

COLLECTIVE BARGAINING AGREEMENT

Between

THE TOWN OF SEYMOUR

And

SEYMOUR PUBLIC WORKS EMPLOYEES

LOCAL 1303-24 OF COUNCIL 4 AFSCME, AFL-CIO

July 1, 2025 through June 30, 2030

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And
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This Agreement entered into effective July 1, 2025 by and between the Town of Seymour, hereinafter referred to as the "Town" and Local 1303-24 of Connecticut Municipal Council 4, American Federation of State, County and Municipal Employees, AFL-CIO, hereinafter referred to as the "Union".

ARTICLE 1
RECOGNITION

Section 1.0

The Town hereby recognizes the Union as the sole and exclusive representative of all employees in the Highway Department and Transfer Station, also known as Public Works Department, who were not elected and who do not have the right to hire and fire, other than seasonal employees, for the purpose of bargaining with respect to wages, hours of work and conditions of employment. Specifically excluded from this Agreement are the Director of Public Works and Clerical Staff of the Public Works Department. Supervisors shall mean Director or designee.

ARTICLE 2
MANAGEMENT RIGHTS

Section 2.0

Except as otherwise modified or restricted by an express provision of this Agreement, the Town reserves and retains exclusively, whether exercised or not, all the lawful and customary rights, powers and prerogatives of Management. Such rights include, but shall not be limited to, the right to direct and control the workforce, establishing standards of productivity and performance of its employees; determining the objectives of the Town and the methods and means necessary to fulfill those objectives, including the creation or discontinuation of services, departments or programs in whole or in part; the determination or the content of job classifications for newly created positions; the determination of the qualifications for employees based upon the content of available job descriptions; the appointment, promotion, assignment, direction and transfer of personnel; the suspension, demotion, discharge or any other appropriate disciplinary action against its employees for just cause; the relief from duty of its employees because of lack of work or other legitimate reasons; the establishment of reasonable work rules; and the taking of all necessary actions to carry out its objectives in emergencies

Section 2.1

Such rights and responsibilities are inherent in the Town by virtue of statutory and Charter provisions, therefore actions with respect to these rights and responsibilities are not subject to review except as specifically abridged or modified by this agreement.

ARTICLE 3 UNION SECURITY

Section 3.0

All new employees shall, upon the signing of this Agreement, either become members of the Union after thirty (30) days of employment or refrain from joining the Union. Non-members may choose to pay to the Union a service fee equivalent to the dues uniformly required of the members. Employees who so choose shall execute in writing a deduction authorization for the limited purpose of authorizing the Town to deduct from their wages such dues or services fees fixed and certified in writing by the Union.

Section 3.1

The Employer agrees to deduct dues and/or fees weekly, as certified by AFSCME from the wages of all employees covered by this Agreement. The Union shall save the Town harmless from any and all claims, demands, suits or judgments arising from the implementation of sections 3.0 and 3.1.

Section 3.2

The dues deduction for each month will be made weekly, and the total amount so deducted will be remitted to the Council 4 office along with an itemized list of employees showing the amount of dues deducted by the end of the month for which said deductions have been made.

ARTICLE 4 SENIORITY

Section 4.0 Definition of Seniority and Loss of Seniority

The Town shall prepare a list of regular employees showing their seniority in length of full-time service with the Town and deliver it to the Union each year on July 1. Seniority shall be defined as the length of an employee's continuous unbroken service with the Town.

An employee shall lose seniority for the following:

- a. Having quit voluntarily;
- b. Discharged for just cause;

- c. An absence, except in case of lay-off, for three (3) consecutive working days without notifying the Town;
- d. Failure to return to work on the first day following a period of approved leave of absence except as otherwise provided by law;
- e. Retirement; or
- f. If recall from lay-off time has expired.

Section 4.1 Vacancies

When a vacancy exists that is to be filled or a new position is created as a Union position, it shall be posted in the Garage for five (5) work days and the Town will consider seniority and qualifications. To be considered minimally qualified for new employment and promotion from Laborer to Driver, candidates shall be required to successfully complete practical testing as part of the hiring process. This testing may include various assessments, as determined by the Director of Public Works, to evaluate job related skills and knowledge. The Director of Public Works may include up to two bargaining unit members for purposes of administering the testing, one of which will be the Crew Leader. A break-in and probationary period promotional vacancies shall be forty-five (45) working days.

The Human Resources Director will review all written applications submitted for new employment positions (non-promotional vacancies) and then submit the applications of applicants who meet the minimum qualifications to the Board of Public Works and the First Selectperson. The Board of Public Works shall be responsible for interviewing all applicants for new employment positions and making recommendations to the Board of Selectpersons. The Human Resources Director and First Selectperson may review and comment upon the hiring recommendations made by the Board of Public Works to the Board of Selectmen.

Section 4.2 Layoffs

Should there be a financial need to implement a reduction in force, employees within the classification of Laborer shall be laid off first. Should there still be a financial need to have a reduction in force, the employee with the least seniority shall be laid off next. Laid off regular employees with the most seniority shall be rehired first and no new employee shall be hired until all employees have been given the opportunity to return to work within two (2) years and provided the employee recalled is qualified to fill the vacancy. In the event of a layoff; an employee shall retain his seniority status for two (2) years from the date of his/her layoff.

Section 4.3 Probationary Period

New employees shall have a probationary period of one hundred twenty (120) calendar days after which they shall be classified as regular employees. The probationary period may be extended up to seventy-five (75) days if necessary to qualify an employee in snow plowing. No seniority rights shall accrue during the probationary period, however upon completion of the

initial probationary period, the employee's seniority shall revert back to the latest date of hire. After the initial probationary period, no employee shall be terminated except in accordance with Section 4.5.

Section 4.4 Work Assignments

Department Supervisors shall be responsible for assignments of work to employees in their sections at all times. They must be consistent with respect to types, and hours of work shall impartially be assigned to employees in each classification.

Section 4.5 Terminations for Just Cause

No employee shall be terminated except for just cause. The Town shall notify the Union in writing of all such terminations within twenty-four (24) hours of termination.

Section 4.6 Subcontracting (Use of Outside Contractors)

- A. No outside contractors shall be hired to do work normally performed by regular Town Employees unless mutually agreed upon by the Town and the Union. The Town reserves the right to establish contracts or subcontracts for municipal operations under emergency circumstances as declared by the First Selectman, provided that this right shall not be used for the purposes or intentions of undermining the Union or of discriminating against its members and provided further that the Town will first endeavor to utilize available and qualified bargaining unit employees before using outside contractors.
- B. In the event equipment other than Town owned equipment is needed to meet an emergency, such equipment and operators may be utilized for the duration of said emergency.
- C. No Public Works equipment is to be used unless qualified bargaining unit employees operate it. If all qualified bargaining unit employees are utilized at the highest available rate, then the Town may temporarily hire outside personnel to operate such equipment. The Director of Public Works, Foreman/Supervisor and Mechanics can also operate said equipment.
- D. Notwithstanding any of the above, the Town shall have the right to subcontract any services as needed, provided that no incumbent bargaining unit employees shall be laid off as a direct result of such subcontracting.
- E. Notwithstanding the foregoing provisions of this Article, or any article hereof, the Director of Public Works and Foreman/Supervisor may perform any work normally performed by members of the bargaining unit without a grievance being filed, providing there is no member of the bargaining unit already assigned other duties who is willing and able to perform such work.

Section 4.7 Recall from Layoff

Employees recalled from layoff must return to work within ten (10) working days of recall notice, unless otherwise mutually agreed upon.

Section 4.8 Bridging of Seniority If Rehired Within Two Years

An employee in the Public Works Department whose service with the Department is terminated for other than cause, but who is rehired within two (2) years of leaving, shall have his prior actual service added to his future service, after having been on the payroll of the Department for the latter period of at least one (1) year

Section 4.9 Working in Higher Classification

When an employee is required to work in a classification higher than his regular classification, he shall be compensated at the rate of pay of the higher classification. Such higher rate shall not apply to incidental work, assignments of less than one (1) hour duration.

Section 4.10 Minimum Staffing & Limit on Number of Laborers

Irrespective of any other provision of this Collective Bargaining Agreement, the Town agrees to maintain and to fill the following minimum number of positions within the bargaining unit:

- a. Truck Drivers - 13
- b. Mechanics - 1

The maximum number of Laborers is limited to fifty percent (50%) of the combined number of Truck Drivers and Mechanics. For example, if there are thirteen (13) Truck Drivers and one (1) Mechanic, a maximum number of seven (7) Laborers may be employed.

Laborers shall not be required to hold and/or maintain a CDL license and will not be in the rotation for snow plow duties of CDL trucks. Furthermore, the classification of Laborer will not be used to reduce any customary overtime duties currently performed by the Truck Drivers. Laborers who hold CDL licenses may be temporarily assigned to operate trucks in accordance with past practice.

ARTICLE 5 HOURS OF WORK

Section 5.0 Hours of Work and Changed Shifts

Regular hours of employment of all bargaining unit employees shall be forty (40) working hours a week, Monday through Friday, eight (8) working hours a day between 7:00 a.m. and 3:00 p.m. Summer hours shall be the first Monday in May through the last Friday of September between 6:00 a.m. and 2:00 p.m. There shall be a paid twenty (20) minute lunch period each day. The

Director of Public Works may assign different reporting hours as necessitated by specific job related conditions between December 1 and March 31 provided employees are given three (3) days advance notice.

Volunteers by seniority will be asked to work the changed hours first. If there are no volunteers, employees will rotate weekly beginning with the least senior employee first. No employee will have to work the changed hours more than two (2) weeks each month. The changed shift shall not start earlier than five (5:00 a.m.) or end later than ten (10:00 p.m.). Up to four (4) employees may work the changed shifts. Employees working a changed shift will receive a premium of 8% of their regular straight time rate for each hour worked up to eight (8) hours, and will receive time and a half their straight time rate with the 8% premium for all hours worked in excess of eight (8) hours on any changed shift.

A. Notwithstanding the above provisions:

1. The normal work week for the transfer station operations shall be Tuesday through Saturday.
2. The Director of Public Works may assign the Sweeper Operator to work an 8- hour shift with an earlier starting time in accordance with past practice.

Section 5.1 Overtime

Any hours an employee is required to work above the normal, regularly scheduled hours of work week or over eight hours in a work day shall be compensated at time and one-half of the regular rate, except that an employee required to work on Sunday shall be paid double time. The time period begins at 12:01 a.m. to 12:00 midnight on such day to determine double time pay.

Section 5.2 Minimum Call-Back Guarantee

Any employee called back to work after completing his work day, shall be granted a minimum of four (4) hours at the rates specified in this contract.

Section 5.3 Advance Notice of Overtime Assignments

An assignment of overtime work, other than emergencies, shall be made at least four (4) hours in advance by the employee's supervisor.

Section 5.4 Equalization of Overtime

All overtime work shall be distributed equally among eligible employees as far as practical within classification. A list of specified employees shall be established weekly for possible weekend assignments to be on call. An employee summoned for emergency overtime who refuses to come in shall be dropped to the bottom of the call-in overtime list. Employees called in on an emergency overtime and reporting before his normal position on the overtime list shall be

dropped to the bottom of said list, provided however; that to be eligible for overtime and emergency work, an employee must have worked the work day immediately preceding the overtime period.

Section 5.5 Dismissal Time

When due to a severe winter storm or other emergency an employee has worked six (6) or more consecutive hours immediately prior to his regular starting time and the storm or other emergency has ended, the employee will be relieved of duty at 11:00 a.m. and paid at straight time to the end of his regular workday. If, however, following dismissal, the emergency resumes or another emergency occurs and the employee is called back to work before the end of his regular workday, the employee will not receive the minimum callback pay as described in Section 5.2 or receive additional pay for hours worked until the end of his regular workday.

Section 5.6 Rest Break

When working for extended periods due to a severe winter storm or other emergency, matter sixteen (16) consecutive hours of work from their start time. employees may take a paid rest break of at least three (3) consecutive hours. Before an employee takes such a rest break, he must notify the Public Works Director or his crew leader by radio or mobile phone of his request to take a rest break, its anticipated duration, and whether he expects to be able to continue working after the break. If the crew leader is notified, he must immediately convey that information to the Public Works Director. The Public Works Director in consultation with the crew leader may schedule staggered rest breaks in order to provide coverage.

Notwithstanding the foregoing, if an employee becomes fatigued to an extent that it might impede his ability to safely operate the assigned equipment, the employee must take a rest break. In such event, the employee must first notify the Public Works Director.

Considering the amount of time already worked and the anticipated duration of the rest break and the emergency, the Public Works Director may dismiss the employee from work and replace him. All emergency rest breaks are to be taken at the Public Works yard and building unless otherwise instructed.

ARTICLE 6 BENEFITS

Section 6.0 Group Health Insurance

A. Group Health Insurance Plans

As used in subsection A of Section 6.1, the terms "full-time employees," "eligible employees," and "employees" mean employees regularly scheduled to work forty (40) hours per week or otherwise required by law to be provided with group medical insurance.

Effective July 1, 2017, the Town will provide only a High Deductible Health Plan (HDHP) for full-time employees and their eligible dependents. All current full-time employees and their

eligible dependents covered by the Anthem Blue Cross/Blue Shield Century Preferred PPO Plan who want to continue to participate in the group health insurance offered by the Town must switch to the HDHP effective July 1, 2017.

The HDHP shall have an annual deductible of \$2,000 individual and \$4,000 family for in-network and out of network services. Once the annual deductible is met, the plan will pay 100% for in-network services excluding prescription drug co-payments. Out-of-network services shall be subject to an 80%/20% coinsurance to a coinsurance maximum of \$3,000 for individual coverage and \$6,000 for aggregate family coverage. The shared in-network and out-of-network out-of-pocket annual maximum shall be \$5,000 for individual coverage and \$10,000 for aggregate family coverage. Prescription co-pays of \$5 for generic drugs, \$25 for listed brand name drugs, and \$40 for non-listed brand name drugs made after the annual deductible is satisfied will count towards the out-of-pocket maximum. A summary listing of benefits is provided in Appendix A.

A HSA shall be established by the Town for each eligible employee who participates in the HDHP. For the plan years beginning on the dates below, the Town shall contribute by direct deposit to the eligible employee's HSA a portion of the in-network annual deductible based on the following percentages and schedules:

7/1/2021	50%	full amount paid on July 1, 2021
7/1/2022	50%	full amount paid on July 1, 2022
7/1/2023	50%	full amount paid on July 1, 2023
7/1/2024	50%	full amount paid on July 1, 2024

For employees ineligible to contribute to a Health Savings Account (HSA), a Health Reimbursement Arrangement (HRA) will be established and funded by the Town by direct deposit to the employee's HRA in the same amount that would have been paid into an HSA had the employee been eligible and at the same times. HRA balances will roll over year to year up to the full deductible amount. HRAs are owned by the Town, and employees forfeit their HRA balances at the end of their employment.

If an employee commences participation in the HDHP mid-plan year, the first employer contribution to the HSA or the HRA will be prorated based on the first full month of coverage.

Effective July 1, 2021 eligible employees will pay 6% of the premium and will continue to pay 6% of the premium for the plan year beginning July 1, 2022. Effective July 1, 2023 eligible employees will pay 7% of the premium. Effective July 1, 2024 eligible employees will pay 7% of the premium.

The plan year for the HDHP/HSA option shall be July 1st through June 30th.

Section 125 Plan: Employee payments for premium cost shall be made through a payroll deduction, which will be done by the adoption of an IRS Code Section 125 pre-tax premium conversion account so that health insurance contributions may be made from pre-tax dollars.

FSA Plan: Eligible employees participating in the HDHP/HSA Plan will be allowed to participate in the FSA for dependent care only. All eligible employees will be allowed to deposit monies into a FSA under Section 125 of the IRS Code for the purpose of dependent care expenses. These monies may be expended for medical care and/or dependent care under Section 129 of the IRS Code. Eligible employees may also voluntarily contribute additional monies into their FSA in accordance with Sections 125, 129, and 105(h) of the IRS Code.

The Town's cost for the FSA shall not exceed eight hundred (\$800) dollars for start-up, two hundred and fifty (\$250) dollars for annual renewal and five (\$5) per participant each month. Any additional costs associated with the FSA will be borne by all the participants in the plan.

The foregoing benefits are subject to the terms and conditions of the carriers' master policies which shall control in all cases.

B. Connecticut State Partnership Plan 2.0

- 1) Effective July 1, 2025 all active employees and eligible retirees will participate in the Connecticut State Partnership Plan 2.0 (SPP) for health benefits in lieu of the health benefits set forth in Article 6 Section 6A. The administration of the SPP, including open enrollment, beneficiary eligibility and changes and other administration provision shall be as established by the SPP.

Promptly upon ratification of the Agreement, the Town shall apply to the State to admit this bargaining unit to the SPP.

- 2) The premium rates shall be set by the SPP.
- 3) The percentage share of such premium cost shall be as follows:

7/1/25 – 8.2%

7/1/26 – 9.4%

7/1/27 – 10.6%

7/1/28 – 11.8%

7/1/29 – 13%

- 4) The SPP contains a Health Enhancement Plan (HEP) component. All employees and eligible retirees participating in the SPP are subject to the terms and provisions of the HEP. In the event SPP administrators impose the HEP non-participation or noncompliance \$100 per month premium cost increase or the \$350 per participant to a maximum of \$1400 family annual deductible, those sums shall be paid 100% in their entirety by the non-participating or non-compliant employee/retiree. No portion or percentage shall be paid by the Town. The \$100 per month premium cost increase shall be implemented through payroll deduction, and the \$350/\$1400 annual deductible shall be implemented through claims administration.

- 5) In the event any of the following occur, the Town or Seymour Town Hall Employees Union may reopen negotiations as to the sole issue of health insurance, including plan design and plan funding, premium cost share and/or introduction of replacement medical insurance in whole or in part.
 - i) If the SPP in its current form is no longer available; or if the benefit plan design of the SPP is further modified as a result of a change in the State's collective bargaining agreement with SEBAC, if such modifications would substantially increase the cost to the Town or to members of Seymour Town Hall Employees Union of the medical insurance plan offered herein. Reopener negotiations shall be limited to health insurance plan design and funding, premium cost share; and/or
 - ii) If Conn.Gen.Stat. Section 3-123rr et seq. is amended in a way that substantially affects the operation of the SPP to the detriment of the parties, or if there are any changes to the administration of the SPP that negatively affects the parties, or if additional fees and/or charges for the SPP are imposed so as to affect the Town or members of the Seymour Town Hall Employees Union, any of which amendments, changes, fees or charges (individually or collectively) would substantially increase the cost of the medical insurance plan offered herein. Reopener negotiations shall be limited to health insurance plan design and funding, premium cost share; and/or
- 6) In any negotiations triggered under the above, as well as negotiations for a successor to this collective bargaining agreement, the parties shall consider the United Healthcare High Deductible Health Plan with Health Savings Account set forth in the Current Agreement to be the baseline for such negotiations, and the parties shall consider the following additional factors:
 - Trends in health insurance plan design outside of the SPP;
 - The costs of different plan designs, including a high deductible health plan structure and a PPO plan structure.

Should such negotiations be submitted to arbitration for resolution, the arbitration panel shall consider the foregoing in applying the statutory criteria in making its ruling.

- C. **Change in Insurance Plan:** The Town may change carriers during the life of the Agreement provided the level of benefits is substantially equivalent to those set forth above.
- D. **Waiver of Group Insurance Benefits:** Employees may waive all group health insurance benefits and be paid \$5,000 each year provided the spouse of any such employee is not also an employee of the Town or Board of Education, covered by a collective bargaining agreement, and receiving medical benefits under the agreement.

E. **Life Insurance:** Each employee shall be covered by a Life Insurance Policy predicated upon one and one half (1-1/2) times annual salary in accordance with the Insurance policy, the cost of which shall be assumed by the Town. Life Insurance in the amount of Ten Thousand Dollars (\$10,000.00) will be provided for retirees and Five Thousand (\$5,000.00) Dollars for spouses. This cost will be paid by the Town.

F. **Retiree Medical Insurance:**

1. An employee hired before June 1, 2017, who retires prior to age fifty-five (55), has at least ten (10) years of service with the Town, and receives a Normal Retirement or Disability CMERS pension benefit, shall have his/her medical coverage for them and their spouse continued if they so elect. The Town and the employee shall share equally the cost of such coverage. An employee hired before June 1, 2017 who retires after reaching the age fifty-five (55) and receives a Normal Retirement or a Disability CMERS pension benefit, shall have his/her medical coverage (same as active) for them and their spouse continued at no cost to the employee. This coverage shall continue until age sixty-five (65). The Town will provide Blue Cross 65 High Option and Blue Shield 65-82 or such other Medicare supplement plan that provides substantially equivalent or better level of benefits.
2. No retiree medical insurance will be provided to employees hired on or after June 1, 2017.

G. **Dental Coverage:** All members of the bargaining unit and their dependents shall be covered by Delta Dental PPO Plus Premier. This coverage is extended to retirees under the same guidelines as provided for in subsection E2. of Section 6.1. A description of the dental plan is set forth in Appendix B.

H. **Short Term Disability:** The Town shall provide all full-time employees working a minimum of forty (40) hours per week, at no cost to the employees, weekly income insurance with a weekly income benefit of seventy percent (70%) of the employee's average weekly straight time wage over the course of the twelve months preceding the date the employee becomes disabled from work. The benefit shall not be less than two hundred and fifty dollars (\$250) weekly and not more than twelve hundred dollars (\$1,200) weekly.

I. **Vision Coverage:** The Town will provide a vision care rider, subject to premium cost share.

Section 6.2

The Town shall, at its expense, replace, repair, or sharpen such tools and personal property whenever such replacement, repairing, or sharpening are required because of the direct need

solely by work performed for the Town. This is at the sole discretion of the Director of Public Works.

Section 6.3 Retirement/Pension

All employees who customarily work the number of hours a week to qualify for membership (which currently is at least 20 hours every week) shall be covered by the provisions of the Connecticut Municipal Employee's Retirement Fund.

Section 6.4 Option to Pay for Group Health Insurance During Layoff

The Town shall give employees the option of paying for their Insurance Coverage at the group rate for the allotted time an employee retains his seniority status according to Article 4, Section 4.2.

Section 6.5 Excise Tax IRS Code Section 49801 Reopener

Upon written notice (including email) by either party after June 30, 2016, the parties agree to meet to negotiate concerning the excise tax set forth in IRS Code Section 49801 (the Cadillac tax). Negotiations will commence within 30 days from receipt of the notice.

ARTICLE 7 HOLIDAYS

Section 7.0 Contractual Holidays

Employees shall be paid for and have the following days off as holidays:

New Year's Day	Veteran's Day
Martin Luther King Day	3 Floating Holidays
Good Friday	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Juneteenth	Christmas Day
Fourth of July	Day after Christmas
Labor Day	
Columbus Day	

Floating Holidays will be scheduled in advance with the Director of Public Works. One (1) floating holiday will be taken the day before or the day after a scheduled vacation, whichever is agreed to with the Director of Public Works. The day after Christmas will be substituted for Christmas Eve day for all employees except transfer station attendant, who will take Christmas Eve day as the holiday unless he can find a substitute or unless Christmas falls on a Saturday.

Section 7.1 Observance of Holidays Falling on Sunday or Saturday

If a holiday falls on a Sunday, the following Monday shall be considered the Holiday. If a holiday falls on a Saturday, the holiday shall be observed the preceding Friday.

Section 7.2 Double Time for Holiday Worked

If an emergency makes it necessary for an employee to work on a holiday, he/she shall be paid double time, plus the holiday pay.

Section 7.3 Additional Holiday if New National or State Holiday is Declared

In the event of an unforeseen National or State holiday and it is declared as such and is, in fact, celebrated by the Municipality, each employee shall receive an additional holiday whether or not the employee worked on such date.

ARTICLE 8 VACATIONS

Section 8.0 Vacations

Employees hired on or before December 31, 2014 shall be granted time off with pay for vacation according to the following schedule annually.

Completed six (6) months continuous service	Five (5) working days
Completed one (1) year continuous service	Ten (10) working days
Completed five (5) years continuous service	Fifteen (15) working days
Completed ten (10) years continuous service	Twenty (20) working days
Completed fifteen (15) years continuous service*	Twenty-five (25) working days

* Employees hired between July 1, 2008 and December 31, 2014 shall receive twenty-five (25) working days after completion of twenty (20) years of continuous service.

Employees hired on or after January 1, 2015 shall be granted time off with pay for vacation according to the following schedule annually:

Completed six (6) months continuous service	Five (5) working days
Completed one (1) year continuous service	Ten (10) working days
Completed five (5) years continuous service	Fifteen (15) working days
Completed ten (10) years continuous service	Twenty (20) working days

Section 8.1 Call Backs to Work While on Vacation

Employees shall not be called back to work while on vacation except for emergency work, and if called back, shall receive the regular vacation pay plus time and one-half for the hours they

worked.

Section 8.2 Vacation Preference by Seniority and When Vacations Taken

Employees shall be granted their vacation by seniority preference throughout the year subject to the demands of service as determined by the Director of Public Works. All vacation must be taken between July 1st and June 30th except for the months of December, January, February, and March. By mutual agreement, the dates may be extended from December 1st to March 31st by seniority an employee can take their vacation, but only a maximum of five (5) days in each of those months.

Section 8.3 Vacation Must Be Taken in Year Earned; No Accumulation

Vacation time shall not accumulate from year to year and must be taken in the year earned. Vacation pay is granted only in advance for the pay period before their vacation time. No vacation pay is given before such time.

Section 8.4 Payment of Unused Vacation Upon Retirement

Retiring employees who retire in good standing and the surviving spouse or in the absence of a surviving spouse a deceased employee's estate will receive pay for unused vacation in the year earned. Pay for unused vacation will not be prorated unless the employee retires in July or August. Unused vacation to employees who retire in July or August will be paid pro rata based on the number of full months worked that year rounded to the next highest whole number. For the purpose of this section "good standing" means with at least two (2) weeks advance written notice and not in lieu of a disciplinary discharge.

ARTICLE 9 LEAVE PROVISIONS

Section 9.0 Sick Leave

All employees shall receive one and one-quarter days of sick leave for each completed month of work up to the beginning of the fiscal year. All employees at the beginning of the fiscal year shall receive fifteen (15) days sick leave to be drawn upon the coming year, ten of which can be paid out if not taken by the end of the year. Unused sick days may be accumulated to a maximum of forty-five (45) days. Sick leave is not to be considered as extra vacation time. Supervisors have the right to investigate all sick leave claims if they feel leave is being abused.

At the end of each fiscal year, employees shall bank up to fifteen (15) unused sick days, to a maximum of forty five (45) days, or be paid for up to ten (10) unused sick days. '

Any "banked" sick days may be used by the employee or to care for the employee's spouse or child for: (1) illness, injury, or health condition; (2) medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or (3) preventive care.

Current sick leave time must be utilized before any banked sick leave is charged.

Section 9.1 Bereavement Leave

Five (5) days special leave with pay shall be granted for the death in the immediate family if the death occurs during the work week. Should the leave period include days not scheduled normally as work days, only the actual work days necessary to complete the five (5) day period shall be allowed. Immediate family shall mean wife, husband, sister, brother, father, mother, children, mother-in-law, father-in-law, or grandparents. Extended leave may be granted for special cases with the approval of the Director of Public Works.

One (1) day special leave with pay shall be granted for death of (aunt, uncle, sister-in-law, brother-in-law) provided the employee attends the funeral and it occurs on a working day.

Section 9.2 Dependent Survivors' Payment

In the event of the death of an employee, his dependent survivors shall receive his normal weekly wage for one (1) month following his/her last earned pay for four (4) consecutive weeks.

Section 9.3 Leave of Absence Without Pay

Leaves of absence without pay or benefits to a maximum of one (1) year may be granted at the discretion of the Director of Public Works, if requested in writing at least ten (10) days prior to the requested leave.

Section 9.4 Unused Sick and Earned Vacation Payout Upon Retirement or Death

Upon retirement or separation from employment for any reason except discharge for cause or resignation or retirement in lieu of discharge, the employee will be paid a lump sum equal to 100% of their accumulated sick time up to a maximum of forty-five (45) days, provided that if the separation is due to retirement or resignation, the employee has given the Town at least two (2) weeks advance written notice. The payment of accumulated sick leave that was advanced on July 1 immediately prior to the employee's date of separation will be the prorated amount calculated by multiplying 1.25 by the number of full months of employment beginning that July until the date of separation.

The surviving spouse or if there is no surviving spouse the estate of a deceased employee shall be paid for unused, accumulated sick leave up to a maximum of forty-five (45) days at the rate of pay in effect at the time of the employee's death.

Section 9.5 Personal Leave

Employees may use up to three (3) days of their sick leave annually for personal business, subject to the approval of the Director of Public Works, provided at least twenty-four (24) hours advance notice is given. The days so used shall be charged against the employee's accumulated sick leave. All employees shall be entitled to two (2) personal days with pay annually, subject to the approval of the Director of Public Works and provided at least twenty-four (24) hours

advance notice is given to the Director of Public Works.

Section 9.6 Jury Duty

In the event a member of the bargaining unit is called for jury duty, the Town will make up the difference between any compensation he/she may receive for such appearance, and his regular wages, provided he/she works for the Town during such hours when, because the jury is not sitting, he/she is responsibly available for work. The Town's obligation shall be limited to four (4) weeks in any one (1) calendar year.

Section 9.7 Volunteer Firefighters

Employees who are active members of the Seymour Volunteer Fire Department, may be granted time off to answer emergency fire calls, provided, however; that they are to return to work upon completion of such emergency calls during their scheduled shift.

Section 9.8 Workers' Compensation Differential Pay and Notice of Changes in Status

A. Employees shall receive Workers Compensation temporary disability benefits if they are injured on the job and shall receive the difference between such Workers compensation benefits and ninety percent (90%) of their regular base pay for long term disabilities not to exceed one (1) year. Such long-term absence shall not be charged to sick leave. An employee receiving Workers' Compensation benefits shall in no event receive in any twelve (12) month period compensation in excess of his normal wages.

An employee while on Workers' Compensation shall not be entitled to holidays, vacations, and sick pay.

B. Employees must immediately report all work related injuries to the Director of Public Works regardless of whether or not medical attention is sought.

C. Employees on Workers' Compensation leave must notify the Director of Public Works by phone, text or email of their change in status within twenty-four (24) hours from the time they are:

1. Released to return to work with work restrictions;
2. Informed of any change in their work restrictions; or
3. Released to return to full duty.

D. An employee who has not returned to full duty or who is no longer able to perform the essential functions of his position within eighteen (18) months from date of injury will be subject to separation of employment.

Section 9.9 Family Medical Leave

Any employee who is an "eligible employee" as defined under the Federal Family and Medical Leave Act (FMLA), 29 U.S.C. § 2601 et seq., shall be granted a leave of absence in accordance with the provisions of the FMLA, including as follows:

1. Up to twelve (12) weeks of FMLA leave during a twelve (12) month period in accordance with the FMLA. Any paid leave time must be exhausted first in situations where the leave being taken by the employee is covered by the FMLA, and said paid leave time shall be included in (and shall not be in addition to) the aforementioned twelve (12) weeks of allowable FMLA leave. A medical certificate acceptable to the Town shall be required for the FMLA leave situation.
2. Up to twelve (12) weeks of FMLA leave for certain qualifying exigencies arising out of a covered military member's active duty status, or notification of an impending call or order to active duty status in support of a contingency operation.
3. Up to twenty-six (26) weeks of leave in a single 12-month period to care for a covered service member recovering from a serious injury or illness incurred in the line of duty on active duty. Eligible employees are entitled to a combined total of up to 26 weeks of all types of leave during the single 12-month period.

ARTICLE 10 **GRIEVANCE PROCEDURE**

Section 10.0

Grievances involving the interpretation or application of a Section of this Agreement which are submitted in writing within ten (10) working days after the occurrence (or knowledge of the occurrences, or with reasonable diligence should have known) of the event giving rise to it shall be processed in the following manner:

- A. The employee's immediate steward shall present the grievance to the Director of Public Works, who shall answer it in writing within five (5) working days. Such written answer is to be given to the Union and the employee.
- B. If no satisfactory settlement is reached, the grievance may be submitted to the First Selectperson within five (5) working days from the first step answer. The First Selectperson will give a written answer to the employee within seven (7) working days. Such written answer is to be given to the Union and the employee.

Section 10.1

If the grievance is not settled through the informal procedure above, the Union, with notice to the

Town, may file a notice of appeal within fifteen (15) working days to submit the matter to binding arbitration by the State Board of Mediation and Arbitration. Such notice must be sent within fifteen (15) working days of receipt of the decision in Section 10.0 (B) Step. The arbitration decision shall be final and binding on both parties.

Section 10.2

One (1) officer of the Local Union or that Union representative who actually represents the employee(s) at any steps of the grievance procedure shall be permitted reasonable time off without loss of pay for all time actually spent in hearings. The same shall apply for the principal participants.

ARTICLE 11 SAFETY AND HEALTH

Section 11.0

Both parties to this Agreement acknowledge the importance of the enforcement of safety rules and regulations.

Section 11.1

Should any employee complain that his/her work required him/her to be in unsafe or unhealthy situations, in violation of acceptable safety rules, the matter shall be considered immediately by Representatives of the Town and the Union. If the matter is not adjusted satisfactorily, a grievance may be processed according to the grievance procedure of this Agreement.

Section 11.2

When employees are working overtime or are assigned to emergency duties, and when in the judgment of the Director of Public Works and the employee additional help is needed, the Director of Public Works will dispatch assistance.

ARTICLE 12 PRIOR PRACTICE

Section 12.0

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

ARTICLE 13 UNION ACTIVITIES

Section 13.0

Union Officers, not to exceed two (2), shall be allowed to attend official Union conferences without loss of pay for the period required to attend the function.

ARTICLE 14 NO STRIKE/NO LOCK OUT PROVISION

Section 14.0

During the life of this Agreement, there shall not be any strike, slowdown, suspension or stoppage of work in any part of the Town's operation by any employee or employees, nor a lockout by the Town in any part of the Town's operation. Violation of the above shall be grounds for disciplinary action.

Section 14.1

No employee shall be required to cross a picket line which will put the employee or his equipment in physical danger, provided, however, that such employees shall immediately report the situation to his superior and if the superior determines in his sole discretion that no danger exists, or if the protection of a police officer is available or provided, the employee shall not refuse to cross the picket line. Such refusal shall be grounds for disciplinary action.

ARTICLE 15 WAGES

Section 15.0

Bargaining unit employees shall receive general wage increases as defined below and in accordance with Appendix C.

Effective July 1, 2025: 2.49%; effective July 1, 2026: 2.49%; effective July 1, 2027: 2.49%; effective July 1, 2028: 2.49%; effective July 1, 2029: 2.49%.

Laborers are not subject to the wage step progression.

All hours worked in Heavy Equipment shall be compensated at H.E Rate. The following equipment shall, for payroll purpose, be considered Heavy Equipment: BULLDOZER, BUCKET TRUCK, BACK-HOE, PAY-LOADER, SWEEPER, BRUSH CUTTER, and ROLLER, any vehicle with a GVW over 35,000 lbs when used for plowing snow regardless of classification of the individual worker.

ARTICLE 16 MISCELLANEOUS

Section 16.0 Laborers May Operate Heavy Equipment and Trucks When Regular Operators Not Available

If regular operators are not available, Laborers will be allowed to operate Heavy Equipment and Heavy Trucks, provided they are qualified. At least five (5) employees shall be trained on the Bucket Truck.

Section 16.1 Transfer Station Attendant

- A. Wash-up period of fifteen (15) minutes shall be allowed before quitting time as in the past.
- B. There shall be at least five (5) bargaining unit employees that will have the proper license to operate the Transfer Station.
- C. Employees will be asked on voluntary bases to attend the class necessary to receive the license.
- D. If less than five (5) employees volunteer, then the least senior employees will be required to get and maintain the license. All current employees with a Transfer Station License must maintain said license for the duration of this Agreement.
- E. The Town will be responsible for all fees required for receiving and maintaining the license.
- F. The Town will be responsible for all fees required for receiving and maintaining the license in a timely manner.
- G. The attendant working as the shift operator in direct charge of the operation of the Transfer Station shall have a current license/certification.

Section 16.2 Power Sweeper Operator

The Power Sweep Operator shall be allowed sufficient' time each morning to 'wash down the machine, fill the water and grease machine. Also, allowed wash up-time of fifteen (15) minutes prior to quitting.

Section 16.3 Drivers to Comply with DOT Regulations

The Driver is responsible for the operation and driver maintenance of the truck and all equipment towed by the truck he is driving. Drivers shall comply with all applicable laws and DOT regulations, including but not limited to, 49 Code of Federal Regulations (CFR) § 396.11 concerning daily vehicle inspection.

Section 16.4 DOT Medical Examination

If DOT physical examinations required for employees to maintain or renew their commercial driver's licenses are not covered by the group medical insurance plan, the Town will reimburse employees for the cost of DOT physical examinations required to maintain their CDLs up to a maximum of one hundred fifty-dollars (\$150) per exam, not to exceed one exam every 12 months, provided that the exam is conducted by a medical examiner certified by the FMCSA and that the employee produces documentation for reimbursement.

Section 16.5 Winter Stipend

In addition to the wages described in Section 15.0, all bargaining unit employees shall receive the stipend amount listed below on a monthly basis, from December 1st to March 31st of each contract year. This stipend is for being on call for winter storm cleanup during the months specified above.

2025 – 2026	\$125
2026 – 2027	\$150
2027 – 2028	\$175
2028 – 2029	\$200
2029 – 2030	\$225

Section 16.6 Safety Shoe and Clothing Reimbursement

Effective July 1, 2025, employees shall be reimbursed Seven Hundred and Fifty Dollars (\$750.00) annually for the purchase of safety shoes and work clothing to comply with OSHA standards payable by September 1 each year.

Section 16.7 Pay Frequency

Employees shall be paid on a bi-weekly basis via direct deposit effective July 1, 2027, unless earlier agreed upon by all Town bargaining units.

ARTICLE 17 LONGEVITY PAY

Section 17.0

Employees hired prior to January 1, 2015 shall receive a special payment in recognition of longevity of service. Annually in the pay period following the employee's anniversary date of completed years of continuous full time service, each employee shall receive a payment equal to the following compensation (overtime pay, any extra pay or any differential pay, are not included in the longevity pay):

<u>Completed Years</u>	<u>Percentage</u>
At Least 5 Years, Less Than 8 Years	1.5%

At Least 8 Years, Less Than 12 Years	1.75%
At Least 12 Years, Less Than 17 Years	2.0%
At Least 17 Years, Less Than 22 Years	2.5%
More Than 22 Years	3.0%

Section 17.1

Years of service shall be computed from the records in the Finance Office that show the date of starting the job at Public Works for each employee.

Section 17.2

Longevity payments shall be made in the employee's next paycheck following his/her Anniversary date.

ARTICLE 18

DISCIPLINARY ACTION

Section 18.0

Disciplinary action shall be for just cause. The steps of progressive discipline generally are as follows:

1. Documented oral warning;
2. A written warning or reprimand;
3. Suspension with or without pay; and
4. Discharge.

The steps of progressive discipline are merely guidelines applied to correct performance issues or where the infraction or offense is minor. The parties recognize that the seriousness and/or consequences of the infraction or offense may in appropriate circumstances warrant skipping one or more steps of progressive discipline and in some instances proceeding immediately to discharge.

Section 18.1

The Public Works Director can suspend an employee without pay for a maximum of five (5) working days for serious Infraction/s or Violation/s of the Department Rules and Regulations such as but not limited to, abusing the Director or fellow employees or the public, or misconduct with any of the equipment or tools, verbal abuse, and/or refusing to do a job.

Section 18.2

A disciplinary hearing will be conducted by The Board of Public Works to determine the seriousness of the infraction or violation and determine to reinstate employee or terminate his/her employment.

Section 18.3

Written warnings will be placed in the employee's personnel file. Documented oral warnings and written warnings will be removed from the employee's record one year after violation unless the employee receives a second warning or further discipline within the one-year period. If such a warning is not removed, then it becomes a permanent part of the employee's personnel file. This section does not prevent the Director of Public Works from taking other disciplinary action.

ARTICLE 19

FULL AGREEMENT, COPIES, AND DURATION OF AGREEMENT

Section 19.0 Full Agreement

This Agreement contains the fully and complete Agreement between the Town and the Union on all bargaining issues, and neither party shall be required during the term hereof, to negotiate or bargain upon any issue whether or not it is covered in this Agreement. All prior Agreements, understandings, practices, policies, and obligations are void and of not force or effect unless reduced to writing and approved by the signatures hereto and executed after the effective date of this Agreement.

Section 19.1 Copies of Agreement

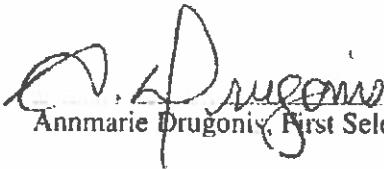
The Town will provide each employee with a copy of this Agreement within thirty (30) days after signing of this Agreement. New employees will be provided with a copy of this Agreement at the time of hire.

Section 19.2 Term of Agreement

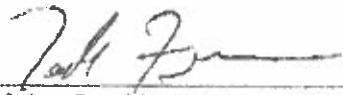
This Agreement shall be in full force and effect from the date of its acceptance until June 30, 2030. Negotiation for a successor agreement shall be conducted according to the provisions of the Municipal Employee Relations Act. The parties will commence negotiations no later than January 1 ,2030.

In witness whereof, the parties have set their hands this day 28 of August, 2025.

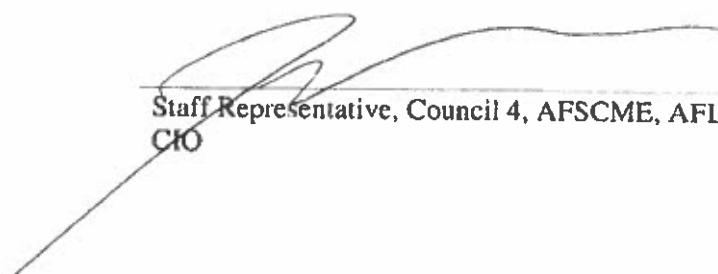
FOR THE TOWN OF SEYMOUR


Annmarie Drugoni, First Selectperson

FOR LOCAL 1303-24 OF COUNCIL 4
AFSCME, AFL-CIO


Tom Brown
Union President


Carl J. Staffieri
Negotiating Committee Member


Staff Representative, Council 4, AFSCME, AFL-CIO

APPENDIX A

HEALTH PLAN SUMMARY

Summary of Benefits and Coverage: What the Plan Covers & What You Pay For Covered Services
State of Connecticut: Expanded Access Partnership Plan

Coverage Period: 07/01/2025 - 06/30/2026
Coverage for: Individual/Family | Plan Type: POS

A The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered healthcare services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://ct.gov/ct/expandedaccesspartnershipstate/2025/2025/Partnership%20Medical-Plan-Document-Rev%203-2024.pdf>. For general definitions of common terms, such as allowed amount, beneficiary, concurrency, copay, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://ct.gov/ct/expandedaccesspartnershipstate/2025/2025/Partnership%20Medical-Plan-Document-Rev%203-2024.pdf> or call Guardian Health at 1-833-740-3258 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible?	In-network: \$360/individual, \$1,400/family Waived for Health Enhancement Program (HEP) Members and pre-October 2, 2011 retirees Out-of-network: \$360/individual, \$900/family	Generally, you must pay all of the costs from <u>deductibles</u> up to the <u>deductible</u> amount before this plan begins to pay. Once you or a family member meets the <u>individual deductible</u> amount, the <u>plan</u> begins to pay for you or that family member. If you have other family members on the <u>plan</u> , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family <u>deductible</u> .
Are there other deductibles for specific services?	Yes In-network primary care and specialist office visits. In-network preventive care, prescription drugs, emergency room care, in-network urgent care, in-network mental health and substance abuse outpatient services, and in-network eye exams are covered before you meet your <u>deductible</u> .	This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copay</u> or <u>coinsurance</u> may apply. For example, this plan covers certain preventive services without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered preventive services at https://ct.gov/ct/expandedaccesspartnershipstate/2025/2025/Partnership%20Medical-Plan-Document-Rev%203-2024.pdf .
What is the <u>out-of-pocket</u> limit for this plan?	Medical: In-network: \$2,400/individual, \$4,000/family. Out-of-network: \$2,300/individual, \$4,900/family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket</u> limits until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket</u> limit?	Prescription drugs \$4,600/individual, \$9,200/family Premiums, balance-billing charges, penalties for failure to obtain prior authorization for services and health care the <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Chat with a professional Care Coordinator Monday-Friday, 8:30am - 10pm at 1-833-740-3258 or visit ct.gov/ct/expandedaccesspartnershipstate/2025/2025/Partnership%20Medical-Plan-Document-Rev%203-2024.pdf.

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Important Questions		Answers		Why This Matters...	
Will you pay less if you use a <u>network provider</u> ?	Yes. See https://carecompass.quantum-health.com/ or call 1-833-740-3258 for a list of <u>network providers</u> .	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your plan pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.			
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> !			
⚠ All copayments and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.					
Common Medical Event	Services You May Need	Type 1 In-Network Provider (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge. Deductible does not apply.	\$15 copay/visit Pre-1999 Retirees: \$5 copay/visit Deductible does not apply.	20% coinsurance	None
	Specialist visit	No charge. Deductible does not apply.	\$15 copay/visit Pre-1999 Retirees: \$5 copay/visit Deductible does not apply	20% coinsurance	None
	Preventive care/screwing/immunization	No charge. Deductible does not apply.	No charge. Deductible does not apply.	20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.

Chat with a professional Care Coordinator Monday-Friday, 8:30am - 10pm at 1-833-740-3258 or visit carecompass.quantum-health.com.

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If you have a test	Diagnostic and preventive test (blood work)	Site of Service Provider No charge	20% coinsurance	40% coinsurance	None
	Imaging (x-ray/CT/PET scans MRIs)	No charge	20% coinsurance	40% coinsurance	Prior authorization required for high-cost imaging such as MRI. CT/PET scans to avoid penalty of lesser of \$500 or 20% of cost of services.
Common Medical Event	Services You May Need	What You Will Pay	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
	Tier 1 In-Network Provider (You will pay the least)	In-Network Provider		<u>Deductible will not apply to prescription drug coverage.</u> No charge for generic preventive care drugs (e.g. FDA-approved generic contraceptives) or brand name preventive care drugs if generic drugs are not medically appropriate. See details of your coverage for slightly adjusted copays for persons retired between July 1, 2009 and October 1, 2011, and persons order/Maintenance drug pharmacy.	
Generic drugs		Preferred generic - Non-Maintenance: \$5 copay/fill Retail Preferred generic - Maintenance: \$5 copay/fill Mail order or Maintenance drug pharmacy Non-preferred generic - Non-Maintenance: \$10 copay/fill Retail Non-preferred generic - Maintenance: \$10 copay/fill Mail order or Maintenance drug pharmacy. Retired July 2, 2009 - October 1, 2011: Non-Maintenance: \$5 copay/fill retail. Maintenance: \$0 copay/fill retail. Pre-July 1, 2009 order/maintenance drug pharmacy. Pre-July 1, 2009 retirees Non-maintenance: \$3 copay/fill retail. Maintenance: \$0 copay/fill retail order/Maintenance drug pharmacy		20% coinsurance for non-participating pharmacy	

Chat with a professional Care Coordinator Monday-Friday, 8:30am - 10pm at 1-833-740-3258 or visit carecompass.quantum-health.com.

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<p>If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://careconnectquantum-health.com</p>		<p>Non-Maintenance: \$25 copay/fill retail, Maintenance \$25 copay/final fill mail order/Maintenance drug pharmacy. Retired July 2, 2009 - October 1, 2011 Non-Maintenance: \$10 copay/fill retail, Maintenance: \$25 copay/final fill, \$25 copay/fill mail order/Maintenance drug pharmacy. Pre-July 1, 2009 retirees: Non-Maintenance \$6 copay/fill retail, Maintenance: \$0 copay/final fill, \$0 copay/fill mail order/Maintenance drug pharmacy.</p> <p>Non-Maintenance: \$40 copay/final fill retail, Maintenance \$40 copay/final fill mail order/Maintenance drug pharmacy. Retired July 2, 2009 - October 1, 2011 Non-Maintenance: \$25 copay/fill retail, Maintenance \$0 copay/final fill mail order/Maintenance drug pharmacy. Pre-July 1, 2009 retirees: Non-Maintenance: \$6 copay/fill retail, Maintenance \$0 copay/final fill mail order/Maintenance drug pharmacy.</p> <p>No charge for specialty drugs if enrolled in PrudentRx program. Same as non-preferred brand drugs if not enrolled in PrudentRx program.</p>		<p>20% <u>coinsurance</u> for non-participating pharmacy</p> <p>Maintenance drugs must be filled by mail order or maintenance drug pharmacy after first initial retail fill. Penalty may apply if brand name drug is requested when a generic is available.</p> <p>Prescription drugs purchased at a retail pharmacy are limited to a maximum of a 30-day supply, <u>prescription drugs</u> purchased through mail order or maintenance drug pharmacy are limited to a maximum of a 90-day supply. For some prescription drugs, prior authorization may be required. Prescription drug coverage is <u>separately administered</u>.</p>	
Preferred brand drugs	Services You May Need	Tier 1 In-Network Provider	In-Network Provider	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
Common Medical Event	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	No charge	No charge	20% <u>coinsurance</u>	Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services.
If you have outpatient surgery				20% <u>coinsurance</u>	

Chat with a professional Care Coordinator Monday-Friday 8:30am - 10pm at 1-833-740-3258 or visit careconnectquantum-health.com.

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If you need immediate medical attention	Emergency room care	\$250 copay/visit. Retired October 2, 2011 - October 1, 2017: \$35 copay/visit. Pre-October 2, 2011 Retirees: No charge Deductible does not apply		\$250 copay/visit Retired October 2, 2011 - October 1, 2017: \$35 copay/visit. Pre-October 2, 2011 Retirees: No charge Deductible does not apply	
		Emergency medical transportation	Urgent care	Facility fee (e.g., hospital room)	Physician/surgeon fees
		No charge	\$15 copay/visit Pre-1999 Retirees: \$5 copay/visit Deductible does not apply	No charge	No charge

Common Medical Event	Services You May Need	What You Will Pay		Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
		Tier 1 In-Network Provider (You will pay the least)	In-Network Provider		
If you need mental health, behavioral	Outpatient services	\$15 copay/visit Pre-1999 Retirees: \$5 copay/visit Deductible does not apply No charge for non-office visit outpatient services	20% coinsurance	None	

Chat with a professional Care Coordinator Monday-Friday, 8:30am - 10pm at 1-833-740-3258 or visit carecoaches.quantum-health.com.

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Health, or substance abuse services	Impatient services	No charge	20% coinsurance	Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services.
	Office visits	\$15 copay/visit only Pre-1999 Retiree: \$5 copay/visit only Deductible does not apply	20% coinsurance	Cost sharing does not apply for preventive care services. Depending on the type of services, a copay, coinsurance, or deductible may apply. Maternity care may include tests and services described within another section (i.e., ultrasound).
If you are pregnant	Childbirth delivery professional services	No charge	20% coinsurance	Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services.
	Childbirth delivery facility services	No charge	20% coinsurance	

Chat with a professional Care Coordinator Monday-Friday, 8:30am – 10pm at 1-833-740-3258 or visit www.carecoordinators.com.

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Common Medical Event	Services You May Need	What You Will Pay		Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
		Tier 1 In-Network Provider (You will pay the least)	In-Network Provider		
	<u>Home health care</u>	<u>No charge</u>		<u>20% coinsurance</u>	<u>Prior authorization required (except for pre-1999 retirees) to avoid penalty of lesser of \$500 or 20% of covered services.</u> <u>In-network speech therapy limit: 30 visits/calendar year.</u> <u>Out-of-network physical, occupational, chiropractic, speech & autism therapy limit: 30 visits/calendar year.</u>
	<u>Rehabilitation services</u>	<u>No charge</u>		<u>20% coinsurance</u>	<u>Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services.</u> <u>Out-of-network physical, occupational, chiropractic, speech & autism therapy limit: 30 visits/calendar year.</u>
	<u>Habilitation services</u>	<u>No charge</u>		<u>20% coinsurance</u>	<u>Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services.</u> <u>Out-of-network in-home hospice limit: 200 visits/calendar year.</u> <u>Out-of-network inpatient hospice limit: 60 days/calendar year.</u> <u>Prior authorization required for inpatient services (to avoid penalty of lesser of \$500 or 20% of cost of services).</u>
<u>If you need help recovering or have other special health needs</u>					
	<u>Skilled nursing care</u>	<u>No charge</u>		<u>20% coinsurance</u>	
	<u>Durable medical equipment</u>	<u>No charge</u>		<u>20% coinsurance</u>	
	<u>Hospice services</u>	<u>No charge</u>		<u>20% coinsurance</u>	

Chat with a professional Care Coordinator Monday-Friday 8:30am - 10pm at 1-833-740-3258 or visit www.quantum-health.com.

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Top 1 In-Network Provider (You will pay the least)	In-Network Provider	
If your child needs dental or eye care	Children's eye exam Children's glasses Children's dental check-up	\$15 copay/visit Deductible does not apply	50% <u>coinsurance</u> Not covered Not covered	Limit: 1 visit/calendar year You must pay 100% of this service even <u>in-network</u> . You must pay 100% of this service even <u>in-network</u> .

Excluded Services & Other Covered Services.

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

- Children's dental check-up
- Children's glasses
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Non-emergency care outside the U.S. (urgent care covered)
- Routine foot care

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

- Acupuncture (covered only if medically necessary for osteoarthritis or nausea and vomiting associated with surgery, chemotherapy or pregnancy)
- Banathic surgery (prior authorization required)
- Chiropractic care (limit: 30 out-of-network visits/year)
- Infertility treatment (prior authorization required)
- Hearing aid (limit: 1 set per 36 month period prior authorization may be required for bone-anchored devices)
- Private duty nursing (prior authorization required)
- Routine eye care (Adult) (limit: 1 exam/year)

Chat with a professional Care Coordinator Monday-Friday, 8:30am - 10pm at 1-833-740-3258 or visit www.compassquantum-health.com.

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

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

Quantum Health
5240 Blazer Parkway
Dublin, OH 43017
1-833-740-3258

CVS/Caremark
Prescription Claim Appeals MC109
P O Box 52084
Phoenix, AZ 85072-2084
Fax 866-443-1172

Additionally, a consumer assistance program can help you file your appeal. Contact the Consumer Office of the Healthcare Advocate at 865-466-4446.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies. Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Para obtener asistencia en Español llame al 800-922-2232.

Kung kailangan ninyo ang tulungan sa Tagalog tumawag sa 800-922-2232.

如果需要中文的帮助, 请拨打这个号码 800-922-2232.

Dinekenggo silika at otwol ninsuno. Kung gusto hotline 800-922-2232

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

Chat with a professional Care Coordinator Monday-Friday, 8:30am - 10pm at 1-833-740-3258 or visit carecompass.quantum-health.com.

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copays and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)
The plan's overall deductible
■ Specialist copayment
■ Hospital (facility)
■ Other
Total Example Cost

This EXAMPLE event includes services like:
Specialist office visits (pregnancy care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

Total Example Cost **\$12,700**

In this example, Peg would pay:

Cost Sharing	Cost Sharing
Deductibles	\$350
Copays	\$25
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Peg would pay is	\$435

In this example, Joe would pay:

Cost Sharing	Cost Sharing
Deductibles	\$120
Copays	\$190
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Joe would pay is	\$310

In this example, Mia would pay:

Cost Sharing	Cost Sharing
Deductibles	\$350
Copays	\$220
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$670

NOTE: These numbers assume the patient does not participate in the plan's Health Enhancement Program (HEP). If you participate in HEP, you may be able to reduce your cost. For more information about HEP, please visit <https://www.compassofgeorgia.com/HEP>

The plan would be responsible for the other costs of these EXAMPLE-covered services.

Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)
The plan's overall deductible
■ Specialist copayment
■ Hospital (facility)
■ Other
Total Example Cost

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost **\$5,600**

Mia's Simple Fracture (in-network emergency room visit and follow-up care)
The plan's overall deductible
■ Specialist copayment
■ Hospital (facility)
■ Other
Total Example Cost

This EXAMPLE event includes services like:
Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost **\$2,800**

APPENDIX B DENTAL PLAN



Seymour Town and BOE
Group #04494
Delta Dental PPO Plus Premier
Effective 7/1/2025

Town Plan	In-Network		Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Delta Dental Premier® Dentist is Used	If a Non Participating Dentist is Used
Preventive & Diagnostic Exams & Cleanings (each twice in a calendar year) Bitewing X-Rays (2 per calendar year for persons 18 and younger, once per calendar year for persons 19 and over) Fluoride Treatments (frequency limitations apply) Sealants, Full Mouth X-Rays	100%	100%	100%
Basic Fillings (composite fillings on all teeth) Simple Extractions, Root Canals (Endodontics) Periodontics, Oral Surgery Space Maintainers, Repair of Dentures Cone Beam Radiographs, Athletic Mouth Guards	80%	80%	80%
Major Crowns & Gold Restorations Bridge work, Full & Partial Dentures	50%	50%	50%
Annual Maximum (per person)	Unlimited	Unlimited	Unlimited
Annual Deductible			
Per Person	\$50	\$50	\$50
Family Maximum	\$150	\$150	\$150
Waived for	Preventive & Diagnostic	Preventive & Diagnostic	Preventive & Diagnostic
Orthodontics Children Only to age 19 Lifetime Maximum	50% \$ 1,000	50% \$ 1,000	50% \$ 1,000

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There are four separate calendar year structures and schedules for each type of dental. The calendar year structure is the same for all four types of dental, but the start and end dates are different for each type of dental.

Carryover Alot™ from Delta Dental allows you to increase your benefits. This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit into the next year and beyond. You can accumulate part of your unused benefit as早 from a healthy year and use it for services such as bridges, crowns, and root canals.

Carryover $W_{14}^{(2)}$ is easy and automatic.

- To qualify for "Carryover Tax" you must receive at least one distribution or loan and earn during the plan year. If you don't receive a distribution or loan, you won't be eligible to carry over any of your benefit deferrals to the following year. You'll be able to do an accumulated contribution if there is.
- A covered person is a figure for the "Carryover Tax" benefit if less than half of the standard annual maximum is used in the prior benefit year.
- "Carryover Tax" allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$300. For example, if your standard annual maximum is \$1,600 and you use \$300 you can carry over \$200 (\$300 x 25% = \$200).
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximums are based on the following table. Standard annual maximums are subject to change.

Delta Dental's Oral Health Benefits will Opt for you to receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal (gum) disease in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planning in the past. Delta is on how to qualify can be found in your benefit booklet. In addition, members with defined medical conditions such as Diabetes, Cardi ovascular Disease, Pregnancy or are undergoing certain Cancer treatments may qualify for up to six additional cleanings when combined with a procedure or treatment.

Over 300,000 participating dental offices nationwide participate with the network. Delta Dental plans, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly and Delta Dental will make payment directly to the dentist. Payment benefits may be derived by utilizing the services of a participating dentist.

Where the single patient is treated by a Delta Dental PPO[®] dentist, the fee for the covered service(s) will not exceed the Delta Dental PPO maximum allowable charge(s). Where the single patient is treated by a Delta Dental Premier[®] dentist who does not participate in Delta Dental or by a Participating Specialist[®] dentist, the dentist has agreed not to charge eligible patients more than the dentist's base fee or Delta Dental's established maximum plan allowance, and Delta Dental will pay such dentist, based on the least of the actual or the base fee, or Delta Dental's established maximum plan allowance for the procedure(s). Claims for services provided by dentists who are neither Delta Dental Premier, Delta Dental PPO dentists, or Participating Specialists are paid based on the lesser of the dentist's actual charge or the prevailing fee. Members using non-participating dentists may be billed for the difference between the dentist's charge and Delta Dental's allowable charge. Visit www.deltadental.com for a description of participating dentists.

During your FIRST 120 payments, best your service that you are covered under this program. If you have any questions, contact your local branch, or call 1-800-227-2277.

For questions about our program, please contact us at 800-334-8343, or e-mail us at info@butterflyprogram.org.

Everyone Deserves a Healthy Smile



Thank you for choosing Delta Dental of Connecticut!

Check out these helpful tips to navigate the easy-to-use online member tools on our website.

MySmile*

Find free tools that make navigating your Delta Dental benefits simple and secure. The subscriber and any adult dependents on the plan can create their account with or without an ID number.

Find a Dentist

Locate a dentist near where you work or live at DeltaDentalCT.com/FAD.

View and Print ID Cards

Log in to MySmile and download your ID card from your dashboard.

Dental Care Cost Estimator

Find cost ranges for common dental care needs.

Dental Central

Read articles on the connection between a healthy smile and overall well-being. Check out *grin!* magazine, too!

There are two easy ways to register on MySmile—from your computer or from your smartphone.

- 1** Visit DeltaDentalCT.com/MySmile and click "Register."
- 2** Choose if you're a subscriber or dependent, and select "Continue" at the bottom of the page
- 3** Enter your name, member ID, and birthdate, and select "Continue."
- 4** Create a user name and password when prompted. Read and check the box to "Agree to Terms of Use" for our website. Click "Continue," and you should receive a verification code within five minutes, but no longer than 24 hours.
- 5** Enter the code, and click "Continue."
- 6** You now will be able to print an ID card and access your account using your newly created username and password!



Questions about your benefits or need help with online tools? Call **800-452-9310**



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3 2023

HEP SUMMARY

HEALTH ENHANCEMENT PROGRAM (HEP)

BY THE STATE OF CONNECTICUT. ADMINISTERED BY QUANTUM HEALTH.

The Health Enhancement Program (HEP) encourages regular check ups and screenings to help health plan members find health issues early and get the care they need. By completing your age-related screenings and any required education for chronic conditions each year, you save on healthcare costs. If everyone covered under your plan does not meet these requirements, you will have an in-network deductible of up to \$1,400 and your monthly premiums will increase by \$100 per month.

PREVENTIVE SCREENINGS	Dependent Requirements	Employee and Spouse Requirements				
		6-25 years	18-29 years	30-39 years	40-49 years	50-64 years
Preventive Visit		Every 2 years				
Dental Cleaning	At least 1 per year	At least 1 per year				
Cholesterol Screening		Every 5 years (age 20+)				
Breast Cancer Screening (for women)		N/A		Mammogram every 2 years to age 75		
Cervical Cancer Screening (for women)		Pap every 3 years (age 21+)	Pap only every 3 years or Pap/HPV combo every 5 years			N/A
Colorectal Cancer Screening		N/A		Colonoscopy every 10 years (45+), Cologuard screening every 3 years, or Annual FIT/FOBT to age 75		

The requirements are based on your age as of January 1 each year. As Quantum Health receives your claims, your preventive care will be marked complete in your online account.

ADDITIONAL STEPS REQUIRED IF YOU HAVE A CHRONIC CONDITION

Covered adults (18+) diagnosed with any of the following chronic conditions must complete one education for each condition:

- Diabetes (type 1 or 2)
- Asthma or COPD
- Heart disease/heart failure
- Hyperlipidemia (high cholesterol)
- Hypertension (high blood pressure)

CONFIRM HEP COMPLIANCE AND LEARN MORE

- Go to carecompass.ct.gov, log in to Quantum Health, and click the My Health tab
- Call your Quantum Health Care Coordinators at (833) 740-3258



carecompass.ct.gov

(833) 740-3258
(Monday-Friday, 8:30 a.m. - 10 p.m. ET)



Quantum[®]
HEALTH

VISION BENEFIT SUMMARY



Seymour Town & BOE

Vision Benefit Summary

Powered by UnitedHealthcare Vision Network

Customer Service and Provider Locator: (800) 638-3120
myuhcvision.com

UnitedHealthcare Vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible diversified vision care network.

Exam with Materials

Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses instead of Eyeglasses	Once every 12 months

In Network Services

Copays	
Exam(s)	\$ 0.00
Eyeglasses (lenses and frame)	\$ 10.00
Contact lenses instead of Eyeglasses	\$ 10.00
Frame Benefit - for frames that exceed the allowance, an additional 30% discount may be applied to the coverage.*	
Private Practice Provider	\$ 100.00 retail frame allowance
Retail Chain Provider	\$ 100.00 retail frame allowance
Lens Options - this list highlights the discounted cost on our most popular lens options. Exact pricing may vary, confirm cost with your provider prior to purchase.	
Standard Scratch Coating	\$0
Scratch Warranty	\$10
Tint	\$14
UV Coating	\$16
Photchromic	\$67
Anti-Reflective Tier I	\$30
Anti-Reflective Tier II	\$50
Anti-Reflective Tier III	\$75
Anti-Reflective Tier IV	\$95
Rein and Polish Edges	\$13
Progressive Tier I	\$55
Progressive Tier II	\$100
Progressive Tier III	\$150
Progressive Tier IV	\$200
Progressive Tier V	\$250
High Index (-1.66)	\$53
High Index (+1.66-1.73)	\$63
Polycarbonate for Adults	\$33
Polycarbonate for Dependent Children	\$0
Contact Lens Benefit ¹ - Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at myuhcvision.com .	
Formulary contact lenses	If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider.
The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay.	
Non-Formulary contact lenses	
An allowance is applied toward the purchase of contact lenses outside the Formulary. The allowance is for materials. No portion will be applied to the fitting and evaluation. Contact lens copay is waived.	\$160.00
Necessary contact lenses ²	Covered in full after copay (if applicable).

UnitedHealthcare

Children's and Maternity Eye Care Benefit	
Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam 60 days after the initial exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.	
United Network Reimbursements (Copays, if not apply)	
Exam(s)	Up To \$50.00
Frames	Up To \$42.00
Single Vision Lenses	Up To \$78.00
Lined Bifocal and Progressive Lenses	Up To \$160.00
Lined Trifocal Lenses	Up To \$190.00
Lensacular Lenses	Up To \$213.00
Elective Contacts Instead of Eyeglasses*	Up To \$160.00
Necessary Contacts Instead of Eyeglasses*	Up To \$210.00
Discounts	
Laser Vision UnitedHealthcare has partnered with OneSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction services. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at \$945 per eye for Traditional LASIK and \$1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all Laser) LASIK. For more information, visit myunhcsight.com	
Additional Materials As a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.	
Contact Lenses Order extra contact lenses at myunhcsight.com for 10% off	
Hearing Aids As a UnitedHealthcare Vision plan member, you can save on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more go to UHChearing.com . When placing your order use promo code MYV10% to get the special price discount.	
Blue Light EyeWear UnitedHealthcare Vision has collaborated with EyeWear® to provide members with a 20% discount off the retail price on blue-light screen filters for their devices. Members can receive the discount by visiting myunhcsight.com and clicking on the EyeWear site.	
*30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify discounts with your provider. *Contact lenses instead of eyeglass lenses and/or eyeglass frames. Coverage for 2nd-maternity contact lenses does not apply at all in-network providers. *Necessary contact lenses are determined at the provider's discretion for certain conditions. If your provider considers your contacts necessary, you should call your provider to contact UnitedHealthcare Vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.	
Important to Remember	
In Network	
<ul style="list-style-type: none"> Always identify yourself as a UnitedHealthcare Vision member when making your appointment. This will assist the provider in obtaining your benefit information. Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare Formulary. Patient lens options are subject to change. 	
United and Access of Vision Care Providers	
UnitedHealthcare offers its Vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service or for a printed directory, visit our website myunhcsight.com or call 1-800-638-3120 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myunhcsight.com	
In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.	
Out-of-Network Provider - Participant pays all bill charges to the provider and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. Receipts for payments should be submitted within 90 days after the date of service to the following address: UnitedHealthcare Vision, Attn: Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. If it is as not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.	
Customer Service is available 1-888-442-1120 from 8:00 a.m. to 11:00 p.m. Eastern Time, Monday through Friday, and 9:00 a.m. to 6:30 p.m. Eastern Time, on Saturday.	
READ YOUR PLAN CAREFULLY - THIS BENEFIT SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US.	

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islands, New York, or its affiliates. Administrative services provided by Spectra, Inc., UnitedHealthcare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL 06 TX, VPOL 13 TX or VPOL 18 TX and associated COC form number VCOC INT 06 TX, VCOC CER 13 TX or VCOC 18 TX. Plans sold in Virginia use policy form number VPOL 06 VA, VPOL 13 VA or VPOL 18 VA and associated COC form number VCOC INT 06 VA, VCOC CER 13 VA or VCOC 18 VA. If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you their normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request. This cost may be higher than if you had received only covered vision services and you may incur additional out-of-pocket expenses. Eyewear materials may be ordered through our national lab network.

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UnitedHealthcare

To print a personalized ID card, please log on to our website and select 'Group/Plan' then select 'Print ID card' from the member benefits page.



UnitedHealthcare

APPENDIX C
WAGES

<u>7/1/2025</u>				
	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>
Driver	\$27.94	\$31.94	\$35.93	\$39.92
Transfer Station	\$29.60	\$33.83	\$38.06	\$42.29
H.E. Operator	\$30.71	\$35.10	\$39.48	\$43.87
Buyback Mechanic	\$29.52	\$33.74	\$37.95	\$42.17
Crew Leader	\$31.80	\$36.34	\$40.89	\$45.43
Laborer	\$20.96			

<u>7/1/2026</u>				
	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>
Driver	\$28.64	\$32.73	\$36.82	\$40.91
Transfer Station	\$30.34	\$34.67	\$39.01	\$43.34
H.E. Operator	\$31.47	\$35.97	\$40.47	\$44.96
Mechanic	\$30.25	\$34.58	\$38.90	\$43.22
Crew Leader	\$32.59	\$37.25	\$41.91	\$46.56
Laborer	\$21.48			

<u>7/1/2027</u>				
	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>
Driver	\$29.35	\$33.55	\$37.74	\$41.93
Transfer Station	\$31.10	\$35.54	\$39.98	\$44.42
H.E. Operator	\$32.26	\$36.87	\$41.47	\$46.08
Mechanic	\$31.01	\$35.44	\$39.87	\$44.30
Crew Leader	\$33.40	\$38.18	\$42.95	\$47.72
Laborer	\$22.01			

<u>7/1/2028</u>				
	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>
Driver	\$30.08	\$34.38	\$38.68	\$42.98
Transfer Station	\$31.87	\$36.42	\$40.98	\$45.53
H.E. Operator	\$33.06	\$37.78	\$42.51	\$47.23
Mechanic	\$31.78	\$36.32	\$40.86	\$45.40
Crew Leader	\$34.24	\$39.13	\$44.02	\$48.91
Laborer	\$22.56			

<u>7/1/2029</u>				
	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>
Driver	\$30.83	\$35.24	\$39.64	\$44.05
Transfer Station	\$32.66	\$37.33	\$42.00	\$46.66
H.E. Operator	\$33.88	\$38.72	\$43.56	\$48.41
Mechanic	\$32.57	\$37.22	\$41.88	\$46.53
Crew Leader	\$35.09	\$40.10	\$45.11	\$50.13
Laborer	\$23.12			

*All annual step increases shall occur on July 1 of each contract year if the employee has been in the position for three months or more as of July 1st.