

AGREEMENT
BETWEEN
THE TOWN OF GUILFORD
AND
GUILFORD FIREFIGHTERS,
INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS
LOCAL 4177

JULY 1, 2017 – JUNE 30, 2020

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PREAMBLE

This Agreement by the Town of Guilford (hereinafter referred to as "the Town") and the International Association of Fire Fighters (hereinafter referred to as the "Union") has as its purpose, the promotion of harmonious relations between the Town and the Union and establishment of an equitable and peaceful procedure for the negotiation of wages, hours and other conditions of employment.

RECOGNITION

The Town hereby recognizes the Union as the exclusive representative and bargaining agent for the bargaining unit consisting of all full-time uniformed and investigatory positions with the Guilford Fire Department, except those of Fire Chief/Fire Marshal and Assistant Chief of Operations.

ARTICLE 1

PAYROLL DEDUCTION OF UNION FEES, DUES AND ASSESSMENTS

The Town shall weekly deduct Union dues, initiation fees, fines and assessments from the earned wages of each employee in such amount as determined by the Union, provided that no such deduction shall be made from any employee's wages except when authorized by him/her on an appropriate form, a copy of which must be submitted to the Town. Such authorization shall be for the life of the contract and shall be continued thereafter if a contract exists between the Town and the Union.

ARTICLE 2

NO STRIKE/NO LOCKOUT

Section 1. The Union agrees that, pursuant to Section 7-475 C.G.S., it will neither call, support nor encourage any work stoppage, strike or engage in any slowdown,

sickout, refusal to work open shifts or mandated overtime, or any other activity which affects the employee's performance of his/her work.

Section 2. The Town shall not lock out any employees covered by this Agreement during this Agreement.

ARTICLE 3

UNION SECURITY

Section 1. All present bargaining unit employees and all bargaining unit employees hired after the date this Agreement is signed shall, as a condition of employment, become and remain members of the Union within thirty (30) calendar days after this Agreement is signed or after their date of hire, whichever is applicable, or pay an agency fee.

Section 2. The Town agrees to deduct Union membership dues or agency fees weekly from the pay of those employees who individually and in writing authorize such deductions. The Town will remit to the Union, once each month, on or before the last day of the month in which such deductions are made, the dues or agency fees deducted, together with a list of employees from whose wages these sums have been deducted. Such dues or agency fees deductions shall continue for the duration of this Agreement and any extension thereof. The Union agrees to indemnify and hold the Town harmless from damages arising from the making of authorized deductions.

ARTICLE 4

MANAGEMENT RIGHTS

Section 1. Unless expressly and specifically limited, modified, abridged or relinquished by a specific provision of this Agreement, and whether exercised or not, the rights, powers and authority heretofore held by the Town, pursuant to any charter, general or special statute, ordinance, regulation, agreements regarding reorganization, or other lawful provision, over the complete operations, practices, procedures and

regulations with respect to employees of the Town shall remain solely and exclusively in the Town, including, but not limited to, the following; to determine the standards of services to be offered by the Town employees; determine the standards of selection for Town employment; direct its employees; take disciplinary action; relieve its employees from duty because of lack of work or for other legitimate reasons; subcontract work; issue work rules and regulations personnel policy manuals, personnel procedures and policies, to enforce them, and from time to time in its discretion change them; maintain the efficiency of governmental operations; determine work schedules; determine the methods, means and personnel by which the Town's operations are to be conducted; determine the content of job classifications; the content of job classification for a newly created position, the determination of the qualifications of employees; the appointment, promotion, assignment, direction and transfer of personnel; exercise complete control and discretion over its organization and technology of performing its work; and fulfill all of its legal responsibilities.

Section 2. It shall be the policy of the Town that work which can be properly, safely and economically performed by bargaining unit employees covered by this Agreement shall be assigned to and performed in accordance with this Agreement.

ARTICLE 5 **DISCIPLINE**

Section 1. The Fire Chief/Fire Marshal shall exercise full disciplinary authority. All disciplinary action shall be applied in a fair and equitable manner, shall be consistent with the infraction for which disciplinary action is being applied and, if above a verbal warning, may be challenged under the grievance and arbitration provisions of this Agreement.

Section 2. All Discipline shall be for just cause.

Section 3. It is understood that the Fire Chief/Fire Marshal shall have the authority to discipline and to recommend termination of employment.

Section 4. Each employee shall have the right to see and review his/her personnel file by appointment with the Human Resources Department. The Town shall provide copies of all materials in the file upon request of the employee. The employee shall have the right to respond in writing to all items in his/her personnel file. Such responses shall be made part of the file.

ARTICLE 6

GRIEVANCE PROCEDURES

Section 1. Grievance Defined:

A grievance, for purposes of this procedure, shall mean a dispute concerning the interpretation and/or application of any of the specific provisions of this collective bargaining agreement.

Section 2. Procedures:

Step One. Within ten (10) calendar days, excluding Saturday, Sunday or Holidays, from the date the employee or group of employees and/or Union knew, or in the exercise of reasonable diligence should have known, of the event giving rise to the grievance, the employee and/or Union shall present the grievance in writing to the Fire Chief/Fire Marshal. The parties shall attempt to resolve the matter at this level. In any event, the Fire Chief/Fire Marshal shall respond to the grievance within ten (10) calendar days, excluding Saturday, Sunday or holidays.

Step Two. If the employee is dissatisfied with the response at Step One, the employee and/or Union steward shall, within ten (10) calendar days after receiving such decision, submit the grievance in writing, to the Chairman of the Board of Fire Commissioners through the Chief's Office located at 390 Church Street and the Director of Human Resources, who shall cause a hearing within thirty (30) days before the Board of Fire Commissioners. The Board of Fire Commissioners shall then place the

grievance on the agenda of its next regularly scheduled meeting. The Board of Fire Commissioners or Director of Human Resources shall reply to the grievance in writing within ten (10) calendar days after the date of the meeting.

Step Three. In the event the employee is not satisfied with the decision in Step Two, the Union may file a request for Arbitration in writing within fifteen (15) calendar days of the date of Step Two reply. The request for arbitration shall be filed with the Connecticut State Board of Mediation and Arbitration (SBMA).

Section 3. The arbitrator's jurisdiction to make an award shall be limited by the submission and confined to the interpretation and application of the provisions of this Agreement. The arbitrator shall not have jurisdiction to make an award, which has the effect of amending, altering, modifying, enlarging or ignoring the provisions of this Agreement in effect at the time of the occurrence. The decision of the arbitrator shall be final and binding upon both parties, provided it is in accordance with the law.

Section 4. Mediation: The mediation services of the State Board of Mediation and Arbitration may be utilized, provided either party so desires, as long as it does not otherwise delay the time limit specified above.

Section 5. Meetings: If either of the parties related to the grievance process desires to meet for the purpose of oral discussion, a meeting shall be requested and scheduled.

ARTICLE 7

SENIORITY

Section 1. Unless the context requires otherwise, seniority shall be based on the length of continuous full time service of each employee with the Town of Guilford. Appendix B (attached) reflects current seniority list, with dates of hire, at the signing of this contract. All future bargaining unit employees will be placed on the bottom of the seniority list in the order of their start date. In the event that two or more new employees start on the same date, they shall be placed on the seniority list in the order of who

works the first shift or by the order of their ranking during the hiring process. An employee's seniority shall not be reduced by time lost due to sick or injury leaves or authorized leave of absence.

Section 2. If it becomes necessary to reduce the manpower of the department, the order of layoff shall be determined in accordance with the following procedure. If the need to reduce the manpower within the Fire Department arises, it shall be the junior firefighter that is laid off. If the need to reduce manpower within the classification of Deputy Fire Marshal arises, it shall be the junior Deputy Fire Marshal laid off or if the junior Deputy Fire Marshal has seniority over Firefighter classifications in this bargaining unit he/she can be demoted to firefighter and the junior firefighter shall be laid off.

Section 3. When an employee has been laid off, the name of such employee shall be placed on a preferred reemployment list. In filling any vacancy, the preferred reemployment list shall have priority over any other list. All names shall remain on any preferred reemployment list until each laid off employee is offered the opportunity for rehire. Laid off employees shall be notified of their rehiring, at the last address on file with the Fire department and/or the personnel department. Any such employee shall forfeit his right to rehire or restoration if he does not report in writing his willingness to return to work to the Fire Chief/ Fire Marshal within fourteen (14) days after written notification of such right.

Section 4. Any firefighter laid off during his probationary period as a result of a bumping process will be required to complete the stipulated period of probation if he is rehired as a firefighter.

Section 5. A seniority list shall be furnished to the Union annually on or about July 1 for classifications of Firefighters and Deputy Fire Marshal.

ARTICLE 8
HOURS OF WORK AND OVERTIME

Section 1. Firefighter EMTs/Firefighter Paramedics shall work a twenty-four-(24) hour on with three days off schedule. At that time all employees assigned to firefighting duties shall work an average of forty-two (42) hours per week. At the same time the twenty-four (24) hour day will be divided into blocks consisting of one ten (10) hour day and one fourteen (14) hour night, for the scheduling of vacations, holidays, sick days, personal days and overtime. This schedule will not apply to personnel assigned to the Fire Chief/Fire Marshal's office.

Bargaining unit employees in the Fire Chief/Fire Marshal's office shall work a forty (40) hour week which shall encompass the following hours:
Monday through Friday 8:30 a.m. - 4:30 p.m.

Section 2. There shall be a right of first refusal of all extra work offered in ten (10) and fourteen (14) hour blocks by seniority per twenty-eight (28)-day cycle. After the 28th day the overtime list shall reset and begin at the top of the seniority list. Firefighter/EMT openings shall be offered to all employees on a rotating basis starting with the Firefighter/EMT's and continuing to the Firefighter/Paramedics. Firefighter /Paramedic openings shall be offered to all Firefighter/Paramedics on a rotating basis. Probationary employees will be offered extra work last.

If a shift remains open after exhausting the above rotation, that shift shall be offered to bargaining unit employees assigned to the Fire Chief/Fire Marshal's office provided they meet the necessary requirements.

If the shift continues to be open it can be offered to non-bargaining unit employees on a utility list, provided the employee meets the minimum requirements set forth in this contract. If the shift still remains open the order-in policy will be followed.

There shall be three (3) hour minimum pay at the employee's hourly rate of time and one half (1 1/2) in all call-in situations. Such call-ins shall be noted on the overtime list as "C.I."

Section 3. It is also agreed that overtime shall be paid for as required by Section 7(K) of the Fair Labor Standards Act, 29 USC Section 207 (K), utilizing a work period of twenty-eight (28) days. Employees who work in excess of 212 hours in a twenty-eight (28) day work period shall be compensated for all hours in excess of 212 at time and one half (1 1/2) their regular hourly rate.

Section 4. With thirty (30) days' notice the Fire Chief/Fire Marshal shall have the right to change the shift from the present schedule to a forty (40) hour work week. The forty (40) hour work week shall encompass the following hours:

- (1st) 8:00 a.m. – 4:00 p.m.
- (2nd) 4:00 p.m. – 12:00 p.m.
- (3rd) 12:00 a.m. – 8:00 a.m.

In the event of a change to a forty (40) hour work week, shifts shall consist of eight (8) hours for the scheduling of vacation, holidays, sick days, personal days and overtime.

Section 5. ORDER-INS

If bargaining unit employees have to be ordered to work it shall be done in the following manner:

1. Fill the same job classification first (i.e. Firefighter EMT shift filled with Firefighter EMT)
2. Junior employee shall get ordered in once and then the Department shall proceed up the seniority list to the next senior employee.
3. If an employee was not able to be ordered in and should have been ordered in, then that employee will be eligible for the next order in.
4. The order in list will be kept on a rotating basis and shall not reset.
5. Bargaining unit employees shall not be ordered to work more than thirty-eight (38) consecutive hours, except in emergencies.

6. No employee will be ordered back to work if on vacation, except in cases of emergency.

In the event that an employee is ordered to work more than thirty-eight (38) consecutive hours or is ordered in off while on vacation, the employee shall be granted a personal day. For purposes of this section a "day" shall be twelve (12) hours.

Section 6.

1. Once the Fire Chief/Fire Marshal assigns the shift there shall be no swapping of shifts or workdays without the written approval of the Fire Chief/Fire Marshal.

2. Request for shift swaps shall be done on the form provided and submitted to the Fire Chief/Fire Marshal office at least twenty-four (24) hours in advance of the proposed shift(s) to be swapped.

3. Under the present schedule consisting of a forty-two hour (42) workweek, shift swaps will be done in ten (10) hour and fourteen (14) hour segments.

4. In the event that the schedule is switched to a forty (40) hour workweek, the shift swaps will be done in eight (8) hour segments.

5. Any limit on shift swaps will be at the discretion of the Fire Chief/Fire Marshal.

6. The Fire Chief/Fire Marshal will determine all assignments for the proper and efficient operation of the department.

ARTICLE 9

HOLIDAYS

Section 1.

The following days are holidays to be observed by all bargaining unit employees in accordance with the provisions of this Article:

New Year's Day	Labor Day
Lincoln's Birthday	Columbus Day
Washington's Birthday	Veterans Day
Martin Luther King Day	Thanksgiving Day

Good Friday	Day After Thanksgiving
Memorial Day	Christmas Day
Independence Day	

Holiday hours shall begin at 12:00 a.m. on the day listed.

Section 2. Each employee will be paid up to twelve (12) hours, at his/her base hourly rate, for the number of hours equal to his/her regular working schedule during such week for the holidays listed above provided the following conditions are met:

- a. Such employee has been employed at least thirty (30) days prior to any holiday listed above;
- b. The employee must have worked his/her last scheduled workday prior to and the next scheduled working day after such holiday;
- c. Absence from work on such days will not disqualify an otherwise eligible employee when such absence is due to:
 1. Death in his/her family
 2. Jury Duty
 3. Being on an approved vacation
 4. Authorized sick leave

Section 3. All bargaining unit personnel scheduled to work on a holiday shall be paid at a rate of time and one-half (1 1/2) his/her base hourly rate of pay for the number of hours he/she works on a major holiday, which shall be considered New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. In addition, the employee will receive a compensatory day off or will be paid for twelve (12) hours at his/her regular hourly rate. If the compensatory time is not taken within sixty (60) days, said holiday the employee will be paid twelve (12) hours at his/her regular rate. All bargaining unit personnel scheduled to work on a listed holiday not classified as a major holiday, shall be paid up to twelve (12) hours at his/her base hourly rate for the number of hours worked. In addition, the employee will receive a compensatory day off or will be paid for twelve (12) hours at his/her regular hourly rate. If the compensatory

time is not taken within sixty (60) days of said holiday, the employee will be paid twelve (12) hours at his/her regular rate.

Section 4. Whenever any holiday falls during the paid sick leave or paid vacation of a bargaining unit employee, said holiday shall not be charged against the employee's vacation time or sick leave. The employee shall be given another day off to compensate for said holiday at a time mutually agreeable to the parties. If a mutually agreeable day cannot be scheduled within three (3) months of the holiday, the employee shall receive twelve (12) hours pay at his/her regular rate.

Section 5. In the event of a change from the present schedule to a forty (40) hour work week, holiday compensation as aforesaid shall be paid on an eight (8) hour rather than twelve (12) hour basis.

ARTICLE 10
VACATIONS

Section 1. All bargaining unit employees shall be granted time-off with pay for vacation according to the following:

<u>Date of Employment</u>	<u>Vacation Period</u>
January 1 st through June 30 th	After completion of six (6) months Service, two (2) weeks in fiscal year.
July 1 st through October 31 st	After completion of six (6) months of Service, one (1) week in fiscal year.
November 1 st through December 31 st	Two (2) weeks on July 1 st

After Completion of:

Five (5) years of Service	Three (3) weeks of vacation
Ten (10) years of Service	Four (4) weeks of vacation
Twenty (20) years of Service	Five (5) weeks of vacation

Section 2. All vacations shall be taken within the fiscal year and at times satisfactory to the Fire Chief/Fire Marshal. There shall be no carryover of vacation time to the next fiscal year. There shall be no payments for unused vacations, unless approved in the discretion of the Fire Chief/Fire Marshal on a case-by-case basis to meet Fire Department operational needs.

Section 3. Employees by seniority shall indicate their preference of vacation time, in writing, no later than the first (1st) day of July each year. For weeks where no selection has been made, employees must request vacation time one (1) month prior to the posting of a new work schedule unless mutually agreed upon by the employee and the Fire Chief/Fire Marshal.

Section 4. Employees who are eligible for vacation and whose employment is terminated shall be paid an amount equal to all accumulated vacation earned but not taken, except when an employee who is terminated for cause shall not be entitled to receive pay for accumulated vacation.

Section 5. Except as otherwise may be provided herein, employees who work on their vacation, holidays or other paid time shall be paid straight time wages for such hours worked unless the hours exceed forty (40) in any seven (7) day work week. Vacation pay for hourly employees will be based on the normally scheduled work hours. For example, if the bargaining unit is working a forty-two (42) hour work week, one (1) week of vacation pay would be compensated for at forty-two (42) hours of straight time pay.

Section 6. Employees shall be allowed to take vacation on a day to day basis up to 50% of their allotment.

Section 7. Vacation time shall be taken in increments of no less than one (1) day.

ARTICLE 11
WORKERS' COMPENSATION

Section 1. Employees who are found eligible to receive Workers' Compensation benefits and are receiving the same, and who are unable to work because of their compensable injuries, shall have their employment continued on injury leave for a period of one (1) year from the date of the first absence or until they are able to return to work whichever is the shorter period. During such injury leave of absence, employees shall receive the difference between the monies received from Workers' Compensation and their regular weekly base pay for up to one (1) year (except in cases of assault, which shall be unlimited) without reduction to sick leave. If the Town advances payments of the one hundred percent (100%) amount, compensation checks, when received, shall be assigned to the Town. If the employee is unable to return to work at the end of the one year period, he/she may petition the Board of Fire Commissioners for an extension of up to one (1) year of the maximum Workers' Compensation Benefits. The Town shall extend by up to six (6) months if the treating physician certifies that it is likely the employee will be able to return to work during that period.

Section 2. All Workers' Compensation payments shall be signed over to the Town unless the amount of the benefit exceeds the pay forthcoming from the Town, in which case the employee may retain the Workers' Compensation benefits in lieu of the Town payment.

Section 3. If it is eventually determined that the employee is not entitled to Workers' Compensation Benefits, the employee shall make the Town whole for all monies received.

Section 4. In addition to his/her rights under the Workers' Compensation Act, a bargaining unit employee who thinks he/she has been exposed to AIDS in the course of his employment is entitled to the procedures of Connecticut General Statutes Chapter 368x. The Town shall offer vaccination against Hepatitis B. and subsequent Titer, to all employees at no personal expense to the employee.

ARTICLE 12
LEAVE PROVISIONS

Section 1. Personal Leave Days:

After six (6) months of employment, each bargaining unit employee shall be allowed three (3) personal leave days for the fiscal year, providing such requests are made in writing and approved by the Fire Chief/Fire Marshal at least forty-eight (48) hours in advance of the days so requested. Any personal leave day may be taken in not less than one (1) day segments.

Section 2. Bereavement Leave:

- a. Leave of up to three (3) consecutive working days without loss of pay shall be granted to bargaining unit employees in the event of a death in his/her immediate family. "Immediate Family" is defined as husband, wife, father, mother, son, daughter, brother, sister, grandparents, grandchildren, mother-in-law, father-in-law or any person regularly domiciled in the employee's home.
- b. Leave of up to one (1) working day without loss of pay shall be granted to a bargaining unit employee on the day of the funeral in the event of the death of a relative not considered to be a member of the immediate family, namely uncle, aunt, brother-in-law, sister-in-law, niece, nephew, providing the employee actually attends the funeral.

Section 3. Jury Leave:

Any employee called to jury duty shall be paid the difference between the employee's regular base rate of pay and the fee received for serving as a juror. An employee called to jury duty shall furnish the Town with a notice for service and evidence of attendance. The Town may request exclusion for any employee who has received notification of jury duty.

Section 4. Special Leave:

Special leave may be granted by the Fire Chief/Fire Marshal to an employee with five (5) or more years of service if unusual circumstances require the employee to be away from his/her work for an extended period of time. When such leave is granted, the employee's group insurance benefits may be continued by the employee at his/her own expense. An employee returning from a special leave is not guaranteed his/her job; such reinstatement will be within the sole discretion of the Board of Fire Commissioners.

Section 5. Union Business Leave:

- a. Two (2) members of the Union negotiation committee shall be granted leave from duty, without loss of pay, for attendance at all bargaining sessions between the Town and the Union for the purpose of negotiating the terms of a successor collective bargaining agreement, when such sessions are scheduled during a member's scheduled duty time.
- b. Two (2) members of the Union, including any Grievant, shall be granted leave from duty, without loss of pay, for all meetings or hearings between the Town and the Union for the purpose of processing grievances, or grievance arbitrations, or municipal prohibited practice cases to which the Union is a party, when such sessions are scheduled during the member's scheduled duty time.

ARTICLE 13
SICK LEAVE

Section 1.

- a. Sick leave shall be considered an absence from duty with pay due to illness or injury except where traceable to employment with an employer other than the Town.
- b. Sick leave shall also be available when an employee is required to undergo medical, optical or dental treatment, but only when this cannot be accomplished on off-duty time.
- c. Sick leave shall also be available when the serious illness of a member of the employee's immediate family requires his/her personal attention. A medical certificate will be required for leave of more than one (1) day.

Section 2. A medical certificate, acceptable to the Fire Chief/Fire Marshal may be required:

- a. For frequent or habitual absences, as determined by the employer, or when in the judgment of the Fire Chief/Fire Marshal there is reasonable cause for requiring such certificate.
- b. For any period of absence consisting of more than three (3) consecutive working days.
- c. When a member of the immediate family is critically ill or disabled.

Section 3. All bargaining unit employees shall be granted time-off with pay for sick leave according to the following:

Date of Employment

January 1st through June 30th

Sick Leave

After completion of six (6) months Service, ten (10) days in fiscal year.

July 1st through October 31st

After completion of six (6) months of Service, five (5) days in fiscal year.

November 1st through December 31st

Ten (10) days on July 1st

An additional one (1) day of such leave shall be granted for each year of service up to a maximum of fifteen (15) days per year.

Section 4. All unused sick leave may be accumulated up to a maximum of one hundred and forty (140) days.

Section 5. Full-time employees hired into a bargaining unit position prior to July 1, 1994 shall, upon retirement from the Town after age fifty-five (55) with at least ten (10) years of service, shall be paid a maximum of seventy (70) days of their accumulated sick leave. Full-time employees hired into a bargaining unit position after July 1, 1994 and June 30, 1997 shall, upon retirement from the Town after age fifty-five (55) with at least ten (10) years of service, be paid a maximum of fifty (50) days of their accumulated sick leave. Full-time employees hired into a bargaining unit position on and after July 1, 1997 shall, upon retirement from the Town after age fifty-five (55) with at least ten (10) years of service, be paid a maximum of thirty (30) days of their accumulated sick leave. Full-time employees hired into a bargaining unit position on and after July 1, 2015 shall not be eligible for any payment of their accumulated sick leave.

Section 6. For purposes of accumulated sick leave pay out "a day" shall be twelve (12) hours at the employee's regular hourly rate.

ARTICLE 14
INSURANCE

Section 1. Group Health Insurance

a. Active Employee Medical

Effective July 1, 2017, all full-time regular employees and eligible dependents may continue coverage under the Century Preferred PPO Plan currently offered with drug coverage as follows:

\$5 Generic \$15 Listed Brand \$25 Non Listed Brand
Two (2x) copay Mail Order
Unlimited Maximum w/Oral Contraceptives

With regard to medical coverage provided by this Article 14, dependent children shall be defined by Federal law.

The Town shall also provide the Blue Cross Full Service Dental Plan for individual employees and eligible dependents, including Rider A (additional basic Benefits), with the limiting age being under nineteen (19) for unmarried dependent children.

Coverage will be effective the first of the month following sixty (60) days from the date of hire.

The PPO Plan shall continue to be offered at the option of the employee through the life of the contract ending on June 30, 2020. The terms of such continuation are contained in the High Deductible/Health Savings Account (H.S.A.) language set forth below.

Full-Time Employees who choose the PPO Plan (\$5 Office Visit, \$5/\$15/\$25 Drug copay, Unlimited Rx) during the period July 1, 2017 through June 30, 2018 shall continue to contribute, through payroll deductions, twenty percent (20%) premium

sharing for PPO and/or Dental coverage, as applicable, and maintain contributions at that level through June 30, 2018.

Full-Time Employees who choose the PPO Plan (\$5 Office Visit, \$5/\$15/\$25 Drug copay, Unlimited Rx) during the period July 1, 2018 through June 30, 2019 shall contribute, through payroll deductions, eighteen percent (18%) premium sharing for the H.S.A. plus the difference in the allocation rates of the PPO and H.S.A. Plans, offset by the value of the Town's H.S.A. deductible funding.

Full-Time Employees who choose the PPO Plan (\$5 Office Visit, \$5/\$15/\$25 Drug copay, Unlimited Rx) during the period July 1, 2019 through June 30, 2020, shall contribute through payroll deductions, nineteen percent (19%) premium sharing for the H.S.A. plus the difference in the allocation rates of the PPO and H.S.A. Plans, offset by the value of the Town's H.S.A. deductible funding.

During the period July 1 2018 through June 30, 2019, Full-Time Employees will pay eighteen percent (18%) of the Dental Premium as a cost sharing contribution for enrollment in the Dental Plan.

During the period July 1 2019 through June 30, 2020, Full-Time Employees will pay nineteen percent (19%) of the Dental Premium as a cost sharing contribution for enrollment in the Dental Plan.

(Appended to this Agreement is Appendix C, consisting of Plan Summaries for the PPO and H.S.A. Plans.)

High Deductible/Health Savings Account (H.S.A.) Plan

Effective July 1, 2018 through June 30, 2020, in accordance with the provisions set forth below, the core health plan will be a High Deductible/Health Savings Account (H.S.A.) Plan.

Effective July 1, 2018, the H.S.A. Plan shall be the core insurance plan. For any employee who remains enrolled in the PPO plan during the 2018-19 and/or 2019-2020 contract years, the Town will pay the same total dollar amount toward the premium cost for the PPO plan as the Town pays toward the premium cost for the H.S.A. Plan for an employee enrolled at the same coverage level (individual, two-person or family). The employee shall pay 100% of the difference between the Town's total dollar premium contribution and the total premium cost for the PPO plan, as applicable, offset by the value of the Town's H.S.A. deductible funding. Premium contributions and premium costs are determined utilizing allocation rates.

Effective July 1, 2018 through June 30, 2019, employees who choose the H.S.A. Plan shall contribute, through payroll deductions, eighteen percent (18%) premium sharing.

Effective July 1, 2019 through June 30, 2020, employees who choose the H.S.A. Plan shall contribute, through payroll deductions, nineteen percent (19%) premium sharing.

The H.S.A. plan will include the following components:

	In-Network	Out-of-Network
Annual Deductible (individual/aggregate family)	\$2,000/4,000	
Co-insurance	N/A	20% after deductible up to co-insurance maximum
Co-insurance Maximum (individual/aggregate family)	N/A	\$3,000/\$6,000
Cost Share Maximum (individual/aggregate family)	\$5,000/10,000	
Lifetime Maximum	Unlimited	
Preventive Care	Deductible not applicable	20% co-insurance after deductible, subject to co-insurance limits
Prescription Drug Coverage	Treated as any other medical expense, subject to post-deductible drug co-payments as set forth below.	

Following exhaustion of the deductible, prescription drugs shall be subject to post-deductible co-payments of \$5/15/25 (retail), and at two times co-payment for mail order.

For each Participating Employee, the Town will fund sixty percent (60%) of the applicable deductible amount for the contract year July 1, 2018 through June 30, 2019. For that contract year, the Town shall deposit its portion of the contribution toward the H.S.A. plan deductible into the H.S.A. accounts on or about July 1, 2018. For the July 1, 2019 through June 30, 2020 contract year, the Town will fund fifty percent (50%) of the applicable deductible amount. The Town shall in that contract year deposit its portion of the contribution toward the H.S.A. accounts in semi-annual increments on or about July 1, 2019 and on or about January 1, 2020. The Town's contribution toward the funding of the deductible shall not be deemed an element of the underlying insurance plan. Rather, the Town's contribution toward the funding of the deductible shall relate solely to the manner in which the deductible shall be funded for actively employed Full-Time Employees. The Town shall have no obligation to fund any portion of the deductible for retirees or other individuals upon their separation from employment.

If within the first six (6) months of the July 1, 2018 effective date of H.S.A. coverage, a Participating Employee can demonstrate to the Town that he/she has incurred individual/aggregate family covered medical bills in the full amount of the individual's or aggregate family's Annual Deductible (\$2,000 or \$4,000), the Town upon request will loan the individual Employee an amount not to exceed the Employee's required contribution towards the applicable deductible amount for the July 1, 2018 through June 30, 2019 contract year. That loan shall be repayable in its full amount no later than June 30, 2019.

b. Retiree Medical

Effective beginning July 1, 2018, employees who retire prior to age sixty-five (65) at age fifty-five (55) or later with twenty-five (25) years of service, may elect to have their medical benefits continued to age sixty-five (65) at their own expense and receive an annual contribution from the Town to offset that expense. Those eligible for the contributions in retirement are those employees who are currently employed as members of the bargaining unit as of June 30, 2018, having been hired prior to July 1, 2018. Such contribution shall not be available to any person who retired from or otherwise left the employment of the Town prior to July 1, 2018. Neither the contributions nor the continued coverage shall be available once the retiree reaches age 65. If the employee waives participation in medical coverage at the time of his or her retirement or subsequently at any time, that waiver is final and the retiree will not later be eligible to receive medical benefits from the Town. Retiree healthcare benefits will include only those plans available at any point in time to active bargaining unit members. It is understood that health benefits and the cost of the coverage will change from time to time and that retirees who elect to receive continued health benefits will be subject to those changes.

In order to partially offset the retiree's annual cost of his/her coverage, the Town shall make a contribution annually in the amount of \$2,000.00 towards the single person premium cost determined by utilizing allocation rates. This \$2,000.00 contribution shall be in lieu of any other payment by the Town towards the retiree's healthcare costs, for instance, any payment towards any H.S.A. Annual Deductible amount. The retiree shall be responsible for paying in monthly installments to the Town the allocation rate for single person coverage set for the Plan Year in question, less the amount to be paid by the Town through its contribution. By keeping up-to-date the required monthly payments, the retiree shall be allowed to continue to participate in the Town's group coverage. The Town is making no representation under current or future law as to the taxability to the retiree of the Town's \$2,000.00 contribution.

At the option of a retiree, the spouse of the retiree as of the date of retirement may also participate in the Town's coverage according to the terms of the plan up to age 65, at the total expense of the retiree and spouse. The Town's \$2,000.00 annual contribution shall apply only to the coverage of the retiree. The retiree and the spouse will be responsible for the total cost of the healthcare coverage, less the Town's contribution applicable to the retiree's coverage. The election for the coverage of the spouse must be made at the time of retirement. If the retiree and spouse waive coverage for the spouse at the time of retirement or subsequently at any time, that waiver is final, and the spouse will not later be eligible to receive medical benefits from the Town. Other than the spouse under the circumstances described, no other family member or person through the retiree shall be eligible for coverage through the Town's plan.

As to retirees who remain enrolled in the plan and receive Town contributions through age sixty-four (64), the Town shall provide Supplemental Medicare Part "A" (High Option 65) and Supplemental Medicare "B" (Plan 83) to the retiree after he/she reaches sixty-five (65). Upon and subsequent to reaching age sixty-five (65), there shall be no coverage available to a spouse under the Town's plan.

Employees at retirement with at least ten (10) years but fewer than twenty-five (25) years of service at age fifty-five (55) or later, may have their medical benefits continued to age 65 at their own expense. Coverage shall apply to the retiree only and not to any spouse, family member or other person through the retiree. The Town shall make no contribution to this medical coverage. There shall be no Town coverage available at or after age 65 under this option. When a retiree waives medical coverage at the time of retirement or subsequently at any time, that waiver is final and the retiree will not later be eligible for healthcare benefits from the Town.

Section 2. All bargaining unit employees shall be eligible for:

a. **Sickness and Accident Insurance**

1. Sickness and Accident: 66 2/3% of salary (with a maximum of \$500.00 per week), with benefits commencing after

accrued sick leave is expended. This benefit will commence on the first day for an accident or eighth day for sickness, and is payable for a maximum of 13 weeks.

The following guidelines will be followed:

In order to receive this benefit, the employee must:

- A. Be employed by the Town of Guilford full-time for three months;
- B. Be under the care of a doctor during the entire period of disability; and
- C. Complete and submit to the Human Resource Office the appropriate forms (for employee and attending physician).

LIMITATIONS:

- A. If disabled twice by the same cause, and these periods of disability are separated by less than two weeks of work, the employee would be eligible for one Maximum Period of benefits. If these periods of disability are separated by two weeks or more of work, the employee would be eligible for a Maximum Period of benefit for each period of disability.
- B. This benefit does not cover disability caused by: war or any act of war; illness for which you are entitled to Workers' Compensation; or occupational injury.

b. **Life Insurance:**

After two (2) full calendar months of service, employees are covered in the amount of \$100,000 for Term Life Insurance with double indemnity for

Accidental Death and Dismemberment. Such insurance will be reduced by 35% at age seventy (70) and reduced by 50% at age seventy-five (75). Bargaining unit members hired on or after July 1, 2015 and participating in the Town's Defined Contribution Plan shall be provided an additional \$200,000 in Accidental Death and Dismemberment coverage under the Term Life Insurance Plan.

Section 3.

The Town shall have the right to change insurance carriers and/or self-insure in whole or in part in order to provide the insurance coverages set forth in this Article, provided that there shall be no reduction or diminution in the above coverage to any bargaining unit members, and provided further that coverages which result from change in carriers and/or self-insurance are at least equal to the coverage's described above in terms of coverage and benefits.

Section 4. VOLUNTARY WAIVER

- a. Members of the bargaining unit who are eligible for insurance coverage under Section 1 above may voluntarily elect to waive such coverage, in whole or in part, provided that such waiver does not conflict with the rules, regulations and requirements of the appropriate insurance carrier(s).
- b. Employees on the bargaining unit payroll prior to July 1, 2008 electing such waiver shall receive cash payments from the Town in the amount equal to fifty percent (50%) of the Town's cost for the individual's waived insurance coverages. Employees hired into the bargaining unit on and after July 1, 2008 and electing such waiver shall receive cash payments from the Town in the amount equal to twenty-five percent (25%) of the Town's cost for the individual's waived insurance coverages. Employees hired into the bargaining unit on and after July 1, 2015 and electing such waiver shall receive cash payments from the Town in the amount equal to

twenty-five percent (25%) of the Town's allocation cost for the PPO-20 Plan for a single person insurance coverage.

- c. As of July 1, 2018, Employees on the bargaining unit payroll prior to July 1, 2008 electing such waiver shall have their payments frozen at \$400.00 per month for waiving single coverage, \$900.00 per month for waiving two person coverage, and \$1200.00 per month for waiving family coverage. There shall be no waiver payment for only waiving Dental Coverage.
- d. As of July 1, 2018, Employees hired on or after July 1, 2008 but before July 1, 2015 electing such waiver shall have their payments frozen at \$200.00 per month for waiving single coverage, \$450.00 per month for waiving two person coverage, and \$600.00 per month for waiving family coverage. There shall be no waiver payment for only waiving Dental Coverage.
- e. As of July 1, 2018, Employees hired on or after July 1, 2015 electing such waiver shall receive a monthly payment from the Town in the amount of \$200.00. There shall be no waiver payment for only waiving Dental Coverage.
- f. In order to exercise this waiver option, employees must apply in writing to the Human Resources Department. All waiver applications must be completely voluntary on the part of the employee and must be accompanied by a signed waiver of coverage document acceptable to the Town. Employees whose waiver applications are acceptable to the Town shall receive monthly cash payment from the Town. Said waiver is only payable if the employee is included as one of the individuals waiving coverage and shall remain in effect until revoked as provided below.
- g. Any employee who obtained a voluntary waiver of insurance coverage pursuant to this section may revoke this waiver at any time by serving

written revocation of waiver notice upon the Director of Human Resources. Upon receipt of such revocation notice, the Town will promptly notify the appropriate insurance carrier(s) of the reinstatement request and take steps to have the coverage(s) reinstated. All such reinstatements shall be subject to all requirements of the applicable carrier(s) including, but not limited to, any mandatory waiting period.

- h. Any employee who is covered for Group Health Insurance through another employee of the Town of Guilford or the Guilford Board of Education will be ineligible to receive a medical waiver payment.

Section 5. Bargaining unit employees participating in the Town's Defined Contribution Plan shall be provided the coverage afforded by the Town's Group Long Term Disability Insurance Program.

ARTICLE 15

GENERAL PROVISIONS

Section 1. If any Article or Section of this Agreement is declared invalid, said invalidity shall not affect the balance of this Agreement.

Section 2. There shall be no alteration, variation or modification or amendment of the terms and condition of this Agreement, unless made and agreed to in writing by both parties.

Section 3. If in the opinion of the Fire Chief/Fire Marshal an employee reports to work with a cold or other medical condition which would impair his/her ability to perform his/her duties or which may potentially threaten a patient, the Fire Chief/Fire Marshal may order that employee home.

Section 4. While on duty or call, members of this bargaining unit are expected to give their full attention to their assigned duties: therefore, no other employment or business activities may be conducted while on call or duty.

Section 5. Immunization for contagious/communicable diseases will be available to all Firefighter EMTs/Firefighter Paramedics and paid for by the Town.

Section 6. All Firefighter EMTs/Firefighter Paramedics shall, as a condition of employment, maintain a current, valid Connecticut Driver's License. Employees are subject to immediate suspension in the event of the loss of a driver's license and termination if the driver's license is not reinstated within one hundred and twenty (120) days.

Section 7. Firefighter EMTs/Firefighter Paramedics must meet proper training requirements, maintain State certification, and retain medical authorization with New Haven Sponsor Hospital. Employees who do not meet proper training requirements, maintain State certification, or retain medical authorization to perform at Firefighter Paramedic or other advanced levels will be returned to the Firefighter EMT level provided the Employer has available work.

Section 8. Firefighter EMTs/Firefighter Paramedics who do not meet proper training requirements, maintain State certification, or retain medical authorization for basic levels will be suspended without pay until all training requirements are met, certification is reinstated and medical authorization is obtained. Failure to meet all such criteria within sixty (60) days of suspension by the Employer subjects the employee to termination.

Section 9. Paramedic Preceptors:

Firefighter Paramedics who have been designated by the Town as "Paramedic Preceptors" will receive an additional fifty (\$.50) cents per hour at their applicable pay rate for all hours spent precepting any Town employed Firefighter Paramedic or

Paramedic Student who is in the process of attempting to obtain Sponsor Hospital Medical Control.

Selection of Paramedic Preceptors will be based upon the following qualities and credentials:

- Designation as a Paramedic Field Instructor (PFI) by Sponsor Hospital(s) is required for consideration.
- Demonstrated positive attitude towards the Town as an Employer and EMS Profession.
- Demonstrated commitment to pre-hospital education and professionalism. No significant discipline or attendance issues in the prior twelve (12) months.
- No significant documented medical control or patient care issues in the prior twelve (12) months.

This designation is a privilege and may be revoked if the above criteria are not continually met.

Section 10. Probationary Period:

To enable the Board of Fire Commissioners to exercise sound discretion in the filling of positions within the Fire Department, no appointment to the position of firefighter shall be deemed final until after the expiration of one (1) year probationary service. During the probationary period of any employee, the Board of Fire Commissioners may terminate the employment of such employee if during this period upon observation and consideration of his/her performance of duty, they shall deem the employee unfit for such appointment; any such termination shall not be subject to the provisions of Article 5.

Section 11. Utility List:

The Town may keep a list of employees who will not be represented by this Union nor have any rights under this Agreement. This utility list will be for the sole purpose of filling open shifts only after bargaining unit employees have refused extra work. The Town

can fill these open shifts with individuals from this utility list before proceeding to the order-in procedures set forth in this contract. Any employee placed on the utility list shall meet the minimum qualifications set forth in this contract as well as any departmental or OSHA requirements to maintain certification as an interior firefighter.

ARTICLE 16

WAGES

Section 1. Effective July 1, 2017 through June 30, 2020, employee wages shall be as set forth in Appendix A hereto.

Appendix A shall reflect the following general wage increases:

FY 17-18	2.5% (Retroactive to 7/1/17)
FY 18-19	2.65% (Retroactive to 7/1/18)
FY 19-20	2.65%

To be paid any retroactivity, an employee must remain in the employ of the Town on the date of ratification of the contract.

Section 2. Upon the recommendation of the Fire Chief, the Fire Commission at its discretion may assign laterally-hired Town of Guilford Employees or new hires to a higher grade in the pay scale depending upon qualifications and experience. Paying a probationary employee at a higher grade shall not waive the probationary period required by Article 15, Section 10 of the Agreement, nor affect the calculation of Seniority under Article 7, Section 1.

Section 3. The Town shall pay an annual stipend to each Firefighter/Paramedic. The stipend will be paid in two (2) equal installments, the first payment in December and the second payment in June. The payment of each stipend will be contingent on presentation to the satisfaction of the Fire Chief of paperwork documenting up-to-date

State Paramedic certification and New Haven Sponsor Hospital Medical Control. Payments will be prorated based upon the month an employee obtains his/her certification. Employees must be qualified and on the payroll at the time the installment is due in order to receive payment. Dependent upon qualification, the total annual amount of the stipend for Firefighter/Paramedics per fiscal year shall be \$4,500.

Section 4. The Town shall pay an annual stipend to each Firefighter/EMT. The stipend will be paid in one (1) installment in December. The payment of each stipend will be contingent on presentation to the satisfaction of the Fire Chief of paperwork documenting up-to-date State EMT certification. Payments will be prorated based upon the month an employee obtains his/her certification. Employees must be qualified and on the payroll at the time the stipend is due in order to receive payment. Dependent upon qualification, the total annual amount of the stipend for Firefighter/EMTs per fiscal year shall be \$1,500.

ARTICLE 17

MINIMUM QUALIFICATION

Minimum qualifications for bargaining unit employees shall be certified by the State of Connecticut as a Firefighter I and certified as an EMT or Paramedic. The Town shall also be responsible for any costs for bargaining unit employees to maintain these certifications including but not limited to compensation for time spent at CME's or classes and travel time within the state.

ARTICLE 18

UNIFORMS

Bargaining unit employees shall be furnished uniforms in accordance with the policies of the Fire Department as determined by the Board of Fire Commissioners.

ARTICLE 19
CAPTAIN POSITION

1. The Board of Fire Commissioners has created the rank or grade of Captain within the paid Fire Department for persons to act as shift commanders. The number of such positions shall be in the discretion of the Board of Fire Commissioners, subject to financing by the Town of Guilford. Vacancies in the position of Captain shall be filled on the basis of competitive examination. No employee shall be eligible to take the examination for Captain unless he/she has, at the time of application for such examination, had at least thirty-six (36) months of service in the rank of Firefighter/Paramedic or Firefighter/EMT within the Guilford Fire Department.

2. The Board of Fire Commissioners shall maintain a roster of all firefighters who are designated to serve as Acting Captains in charge of a shift and shall arrange the names of said firefighters on said roster in the order of their seniority. The order of seniority shall be agreed to between the Fire Chief/Fire Marshal and the Union. No employee shall be eligible for appointment to the Acting Captain roster unless he/she has served as a Firefighter EMT or Firefighter/Paramedic with the Guilford Fire Department for at least thirty-six (36) months. Firefighters so qualified who have successfully passed the examination for Captain shall be eligible for appointment to the Acting Captain roster, along with others appointed in the discretion of the Board of Fire Commissioners upon the recommendation of the Fire Chief/Fire Marshal. Employees appointed to the Acting Captain roster shall receive such training and instructions and meet such requirements as the Commission shall determine.

3. Whenever a vacancy occurs on a shift because of the absence of a Captain, an effort will be made to fill the vacancy in the following order:

- (1) By calling in an off-duty Captain;
- (2) By calling in an Acting Captain from the Acting Captain's roster, rotating the opportunities by seniority; or
- (3) By filling the vacancy with an order-in.

4. Captains shall be compensated in accordance with the Wages assigned by Appendix A to this Agreement. Whenever a firefighter is assigned as an Acting Captain, he/she shall receive the hourly wage rate of the Captain's rank for the hours he/she is assigned and actually undertakes the work. Captains shall have second right of refusal on overtime assignments.

ARTICLE 20
HAZARDOUS MATERIALS

1. Bargaining unit employees hired into Firefighter/Paramedic or Firefighter/EMT positions prior to December 1, 2004, regardless of Rank, shall, as a condition of continued employment, for a period of ten (10) years from the signing of the July 1, 2005 labor contract, continue to undertake and complete Hazardous Materials Technician training, as required by OSHA. Any such Firefighter/Paramedic or Firefighter/EMT who fails to undertake and complete such training shall be subject to discharge, and the discharge shall be considered non-disciplinary.

2. Bargaining unit employees hired into Firefighter/Paramedic or Firefighter/EMT positions on or after December 1, 2004, regardless of Rank, shall, as a condition of continued employment, obtain and maintain certification as a Hazardous Materials Technician. Initial certification shall be held or obtained within eighteen (18) months of employment. Any such Firefighter/Paramedic or Firefighter/EMT who loses his/her certification or fails to maintain it shall be subject to discharge, and the discharge shall be considered non-disciplinary.

3. If, during a period that a bargaining unit employee is required to undertake and complete Hazardous Materials Technician training or satisfy re-certification requirements and does not do so, he/she shall be provided a period of time not to exceed six (6) months from the default date to meet the requirements.

4. Nothing shall preclude the Fire Chief from excusing a bargaining unit employee who is otherwise able to perform the essential functions of his/her Firefighter/Paramedic or Firefighter/EMT job, from undertaking all or part of the functions of a Hazardous Materials Technician based upon a health condition or conditions as certified by a physician chosen by the Fire Department.

5. Hazardous Materials Technician duties shall be part of the job functions of Firefighter/Paramedics and Firefighter/EMTs and no hourly rate or other payment above the agreed-upon wage scale will be paid for those functions. The Town effected a monetary upgrade of the Firefighter/Paramedic and Firefighter/EMT positions on April 1, 2006, as part of the July 1, 2005 - June 30, 2008 Agreement.

ARTICLE 21

RETIREMENT PLANS

1. Defined Benefit Pension Plan. Any member of the IAFF bargaining unit who was as of June 30, 2015 covered by and participating in the Town of Guilford Employees' Pension Plan (Pension Plan) as amended from time to time by the Board of Selectmen, shall be entitled to such coverage as provided by the terms of the Pension Plan for the duration of the Agreement, with the following amendments that will be made to the Pension Plan:

- a. Effective for retirements or terminations of employment on and after July 1, 2015, an employee shall not be eligible to elect to receive his/her pension benefit in the form of a lump sum payment as described in Section 8.5 of the Pension Plan.
- b. Effective July 1, 2015, an employee's maximum Credited Service will be capped at thirty-five (35) years. When an employee reaches thirty-five (35) years of Credited Service as defined by the Pension Plan, their Compensation Base as defined by the Pension Plan will be frozen and will not increase or decrease due to subsequent potential earnings if the

employee continues to work for the Town. In addition, when an employee reaches thirty-five (35) years of Credited Service as defined by the Pension Plan, they will no longer be required to contribute to the Pension Plan as described therein, even if the employee continues to work for the Town.

- c. Effective retirements and terminations on or after July 1, 2015, the pension multiplier shall be increased to two and one quarter percent (2.25%), as more particularly described in approved Plan language.
- d. Effective for retirements or terminations on or after July 1, 2015, the Compensation Base for pension calculation purposes will be the employee's average, annual straight-time earnings during the two (2) consecutive calendar years when such earnings were the highest, as more particularly described in the approved Plan language.
- e. Effective July 1, 2017, employees will continue to contribute seven percent (7.00%) of their straight time earnings to the Pension Plan.

2. Defined Contribution Plan. Employees hired by the Town of Guilford on or after July 1, 2015, shall not be covered by or allowed to become Participants in the Town of Guilford Employees' Pension Plan. Rather, those hired or transferred into a full-time position within the IAFF bargaining unit on and after July 1, 2015, will be enrolled in a Defined Contribution Plan as approved and amended from time to time by the Board of Selectmen. An exception to the foregoing shall be as follows: if the Town of Guilford transfers a then-current Guilford employee to a full-time IAFF bargaining unit position on or after July 1, 2015, and the employee is on the last workday prior to the effective date of the transfer a Participant in the Town of Guilford Employees' Pension Plan, that employee shall be allowed to continue participation in the Defined Benefit Pension Plan according to its terms as amended from time to time, in lieu of coverage under the Defined Contribution Plan.

The initial Defined Contribution Plan will follow these guidelines:

- a. Members of the IAFF bargaining unit beginning employment with the Town on or after July 1, 2015 will have three percent (3%) of their base salary deducted from each pay period for a minimum contribution to a Defined Contribution Plan.
- b. Participants may contribute additional amounts in full percentage values up to a total of eight percent (8%) of their base salary each pay period.
- c. The Town will match the participant's contributions, beginning with the minimum contribution of three percent (3%) and up to the maximum contribution of eight percent (8%).
- d. Employee contributions are vested immediately.
- e. Town contributions are vested under the following schedule:
 - up to one (1) year continuous service: 0%
 - one (1) year continuous service: 20%
 - two (2) years continuous service: 40%
 - three (3) years continuous service: 60%
 - four (4) years continuous service: 80%
 - five (5) years continuous service: 100%

3. Plan Language Prevails. Sections 1 and 2 above contain summaries of expected plan provisions. The final amended language of the Defined Benefit Pension Plan and the final language of the Defined Contribution Plan incorporating the above provisions shall prevail over the summary language contained in this Article.

ARTICLE 22

DURATION

Section 1. The duration of this Contract shall extend from July 1, 2017 through June 30, 2020. With the exception of Appendix A-Wages, there shall be no retroactivity and all changes to the Contract contained in this successor Agreement shall be effective on the date of its signing by both parties.

Section 2. Either party wishing to terminate, amend or modify this contract must do so by notifying the other party, in writing, no more than one hundred and eighty (180) days nor less than one hundred and fifty (150) days prior to such expiration date. Within five (5) days of the receipt of such notification by either party, a conference shall be held between the Town and the negotiating committee of the Union for the purpose of negotiating such amendment, modification or termination.

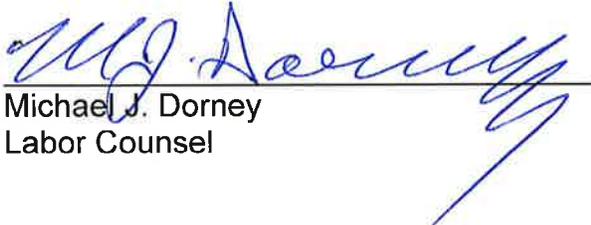
Dated at Guilford, Connecticut, this 29th day of June, 2018.

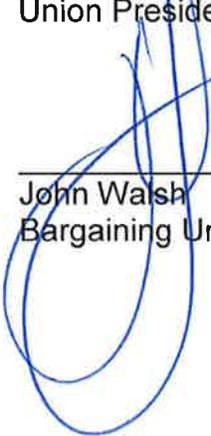
For The Town of Guilford:

For UPPFA of CT, IAFF, Local 4177


Matthew T. Hoey III
First Selectman


Stephen LaPaglia
Union President


Michael J. Dorney
Labor Counsel


John Walsh
Bargaining Unit Counsel

APPENDIX A

Town of Guilford Firefighter Wages (IAFF Local 4177)

	2.50%	2.65%	2.65%
Firefighter-Paramedic	7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
<u>Probationary</u>	\$ 26.50	\$ 27.20	\$ 27.92
Annual	\$ 57,876.00	\$ 59,404.80	\$ 60,977.28
Paramedic Stipend	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00
Total Annual Salary	\$ 62,376.00	\$ 63,904.80	\$ 65,477.28
<u>Grade C</u>	\$ 28.55	\$ 29.31	\$ 30.09
Annual	\$ 62,353.20	\$ 64,013.04	\$ 65,716.56
Paramedic Stipend	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00
Total Annual Salary	\$ 66,853.20	\$ 68,513.04	\$ 70,216.56
<u>Grade B</u>	\$ 31.04	\$ 31.86	\$ 32.70
Annual	\$ 67,791.36	\$ 69,582.24	\$ 71,416.80
Paramedic Stipend	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00
Total Annual Salary	\$ 72,291.36	\$ 74,082.24	\$ 75,916.80
<u>Grade A</u>	\$ 32.62	\$ 33.48	\$ 34.37
Annual	\$ 71,242.08	\$ 73,120.32	\$ 75,064.08
Paramedic Stipend	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00
Total Annual Salary	\$ 75,742.08	\$ 77,620.32	\$ 79,564.08
<u>Captain</u>	\$ 35.72	\$ 36.67	\$ 37.64
Annual	\$ 78,012.48	\$ 80,087.28	\$ 82,205.76
Paramedic Stipend	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00
Total Annual Salary	\$ 82,512.48	\$ 84,587.28	\$ 86,705.76
Firefighter-EMT	7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
<u>Probationary</u>	\$ 23.55	\$ 24.17	\$ 24.81
Annual	\$ 51,433.20	\$ 52,787.28	\$ 54,185.04
EMT Stipend	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Total Annual Salary	\$ 52,933.20	\$ 54,287.28	\$ 55,685.04
<u>Grade C</u>	\$ 25.59	\$ 26.27	\$ 26.97
Annual	\$ 55,888.56	\$ 57,373.68	\$ 58,902.48
EMT Stipend	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Total Annual Salary	\$ 57,388.56	\$ 58,873.68	\$ 60,402.48
<u>Grade B</u>	\$ 27.85	\$ 28.59	\$ 29.35
Annual	\$ 60,824.40	\$ 62,440.56	\$ 64,100.40
EMT Stipend	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Total Annual Salary	\$ 62,324.40	\$ 63,940.56	\$ 65,600.40
<u>Grade A</u>	\$ 29.86	\$ 30.65	\$ 31.46
Annual	\$ 65,214.24	\$ 66,939.60	\$ 68,708.64
EMT Stipend	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Total Annual Salary	\$ 66,714.24	\$ 68,439.60	\$ 70,208.64
<u>Captain</u>	\$ 35.72	\$ 36.67	\$ 37.64
Annual	\$ 78,012.48	\$ 80,087.28	\$ 82,205.76
EMT Stipend	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Total Annual Salary	\$ 79,512.48	\$ 81,587.28	\$ 83,705.76
Deputy Fire Marshal	7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
Weekly	\$ 1,415.81	\$ 1,453.33	\$ 1,491.84
Annual	\$ 73,622.12	\$ 75,573.16	\$ 77,575.68
EMT Stipend	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Total Annual Salary	\$ 75,122.12	\$ 77,073.16	\$ 79,075.68

APPENDIX B
Town of Guilford Firefighter Seniority List as of 7/1/18

Last	First	Seniority Date	Occupation
Walston	Michael	10/1/1988	Captain/Paramedic
Gode	Christopher	12/19/1993	Captain/Paramedic
Corey	Donald	2/6/1994	FF/Paramedic
Beauvais	Peter	8/9/1996	FF/Paramedic
Kennel	Keith	8/17/1997	FF/EMT
Hession	Timothy	2/8/1998	FF/Paramedic
Haverkamp	Clinton	6/2/2002	Captain/EMT
Judd	Harvey	1/12/2003	FF/Paramedic
Johnson	Richard	10/24/2004	FF/EMT
Considine	James	11/28/2004	Captain/Paramedic
Mate	Glenn	1/10/2005	FF/EMT
Lindgren	David	1/22/2005	FF/EMT
Fazzino	Paul	8/2/2005	Deputy Fire Marshal
Manware	Brian	1/8/2007	FF/EMT
Perez	Michael	1/8/2007	FF/EMT
Winters	Kyle	2/25/2008	FF/Paramedic
Dale	Graham	7/17/2008	FF/Paramedic
Moffat	John	1/1/2009	FF/EMT
Nolan	Matthew	1/4/2009	FF/Paramedic
LaPaglia	Steven	1/4/2009	FF/Paramedic
Planas	John	2/1/2009	FF/Paramedic
Young	Jeffery	3/14/2010	FF/EMT
Deko	Joseph	3/14/2010	FF/EMT
Rapacciuolo	Michael	3/14/2010	FF/Paramedic
Paolantonio	Brett	4/1/2010	FF/EMT
Paiscyk	Robert	5/16/2010	FF/EMT
Venuti	Donald	9/26/2010	FF/EMT
Olszewski	David	7/27/2014	FF/EMT
Morrissey	Jed	10/19/2016	FF/Paramedic
Rodriguez	Jonathan	5/1/2017	FF/Paramedic
Ziemba	Christopher	9/18/2017	FF/Paramedic
Larsen	Jeffery	11/26/2017	FF/Paramedic
Gonska	Ryan	4/4/2018	FF/Paramedic
Carri	Michael	4/9/2018	FF/EMT
Hart	Thomas	4/9/2018	FF/EMT
Jones	Christopher	4/9/2018	FF/Paramedic
Riley	Larry	4/9/2018	FF/EMT
Demeraski	Eric	4/9/2018	FF/Paramedic
Marren	Sean	4/9/2018	FF/Paramedic
Hicks	Rodney	4/9/2018	FF/Paramedic
Jump	Christopher	4/30/2018	FF/Paramedic

APPENDIX C



Town of Guilford
CGHSA6703 no Incentives and Rx copays

COST SHARE PROVISIONS	In-Network Member pays:	Out-of-Network Member pays:
Annual Deductible (<i>individual/ family</i>)	\$2,000 / \$4,000	
Coinsurance	0% after deductible up to	20% after deductible up to
Cost Share Maximum (<i>individual/ family</i>)	\$3,000 / \$6,000	\$ 5,000 / \$10,000
Lifetime Maximum	Unlimited	Unlimited

PREVENTIVE CARE - Included are the preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits	In-Network After Annual Deductible Member pays:	Out-of-Network After Annual Deductible Member pays:
Well child care	No Charge; Deductible waived	20%
Periodic, routine health examinations		20%
Routine OB/GYN visits		20%
Mammography		20%
Hearing screening		20%

MEDICAL CARE

Office visits	0%	20%
Outpatient mental health & substance abuse	0%	20%
OB/GYN care	0%	20%
Surgical fees of a Physician or Surgeon	0%	20%
Maternity care	0%	20%
Diagnostic lab and x-ray	0%	20%
High-cost outpatient diagnostic – prior authorization required The following are subject to cost share: MRI, MRA, CAT, CTA, PET, SPECT scans	0%	20%
Allergy services Office visits/testing	0%	20%
Injections—80 visits in 3 years	0%	20%

HOSPITAL CARE – Prior authorization required

Semi-private room (<i>General/Medical/Surgical/Maternity</i>)	0%	20%
Inpatient mental health & substance abuse	0%	20%
Skilled nursing facility – up to 120 days per calendar year	0%	20%
Rehabilitative services – up to 100 days per person per calendar year	0%	20%
Outpatient surgery – in a hospital	0%	20%
Ambulatory surgery- in other than a hospital setting	0%	20%

EMERGENCY CARE

Walk-in centers	0%	20%
Urgent care – at participating centers only	0%	20%
Emergency care	0%	20%
Ambulance	0%	20%

Guilford
 CGHSA6703 no INC w Rx copay (Eff. 7/2018)
 Non Embedded

OTHER HEALTH CARE	In-Network After Annual Deductible Member pays:	Out-of-Network After Annual Deductible Member pays:
Outpatient rehabilitative services – PT, OT, ST and chiropractic services - <i>Prior authorization required after the first visit for PT and OT. 50 combined visit maximum for PT, OT, ST and chiropractic services per year.</i>	0%	0%
Durable medical equipment / Prosthetic devices <i>Unlimited maximum per calendar year</i>	0%	20%
Diabetic supplies, drugs & equipment <i>Diabetic drugs are covered at in-network benefit level.</i>	0%	20%
Infertility – <i>prior authorization required</i> <i>Some restrictions may apply</i>	0%	20%
Home health care <i>200 visits per member per calendar year</i>	0%	20%

PRESCRIPTION DRUGS

Tier 1 <i>Tier 1 drugs have the lowest copayment. This tier contains low cost or preferred medications that may be generic, single source brand drugs</i>	\$5 Copayment/\$10 Copayment Mail Order	20% of the in-network allowance, plus the difference between Anthem Blue Cross and Blue Shield’s payment and the pharmacist’s actual charge
Tier 2 <i>Tier 2 drugs have a higher copayment than those in Tier 1. This tier will contain low cost or preferred medications that may be single source brand drugs</i>	\$15 Copayment/\$30 Copayment Mail Order	
Tier 3 <i>Tier 3 drugs have a higher copayment than those on Tier 2. This tier will contain low cost or preferred medications that may be single source brand drugs</i>	\$25 Copayment/\$50 Copayment Mail Order	

Notes to Benefit Descriptions

- ◆ In situations where the member is responsible for obtaining the necessary prior authorization and fails to do so, benefits may be reduced or denied.
- ◆ Members must utilize participating Blue Quality Centers for Transplant hospitals to receive benefits for Human Organ & Tissue Transplant services. This network of the finest medical transplant programs in the nation is available to members who are candidates for an organ or bone marrow transplant. A nurse consultant trained in case management is dedicated to managing members who require organ and/or tissue transplants.
- ◆ For services rendered by out-of-network providers, members are responsible for paying any charges in excess of the Maximum Allowable Amount. Please reference your Subscriber Agreement/Certificate of Coverage for additional details.

You will have access to our award-winning online health site and the following programs to help you reach your health potential:

Future Moms: Individualized obstetric support for expectant high-risk and non-high-risk mothers
 Online Wellness Toolkit: Each subscriber can complete the Well-Being Assessment and set up their Well-Being Plan
 ConditionCare: Disease management for prevalent, high-cost conditions (asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease and heart failure). Members who have more than one health problem will enroll in one combined program — not separate ones for each condition.

Some eligibility requirements apply.

Please refer to the *SpecialOffers@Anthem* brochure in your enrollment kit for information on the discounts we offer on health-related products and services.

This does not constitute your health plan or insurance policy. It is only a general description of the plan. The following are examples of services NOT covered by your Century Preferred Plan. Please refer to your Subscriber Agreement/Certificate of Coverage/Summary Booklet for more details: Cosmetic surgeries and services; custodial care; genetic testing; refractive eye surgery; surgical and non-surgical services related to TMJ syndrome; travel expenses; vision therapy; services rendered prior to your contract effective date or rendered after your contract termination date; and workers’ compensation.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

A product of Anthem Blue Cross and Blue Shield serving residents and businesses in the State of Connecticut.



Town of Guilford
3-TIER MANAGED RX PROGRAM

\$5 COPAYMENT GENERIC DRUGS
\$15 FORMULARY BRAND NAME DRUGS
\$25 NON-FORMULARY BRAND NAME DRUGS
Unlimited Maximum w/Oral Contraceptives

Description of Benefits		Your copayment example
Tier 1: Generic drugs	The term "generic" refers to a prescription drug that is considered non-proprietary and is not protected by a trademark. It is required to meet the same bioequivalency test as the original brand name drug. Tier 1 copayment applies.	\$5
Tier 2: Formulary brand name drugs	The term "formulary brand name" refers to a brand name prescription drug identified on the formulary by Anthem Blue Cross and Blue Shield as a prescription drug with a Tier 2 copayment.	\$15
Tier 3: Non-formulary brand name drugs	The term "non-formulary brand name" refers to a brand name prescription drug not identified on the formulary by Anthem Blue Cross and Blue Shield. Tier 3 copayment applies.	\$25
Annual Maximum	Per member per calendar year	Unlimited

How To Use The 3-Tier Managed Rx Program

The 3-Tier Managed Rx Program incorporates different levels of copayments for three types of prescription drugs: generic, formulary brand name and non-formulary brand name, as defined in the chart above. The formulary lists generics and brand name drugs that have been selected for their quality, safety and cost-effectiveness. These formulary drugs have lower member copays than non-formulary drugs (but may not have a lower overall cost in all instances). You minimize your copayments when you use generic prescriptions and brand name prescriptions listed on the formulary. You'll still have coverage for non-formulary brand name drugs not on the formulary, but at a higher cost-share.

Talk to your provider about using generic drugs or brand name drugs included on the formulary. You'll have lower copayments when you use these drugs.

- You will be responsible for one copayment when purchasing up to a 30-day supply of prescription drugs from a retail pharmacy.
- You'll be responsible for two copayments when purchasing up to a 90-day supply of maintenance drugs through the mail-order program.

Generic Substitution: Prescriptions may be filled with the generic equivalent when available.

- When you purchase a generic drug at a participating pharmacy, you'll only be responsible for a \$5 copayment.

- When a generic equivalent is available and you obtain the brand name version, you will be responsible for the Tier 3 copayment *plus* the difference in cost between the generic and brand name drug. This provision applies unless your provider obtains Prior Authorization. When Prior Authorization is obtained (at the discretion of Anthem Blue Cross & Blue Shield), you will be responsible only for the Tier 3 copayment.

Concurrent Drug Utilization Review

Concurrent Drug Utilization Review (C-DUR) works with the retail pharmacy's standard guidelines to provide a second level of quality and safety checks. The process, which is provided on-line as part of the electronic claims filing process, helps promote access to safe, appropriate, cost-effective medications for members. C-DUR involves a series of rules or guidelines, which identify potential medication therapy issues and deliver a message to the pharmacy by computer, before the medication is dispensed. The process alerts the pharmacist of potential issues such as drug-to-drug interactions, refills requested too close together, incorrect dosing or drug duplications.

Step Therapy is another element of C-DUR that consists of specialized programs that review pharmacy claims submitted for a member against his/her prescription profile and can be used to assist in controlling utilization and promoting quality, cost-effective drug therapies for patients. All therapy protocols developed by APM are reviewed and approved by the P&T Committee. The current drugs affected by step therapies are: Ambien CR, Arthrotec, Celebrex, Enbrel, elidel, Lunesta, Monopril, Penlac, Prilosec, Prevacid, Rozerem & Zegerid.

A step therapy is requiring drug X, Y, or Z prior to receiving drug A. Step therapy protocols are built in the claims processing system to search the member's history for the required drugs. If the claim history does not indicate the member has had drug X, Y, or Z; drug A will reject at the point of service pharmacy.

The member, pharmacy or physician may contact Anthem Prescription Customer Service to clarify the claim rejection.

An ESI representative reviews the criteria with the caller. The caller is advised if the request is approved or more information is required.

If additional information is needed, the member, pharmacy, or Express Scripts may contact the physician. The physician may supply the additional information via telephone or fax.

An ESI support Specialist reviews the additional information and compares it to the step therapy protocol. The request will be approved and authorization entered into the pharmacy claim processor if the information matches the step therapy protocol. Criteria is not met if the information does not match the step therapy protocol. The caller is informed of the status of the request.

Pharmacy Programs

Voluntary Mail-service Program

Members have access to Express Scripts voluntary mail-service pharmacy program. Members can order up to a 90-day supply of these maintenance medications and have them delivered directly to their home.

The \$5 generic/\$15 formulary brand name/\$25 non-formulary brand name copayment and Unlimited annual maximum apply. When ordering up to a 90-day supply, two copayments will apply, as follows: \$10 generic/\$30 formulary brand name/\$50 non-formulary brand.

National Pharmacy Network

Members also have access to a network of more than 65,000 retail pharmacies throughout the country. Members may call 1-800-962-8192 to locate a participating pharmacy when traveling outside the state.

Points to Remember

- Anthem Blue Cross and Blue Shield will provide coverage for prescription drugs dispensed by a pharmacy when prescription drugs are deemed medically necessary based on specific criteria and dispensed pursuant to a prescription issued by a physician, subject to copayment.
- Anthem Blue Cross and Blue Shield will not be liable for any injury, claim or judgment resulting from the dispensing of any drug covered by this plan. Anthem Blue Cross and Blue Shield will not provide benefits for any drug prescribed or dispensed in a manner contrary to normal medical practice.
- Anthem Blue Cross and Blue Shield reserves the right to apply quantity limits to specified drugs as listed on the formulary. If a member requires a greater supply, the member's provider can follow the prior authorization process.

Prescription Drug Eligibility

Eligible prescription drug benefits are limited to injectable insulin and those drugs, biologicals, and compounded prescriptions that are required to be dispensed only according to a written prescription, and included in the United States Pharmacopoeia, National Formulary, or Accepted Dental Remedies and New Drugs, and which, by law, are required to bear the legend: "Caution—Federal Law prohibits dispensing without a prescription" or which are specifically approved by the Plan.

Limits and Exclusions

Benefits are limited to no more than a 30-day supply for covered drugs purchased at a retail pharmacy, and no more than a 90-day supply for covered drugs purchased by mail order. All prescriptions are subject to the quantity limitations imposed by state and federal statutes.

This drug rider does not provide drugs dispensed by other than a licensed, retail pharmacy or our mail-order service; any drug not required for the treatment or prevention of illness or injury; vaccines or allergenic extracts; devices and appliances; needles and syringes that are not prescribed by a provider for the administration of a covered drug; prescriptions dispensed in a hospital or skilled nursing facility; drugs for use in connection with drug addiction; over-the-counter or non-legend drugs; antibacterial soaps/detergents, shampoos, toothpastes/gels and mouthwashes/rinse.

Benefits for prescription birth control are covered for most groups. However, such coverage is optional if your group is self-insured or a bona fide religious organization. Check with your benefits administrator.

Town of Guilford IAFF: Century Preferred \$10

FD: 003846-142 hbp 003

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2014 – 06/30/2015

Coverage for: Individual/Family | Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.anthem.com or by calling 800-233-4947.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	For in-network providers Deductible is not applicable in-network For out-of-network providers \$200 individual \$400 2-person \$500 family	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered out-of-network services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	For in-network providers: \$6,350 individual \$12,700 family For out-of-network providers: \$1,000 individual \$2,000 2-person \$2,500 family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of out-of-network covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.

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Questions: Call 800-233-4947 or visit us at www.anthem.com

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Town of Guilford IAFF: Century Preferred \$10

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2014 – 06/30/2015

Coverage for: Individual/Family | Plan Type: PPO

Does this plan use a <u>network of providers</u> ?	Yes. For a list of <u>preferred providers</u> , see www.anthem.com or call 800-233-4947.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about <u>excluded services</u> .



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 30% would be \$300. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **in-network providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

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Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	\$10 copay	20% coinsurance, after deductible	_____none_____
	Specialist visit	\$10 copay	20% coinsurance, after deductible	_____none_____
	Other practitioner office visit	\$10 copay	20% coinsurance, after deductible	Coverage limited to 50 visit maximum for Chiropractic care per member per calendar year, combined with physical, occupational, and speech therapy.

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2014 – 06/30/2015

Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Preventive care/screening/immunization	No Charge	20% coinsurance, after deductible	_____none_____
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	20% coinsurance, after deductible	_____none_____
	Imaging (CT/PET scans, MRIs)	No Charge	20% coinsurance, after deductible	Prior authorization is required
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.anthem.com .	Generic drugs	\$5 copay/retail and \$10 copay/mail order	20% coinsurance, after deductible	Retail: 30 day maximum supply Mail order: 100 day maximum supply
	Preferred brand drugs	\$15 copay/retail and \$30 copay/mail order		
	Non-preferred brand drugs	\$25 copay/retail and \$50 copay/mail order		
	Specialty drugs	\$25 copay/retail and \$50 copay/mail order		
If you have outpatient surgery	Facility fee – General Hospital	\$100 Copay	20% coinsurance, after deductible	_____none_____
	Physician/surgeon fees	No Charge	20% coinsurance, after deductible	_____none_____
If you need immediate medical attention	Emergency room services	\$50 copay	\$50 copay/visit	Copay waived if admitted
	Emergency medical transportation	No Charge	No Charge	_____none_____
	Urgent care	\$25 copay	Not Covered	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200 copay per admission	20% coinsurance, after deductible	Inpatient hospitalizations require authorizations.

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Town of Guilford IAFF: Century Preferred \$10

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2014 – 06/30/2015

Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Physician/surgeon fee	No Charge	20% coinsurance, after deductible	_____none_____
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$10 copay	20% coinsurance, after deductible	Prior authorization required.
	Mental/Behavioral health inpatient services	\$200 copay per admission	20% coinsurance, after deductible	Prior authorization is required.
	Substance Abuse outpatient services	\$10 copay	20% coinsurance, after deductible	Prior authorization required.
	Substance Abuse inpatient services	\$200 copay per admission	20% coinsurance, after deductible	Prior authorization is required.
If you are pregnant	Prenatal and postnatal care	\$10 copay	20% coinsurance, after deductible	Initial visit only is subject to in network \$10 copay. No charge, thereafter.
	Delivery and all inpatient services	\$200 copay per admission	20% coinsurance, after deductible	Prior authorization is required.
If you need help recovering or have other special health needs	Home health care	No Charge	\$50 deductible applies and 20% coinsurance	Home Health care services is limited to 200 visits per member per calendar year.
	Rehabilitation services	\$10 copay	20% coinsurance, after deductible	Prior authorization required after the first visit for Physical Therapy and Occupational Therapy. Coverage limited to 50 visit limit for physical, occupational, and speech therapy combined with Chiropractic care.
	Habilitation services	\$10 copay	20% coinsurance, after deductible	All rehabilitation and habilitation visits count toward your rehabilitation visit limit.

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Town of Guilford IAFF: Century Preferred \$10

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2014 – 06/30/2015

Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Skilled nursing care	\$200 copay per admission	20% coinsurance, after deductible	Prior authorization is required. Skilled nursing facility services limited to 120 days per member per calendar year.
	Durable medical equipment	No charge	20% coinsurance, after deductible	For a complete list of exclusions and limitations, please reference your Certificate of Coverage.
	Hospice service	No Charge	20% coinsurance, after deductible	Prior authorization is required.
If your child needs dental or eye care	Eye exam (routine or medical)	\$10 Copay	20% coinsurance, after deductible	1 exam every 2 years.
	Glasses	Not Covered	Not Covered	—————none—————
	Dental check-up	Not Covered	Not Covered	—————none—————

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2014 – 06/30/2015

Coverage for: Individual/Family | Plan Type: PPO

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic surgery
- Dental care (Adult)
- Weight loss programs
- Long-term care
- Routine foot care
- Acupuncture

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care (limits apply)
- Hearing aids- (restrictions apply)
- Non-emergency care when traveling outside the U.S.
- Coverage provided outside the United States. See www.BCBS.com/bluecardworldwide
- Bariatric surgery
- Infertility treatment (restrictions apply)
- Private-duty nursing- (restrictions apply)
- Routine eye care

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-888-401-3539. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Questions: Call 800-233-4947 or visit us at www.anthem.com

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Town of Guilford IAFF: Century Preferred \$10

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 07/01/2014 – 06/30/2015

Coverage for: Individual/Family | Plan Type: PPO

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact:

Anthem Blue Cross & Blue Shield Appeals
108 Leigus Road, Wallingford CT 06492

Department of Labor's Employee Benefits Security Administration
1-866-444-EBSA (3272)
www.dol.gov/ebsa/healthreform

Connecticut Insurance Department
153 Market Street, 7th Floor, Hartford, CT 06103

Additionally, a consumer assistance program can help you file your appeal. Contact:

Connecticut Office of the Healthcare Advocate

P.O. Box 1543
Hartford, CT 06144
(866) 466-4446
www.ct.gov/oha
healthcare.advocate@ct.gov

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Town of Guilford IAFF: Century Preferred \$10

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

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Coverage for: Individual/Family | Plan Type: PPO

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Si no es miembro todavía y necesita ayuda en idioma español, le suplicamos que se ponga en contacto con su agente de ventas o con el administrador de su grupo. Si ya está inscrito, le rogamos que llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.

如果您是非會員並需要中文協助，請聯絡您的銷售代表或小組管理員。如果您已參保，則請使用您 ID 卡上的號碼聯絡客戶服務人員。

Kung hindi ka pa miyembro at kailangan ng tulong sa wikang Tagalog, mangyaring makipag-ugnayan sa iyong sales representative o administrator ng iyong pangkat. Kung naka-enroll ka na, mangyaring makipag-ugnayan sa serbisyo para sa customer gamit ang numero sa iyong ID card.

Doo bee a'tah ni'liigoo eí dooda'i, shikáa adoolwoł íinízinigo t'áá diné k'éjíggo, t'áá shoodí ba na'ałnıhı ya sidáhi bich'ı naabıdııłkiid. Eı doo biıgha daago ni ba'nıja'go ho'aalagıı bich'ı hodiılını. Hai'daa iini'taago eıya, t'áá shoodı diné ya atáh halne'ıgıı ní béesh bee hane'ı wolta' bi'ki si'niilıgıı bi'kéhgo bich'ı hodiılını.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

Questions: Call 800-233-4947 or visit us at www.anthem.com

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.anthem.com or call 800-233-4947 to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

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Having a baby

(In-network Provider- 2 day normal delivery)

- **Amount owed to providers: \$15,540**
- **Plan pays \$15,010**
- **Patient pays \$200**

Sample care costs:

Hospital charges (mother)	\$10,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$15,540

Patient pays:

Deductibles	\$0
Copays	\$200
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$200

Managing type 2 diabetes

(In-network Provider -maintenance of a well-controlled condition)

- **Amount owed to providers: \$1,600**
- **Plan pays \$1,510**
- **Patient pays \$50**

Sample care costs:

Prescriptions	\$500
Medical Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Total	\$1,600

Patient pays:

Deductibles	\$0
Copays	\$50
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$50

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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