refer to your *amendatory rider for Massachusetts mandated benefits* for additional details of your mandated benefits.
- If you are a Massachusetts resident, this plan along with pharmacy services meets Massachusetts Minimum Creditable Coverage standards for 2017.
- Your plan is insured by ConnectiCare Insurance Company, Inc.

ConnectiCare

FlexPOS Combined Deductible Prescription Drug Plan for Use with Health Savings Account (HSA) Benefit Summary

This is a brief summary of your prescription drug benefits. Refer to your prescription drug rider for complete details on benefits, conditions, limitations and exclusions, or consult with your benefits manager. All benefits described below are per member per Contract year.

Personalized for: Town of Old Saybrook

Covered prescription drugs through retail Participating Pharmacies or our mail order service. Your Plan includes the following: Mandatory Drug Substitution, Tiered Cost-Share Program, and Voluntary Mail Order Program.		
	Single Coverage	Family Coverage
In-network Contract Year plan deductible (Deductible is combined for In and out-of-network)	\$2,000	\$4,000
In-network maximum out-of-pocket (Maximum is combined for In and out-of-network)	\$4,000	\$8,000
	Your cost retail (up to a 34 day supply per prescription)	Your cost mail order (up to a 100 day supply per prescription)
Generic drugs	\$0 after plan deductible	\$0 after plan deductible
Preferred brand drugs	\$0 after plan deductible	\$0 after plan deductible
Non-preferred brand drugs	\$0 after plan deductible	\$0 after plan deductible
Getting care outside of our network		
You may also get care outside of our network; however, your share of the costs will be higher.		
	Single Coverage	Family Coverage
Out-of-network deductible (Deductible is combined for In and out-of-network)	\$2,000	\$4,000
Out-of-network coinsurance	20% after plan deductible	20% after plan deductible
Out-of-network mail order	100%	100%
Out-of-network maximum out-of-pocket (Maximum is combined for In and out-of-network)	\$4,000	\$8,000

Additional Information

- Under this program covered prescription drugs and supplies are put into categories (i.e., tiers) to designate how they are to be covered and the member's cost-share. The placement of a drug or supply into one of the tiers is determined by the ConnectiCare Pharmacy Services Department and approved by the ConnectiCare Pharmacy & Therapeutics Committee based on the drug's or supply's clinical effectiveness and cost, not on whether it is a generic drug or supply or brand name drug or supply.
- Generic drugs can reduce your out-of-pocket prescription costs. Generics have the same active ingredients as brand name drugs, but usually cost much less. So, ask your doctor or pharmacist if a generic alternative is available for your prescription. Also, remember to use a participating pharmacy. Most pharmacies in the United States participate in our network. To find one, visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722.
- Amounts paid by members because they must pay a price difference for a brand name drug do not count towards meeting any deductible, coinsurance, copayment, or cost share maximum.
- Certain prescription drugs and supplies require pre-authorization from us before they will be covered under the prescription drug rider. You should visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722 to find out if a prescription drug or supply requires pre-authorization.
- Most Specialty drugs are dispensed through Specialty Pharmacies by mail, up to 30 day supply. Specialty Pharmacies have the same Member Cost Share as all other participating pharmacies and are not part of ConnectiCare's Voluntary Mail Order program. The Member Cost Share for Specialty Pharmacy is different from the Cost Share for ConnectiCare's Mail Order program.
- Always remember to carry your ConnectiCare ID Card.
- If you are a Massachusetts resident, please refer to your amendatory rider for Massachusetts mandated benefits for additional details of your benefits.

APPENDIX A-2

Plan for Year Four of Contract - Effective 7/1/19 through 6/30/20
Summary (B)

The Individual Deductible and Maximum Out-of-Pocket applies if you have coverage only for yourself and not for any dependents. The Family Deductible and Maximum Out-of-Pocket applies if you have coverage for yourself and one or more eligible dependents. In addition, if you have family coverage, any applicable copayments or coinsurance will not apply to services until the total deductible is met for the family, without regard to how much any one family member has met. No one Member will exceed an In-Network Maximum Out-of-Pocket greater than \$6,850.

Your ConnectiCare health plan helps you get the care you need. Here are the most frequently used services. Refer to your certificate of coverage on connecticare.com for a complete list of benefits.

Personalized for: Town of Old Saybrook

Getting care in our network

In-Network Preventive Services	
These services are no cost to you when you use an in-network doctor or facility. Frequency is based on age and gender. For a complete list of preventive services and to find a doctor, refer to connecticare.com.	
<ul style="list-style-type: none"> Physical Well woman visit and pap test More than 25 screenings, including mammograms and colonoscopies 	<ul style="list-style-type: none"> Flu shot Vaccinations Certain birth control and other prevention medications

Your care costs		
Costs for these services are shared by you and ConnectiCare as follows when you use a doctor or facility in our network.		
	Single Coverage	Family Coverage
In-network deductible Plan deductible is combined for in and out-of-network	\$2,250	\$4,500
In-network maximum out-of-pocket Out-of-pocket maximum is combined for in and out-of-network	\$4,500	\$9,000
After you've spent the in-network maximum out-of-pocket amount in deductibles, copays and coinsurance, ConnectiCare will pay 100% of your covered health care expenses for the remainder of that year.		
Screenings	Your cost	
Baseline routine mammography	\$0 plan deductible waived	
Routine mammography including tomosynthesis screening	\$0 plan deductible waived	

Screenings	Your cost
Breast ultrasound screening	\$0 after plan deductible
Routine exam one exam per year	\$0 plan deductible waived
Allergy testing Unlimited	\$0 after plan deductible
Hearing Screenings one exam per year	\$0 plan deductible waived
Ongoing Care and Sick Visits	Your cost
Primary care services	\$0 after plan deductible
Specialist services	\$0 after plan deductible
Gynecologist services	\$0 after plan deductible
Maternity and pre-natal care visits	\$0 plan deductible waived
Allergy injections Unlimited	\$0 after plan deductible
Telemedicine visit	\$0 after plan deductible
Retail clinic	\$0 after plan deductible
Nutritional Counseling Limit 3 visits per year	\$0 after plan deductible
Infertility (Infertility benefits outlined in the Certificate of Coverage are unlimited, with no age or cycle restrictions)	\$0 (Office visit) after plan deductible \$0 (Ambulatory Services Outpatient) after plan deductible \$0 (Inpatient Hospital) after plan deductible
Lab and Radiology	Performed in a hospital, lab or radiology facility (Please refer to the provider directory for facility type)
Laboratory services	\$0 after plan deductible
Non-advanced radiology X-ray, diagnostic	\$0 after plan deductible
Advanced radiology MRI, PET and CAT scan and nuclear cardiology	\$0 after plan deductible
Sudden and Unexpected Care	The In-network cost share applies for both the In-Network and Out-of-Network services
Urgent care or other walk-in clinic	\$0 after plan deductible
Emergency room	\$0 after plan deductible

Sudden and Unexpected Care The in-network cost share applies for both the In-Network and Out-of-Network services	
Ambulance	\$0 after plan deductible
Inpatient Hospital Services	
Inpatient hospital services, including room and board	\$0 after plan deductible
Skilled nursing and rehabilitation facilities up to 220 days per year	\$0 after plan deductible
Private duty nursing	\$0 after plan deductible
Outpatient Hospital Services and Home Care (Please refer to the provider directory for facility type)	
Hospital outpatient facilities	\$0 after plan deductible
Ambulatory surgical center	\$0 after plan deductible
Home health services Unlimited	\$0 after plan deductible
Outpatient Rehabilitative Services	
Rehabilitative services Unlimited (includes services combined for physical, speech and occupational therapy and chiropractic services)	\$0 after plan deductible
Mental Health and Substance Abuse	
Inpatient mental health services	\$0 after plan deductible
Inpatient alcohol and substance abuse treatment	\$0 after plan deductible
Outpatient mental health, alcohol and substance abuse treatment (office visits and home services)	\$0 after plan deductible
Outpatient mental health, alcohol and substance abuse treatment (intensive outpatient treatment and partial hospitalization)	\$0 after plan deductible

Supplies	
Durable medical equipment including prosthetics and disposable medical supplies (Includes Wigs prescribed by an oncologist for Member suffering hair loss as a result of chemotherapy or radiation therapy up to one wig per year)	\$0 after plan deductible
Diabetic equipment and supplies	\$0 after plan deductible
Modified food products and specialized formula pharmacy tier	\$0 after plan deductible

Vision Hardware Services Coverage is limited to one of the following every twelve months	In-Network Member Pays	Out-of-Network Member pays
Frames for prescription lenses and any one of the following:	Any amount over \$100	Any amount over \$55
Single vision lenses	\$0	Any amount over \$32
Bifocal lenses	\$0	Any amount over \$55
Trifocal lenses	\$0	Any amount over \$65
OR		
Contact lenses	Any amount over \$100	Any amount over \$87

Getting care outside of our network

You may also get care outside of our network; however, your share of the costs will be higher. Out-of-network doctors and facilities do not appear in the "Find a doctor" directory on connecticare.com.		
	Single Coverage	Family Coverage
Out-of-network deductible Plan deductible is combined for in and out-of-network	\$2,000	\$4,000
Out-of-network coinsurance	20% after plan deductible	20% after plan deductible
Out-of-network home health care	20% after plan deductible	20% after plan deductible
Out-of-network durable medical equipment	20% after plan deductible	20% after plan deductible
Out-of-network maximum out-of-pocket Out-of-pocket maximum is combined for in and out-of-network	\$4,000	\$8,000

Important Information

- This is a brief summary of benefits. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for complete details on benefits, conditions, limitations and exclusions, or consult with your benefits manager. All benefits described are per member per Contract year.
- A Referral from your Primary Care Provider is not required.
- If you have questions regarding your plan, visit our website at www.connecticare.com or call us at (860) 674-5757 or 1-800-251-7722.
- Many services require that you obtain our pre-certification or pre-authorization prior to obtaining care prescribed or rendered by network providers or non-participating providers. A reduction will apply if you do not obtain pre-authorization for these specified services. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- For mental health, alcohol, and substance abuse services call 1-888-945-4658 to obtain pre-authorization.
- Out-of-Network cost shares are reimbursed at the maximum allowable amount. Members are responsible to pay any charges in excess of this amount. Please refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- If you are a Massachusetts resident, please refer to your *amendatory rider for Massachusetts mandated benefits* for additional details of your mandated benefits.
- If you are a Massachusetts resident, this plan along with pharmacy services meets Massachusetts Minimum Creditable Coverage standards for 2017.
- Your plan is Insured by ConnectiCare Insurance Company, Inc.

FlexPOS Combined Deductible Prescription Drug Plan for Use with Health Savings Account (HSA) Benefit Summary

This is a brief summary of your prescription drug benefits. Refer to your prescription drug rider for complete details on benefits, conditions, limitations and exclusions, or consult with your benefits manager. All benefits described below are per member per Contract year.

Personalized for: Town of Old Saybrook

Covered prescription drugs through retail Participating Pharmacies or our mail order service. Your Plan includes the following: Mandatory Drug Substitution, Tiered Cost-Share Program, and Voluntary Mail Order Program.		
	Single Coverage	Family Coverage
In-network Contract Year plan deductible (Deductible is combined for in and out-of-network)	\$2,250	\$4,500
In-network maximum out-of-pocket (Maximum is combined for in and out-of-network)	\$4,500	\$9,000
	Your cost retail (up to a 34 day supply per prescription)	Your cost mail order (up to a 100 day supply per prescription)
Generic drugs	\$0 after plan deductible	\$0 after plan deductible
Preferred brand drugs	\$0 after plan deductible	\$0 after plan deductible
Non-preferred brand drugs	\$0 after plan deductible	\$0 after plan deductible
Getting care outside of our network		
You may also get care outside of our network; however, your share of the costs will be higher.		
	Single Coverage	Family Coverage
Out-of-network deductible (Deductible is combined for in and out-of-network)	\$2,250	\$4,500
Out-of-network coinsurance	20% after plan deductible	20% after plan deductible
Out-of-network mail order	100%	100%
Out-of-network maximum out-of-pocket (Maximum is combined for in and out-of-network)	\$4,500	\$9,000

Additional Information

- Under this program covered prescription drugs and supplies are put into categories (i.e., tiers) to designate how they are to be covered and the member's cost-share. The placement of a drug or supply into one of the tiers is determined by the ConnectiCare Pharmacy Services Department and approved by the ConnectiCare Pharmacy & Therapeutics Committee based on the drug's or supply's clinical effectiveness and cost, not on whether it is a generic drug or supply or brand name drug or supply.
- Generic drugs can reduce your out-of-pocket prescription costs. Generics have the same active ingredients as brand name drugs, but usually cost much less. So, ask your doctor or pharmacist if a generic alternative is available for your prescription. Also, remember to use a participating pharmacy. Most pharmacies in the United States participate in our network. To find one, visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722.
- Amounts paid by members because they must pay a price difference for a brand name drug do not count towards meeting any deductible, coinsurance, copayment, or cost share maximum.
- Certain prescription drugs and supplies require pre-authorization from us before they will be covered under the prescription drug rider. You should visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722 to find out if a prescription drug or supply requires pre-authorization.
- Most Specialty drugs are dispensed through Specialty Pharmacies by mail, up to 30 day supply. Specialty Pharmacies have the same Member Cost Share as all other participating pharmacies and are not part of ConnectiCare's Voluntary Mail Order program. The Member Cost Share for Specialty Pharmacy is different from the Cost Share for ConnectiCare's Mail Order program.
- Always remember to carry your ConnectiCare ID Card.
- If you are a Massachusetts resident, please refer to your amendatory rider for Massachusetts mandated benefits for additional details of your benefits.

APPENDIX B



*Town of Old Saybrook FD 005331-000,001,018,019,036
FULL DENTAL PLAN, A,B,C,D*

The Full Dental Plan is designed to cover diagnostic, preventive and restorative procedures necessary for adequate dental health.

Covered services include:

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

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

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

ACCESSING BENEFITS:

Participating Dentists Benefits.

When receiving care from one of over 1,800 Participating Dentists, the member simply presents an identification card showing dental coverage. The dentist bills us directly for all covered services.

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



Non-Participating Dentists Benefits

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

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

*Dental Amendatory Rider A
Additional Basic Benefits*

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

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

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

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

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



ACCESSING BENEFITS:

Participating Dentists Benefits

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

Non-Participating Dentists Benefits

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

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

Dental Amendatory Rider B

Prosthodontics

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

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

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

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

ACCESSING BENEFITS:

Participating Dentists Benefits

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

**Non-Participating Dentists Benefits**

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

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

Dental Amendatory Rider C***Periodontics***

Periodontal services consisting of:

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

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

ACCESSING BENEFITS:**Participating Dentists Benefits**

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



Non-Participating Dentists Benefits

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

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

Dental Amendatory Rider D

Orthodontics

The following orthodontic services are provided:

Handicapping malocclusion for a member under age 19, consisting of the installation of orthodontic appliances and orthodontic treatments concerned with the reduction or elimination of an existing malocclusion through the correction of malposed teeth.

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross and Blue Shield will pay the lesser of 60% of the dentist's usual charge or 60% of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance.

Non-Participating Dentists Benefits

In the event these services are rendered by a non-participating dentist, we will pay to the member the lesser of 60% of the dentist's charge or 60% of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

Maximum- \$600 per person per lifetime

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