

**THE TOWN OF GUILFORD**  
**AND**  
**THE GUILFORD EMPLOYEE ASSOCIATION**  
  
**JULY 1, 2016 TO JUNE 30, 2020**

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## AGREEMENT

THIS AGREEMENT is made and entered into by and between the TOWN OF GUILFORD (hereinafter referred to as the "Town") and GUILFORD EMPLOYEE ASSOCIATION (hereinafter referred to as the "Association").

### ARTICLE 1 RECOGNITION

Section 1.1 The Town hereby recognizes the Association as the sole and exclusive representative of a bargaining unit consisting of all Full-Time employees of the Town of Guilford and all Part-Time employees working regularly established work weeks of twenty (20) or more hours per week on a regular year-round basis. Excluded from such unit are those employed by the Guilford Board of Education; uniformed and investigatory employees of the fire department; uniformed and investigatory employees of the police department; all employees of the public works department who are members of the Teamsters bargaining unit; all dispatchers; all elected officials, administrative officials and board and commission members; all confidential employees; and supervisors and Department Heads as defined in the Municipal Employees Relations Act.

Coincident with entering into this Recognition Agreement, the parties have agreed on a list of job titles presently to be included in the bargaining unit. The list is attached hereto as Exhibit A. All employees with those job titles who meet the definitions as Full-Time or Part-Time Employees shall be included. All other employees shall be excluded from the unit. Should the parties disagree in the future as to additions to, deletions from, or modifications of the list of job titles to be included in the unit, each party shall be free to seek resolution of the question by the Connecticut State Board of Labor Relations in accordance with the law.

Section 1.2 (a) Full-Time Employee. An employee who works a regularly established work schedule of thirty-five (35) or more hours per week. Full-Time employees are eligible for employee benefits in accordance with the eligibility requirements of the various benefit plans.

(b) Part-Time Employee. To be included in the bargaining unit, Part-Time Employees must be regularly scheduled to work at least twenty (20) hours but less than thirty-five (35) hours per week. To be entitled to medical benefits and life insurance, employees must be regularly scheduled to work at least thirty (30) hours per week. Employees regularly scheduled to work at least twenty-four (24) hours per week are entitled to pro-rated Holiday pay, pro-rated Funeral Leave, and Sick Leave according to the Town of Guilford Part-Time Employee Paid Sick Leave Policy, but no other benefits.

(c) Probationary Period. A working test period of up to three (3) months during which time an employee is required to demonstrate ability to meet acceptable standards of performance. If deemed necessary, the Department Head will inform the employee in writing of the need to extend the Probationary Period for a period of up to six (6) additional months.

When an employee is hired into an Association position, the Town will provide the Association President a written notice of the person's name, the Department position and the required hours to be worked.

## **ARTICLE 2 MANAGEMENT RIGHTS**

Section 2.1 Unless expressly and specifically limited, modified, abridged or relinquished by a specific provision of this Agreement, and whether exercised or not, the rights, powers and authority heretofore held by the Town, pursuant to any charter, general or special statute, ordinance, regulation agreements regarding reorganization, or other lawful provision, over the complete operations, practices, procedures and regulations with respect to employees of the Town shall remain solely and exclusively in the Town, including but not limited to the following: to determine the standards of services to be offered by Town employees; determine the standards of selection for Town employment; direct its employees; take disciplinary action; relieve its employees from duty because of lack of work or for other legitimate reasons; issue work rules and regulations, personnel policy manuals, personnel procedures and policies, to enforce them, and from time to time in its discretion change them; maintain the efficiency of governmental operations, determine work schedules; determine the methods, means and personnel by which the Town's operations are to be conducted; determine the content of job classifications and job descriptions; exercise complete control and discretion over its organization and technology of performing its work; and fulfill all of its legal responsibilities.

Section 2.2 It shall be the policy of the Town that work which can be properly, safely and economically performed by bargaining unit employees covered by this Agreement shall be assigned to and performed in accordance with this Agreement. In the event that the Town deems it necessary to subcontract work that has been assigned and performed by employees in the bargaining unit, it agrees to give the Association an explanation of the work to be subcontracted and an opportunity to bargain over the effects of the decision to subcontract.

## **ARTICLE 3 SENIORITY**

Section 3.1 Seniority Defined. Seniority shall be the paramount factor when qualified employees are considered for lay-offs. Seniority is the continuous full-time service of the employee in the Town computed in years, months, and days from the date of hire. Part-time service shall be credited for seniority purposes only on a proportionate basis.

Section 3.2 Loss of Seniority. An employee shall lose seniority if the employee:

- Quits or resigns.
- Sustained discharged.
- When called from layoff, fails to return to work within ten (10) working days after notification was sent by regular and certified mail.

- Fails to observe the terms and reasons for which a leave of absence has been granted or has engaged in work during such leave of absence.
- Is absent from work for more than five (5) consecutive days without a satisfactory explanation.

Section 3.3 Seniority List. The Town shall maintain a list of employees by seniority and shall furnish the Association President with a copy no less than once annually.

#### **ARTICLE 4**

#### **LAYOFFS, INVOLUNTARY TRANSFERS OR DEMOTIONS**

Section 4.1 Layoffs. When a permanent layoff for any reason occurs, the employee with the least seniority in the classification will be laid off first, providing such least senior employees cannot be used in another classification. It is further provided that retained employees must be capable of doing the available work.

- Laid off employees with the most seniority will be rehired first to positions which they are qualified to do before hiring new employees.
- Employees will be given at least one (1) month notice before layoffs are made, when feasible.
- In the event of layoff, an employee shall be retained on the recall list for one (1) year from the date of layoff.
- Employees who are laid off from work, excluding the definitions of “Quits and Fires,” are eligible to apply for Unemployment Compensation.

Section 4.2 Rate of Pay for Transfer or Demotions. When an employee is transferred from a position in one class to a position in another class at the same pay rate, or is transferred with no change in class, he/she shall continue to be paid at the same rate. When an employee is demoted to a lower classification level, his or her salary shall be set at the rate in the lower pay grade which provides the smallest decrease in pay. The First Selectman has the authority to transfer employees between departments depending upon the needs of the Town.

Section 4.3 Pay for Temporary Assignment Outside Classification. When an employee is temporarily assigned via personnel action to a position in a class with a higher minimum rate of pay (working out of classification) for periods of more than three (3) consecutive weeks, the First Selectman shall grant a pay increase at the starting rate of that class or a higher rate of pay which provides a pay increase, beginning after three (3) consecutive weeks for the duration of the temporary assignment.

## **ARTICLE 5 WORK SCHEDULE**

Section 5.1 Work Schedule. Employees shall work the schedule as defined by their Department Head. All employees are entitled to two (2) fifteen minute rest periods (one in the morning and one in the afternoon) at a time designated by the Department Head as well as a one (1) hour lunch period. Department Heads and supervisors shall record all absences, tardiness, and early departures. Absences, tardiness and early departures for unsatisfactory reasons shall be grounds for disciplinary action by the Department Head or supervisor. Employees shall not be paid for time lost due to absences, tardiness or early departure for unsatisfactory reasons. Doctors' and dentists' appointments should be scheduled other than during working hours, whenever possible.

Section 5.2 Overtime. Non-exempt employees shall receive time and one half (1½) pay or compensatory time at the discretion of the employee for all hours worked over forty (40) hours in any one week. Non-exempt employees who are regularly scheduled to work less than forty (40) hours per week, will receive straight time pay or compensatory time off during the same pay period for any hours worked up to forty (40) in any one week. If such employees work over forty (40) hours in any one week, they shall receive time and one half (1½) pay or compensatory time at the discretion of the employee for hours worked. When calculating overtime pay for non-exempt employees, paid holidays, personal days, and vacation days are considered as time worked. Sick days are not considered as time worked. When called in to work while on vacation, an employee will be paid time and one-half (1 ½) for hours worked plus pay for the vacation, or paid time and one-half (1 ½) for hours worked and reschedule vacation another time.

Section 5.3 Overtime Administration. Department Heads may prescribe reasonable periods of overtime work to meet operational needs. Complete records of overtime shall be maintained. Overtime work requires prior approval of the Department Head or First Selectman.

## **ARTICLE 6 EMPLOYEE BENEFITS**

Section 6.1 Group Health Insurance. The Town shall provide a Group Health Insurance and Dental Insurance for all Full-Time Employees and eligible dependents. Coverage will be effective the first of the month following sixty (60) days from the date of hire.

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

Full-Time Employees at retirement with at least ten (10) years of service at age fifty-five (55) or later may have their medical benefits continued at their expense until age sixty-five (65).

It is understood that the Town may change insurance carriers/administrators. Such change in carriers shall result in comparable benefits to those enjoyed under the policy/policies being replaced.

Employees will make cost sharing payments via payroll deduction for the plan chosen with pre-tax dollars as long as that option is available under law.

Employee cost sharing will be as follows, based on the choice of the employee. Once chosen the employee may only change plans during the yearly open-enrollment period, or in accordance with qualifying events, consistent with IRS Section 125.

### **PPO Plan**

The PPO Plan shall continue to be offered as an option only through June 30, 2018 and shall be eliminated effective June 30, 2018. Employees who choose the PPO Plan shall continue to contribute through payroll deductions nineteen percent (19%) for the PPO and Dental coverage, and maintain contributions at that level through June 30, 2018.

### **PPO-20 Plan**

The PPO-20 Plan shall be offered for the life of the contract.

Full-Time Employees who choose the PPO-20 Plan (\$20.00 Office Visit, 3 Tier Prescription Plan, Unlimited Rx) during the period July 1, 2016 through June 30, 2018 shall continue to contribute, through payroll deductions, eighteen percent (18%) premium sharing for PPO-20 and Dental coverage and maintain contributions at that level through June 30, 2018.

Full-Time Employees who choose the PPO-20 Plan (\$20.00 Office Visit, 3 Tier Prescription Plan, Unlimited Rx) during the period July 1, 2018 through June 30, 2019 shall contribute, through payroll deductions, eighteen percent (18%) premium sharing for the H.S.A. plus the difference in the allocation rates of the PPO-20 and H.S.A. Plans, offset by the value of the Town's H.S.A. deductible funding.

Full-Time Employees who choose the PPO-20 Plan (\$20.00 Office Visit, 3 Tier Prescription Plan, Unlimited Rx) during the period July 1, 2019 through June 30, 2020, shall contribute through payroll deductions, nineteen percent (19%) premium sharing for the H.S.A. plus the difference in the allocation rates of the PPO-20 and H.S.A. Plans, offset by the value of the Town's H.S.A. deductible funding.

During the period July 1 2018 through June 30, 2019, Full-Time Employees will pay eighteen percent (18%) of the Dental Premium as a cost sharing contribution for enrollment in the Dental Plan. During the period July 1, 2019 through June 30, 2020, Full-Time Employees will pay nineteen percent (19%) of the Dental Premium as a cost sharing contribution for enrollment in the Dental Plan.

(Appended to this Agreement is Exhibit B, consisting of Plan Summaries for the PPO, PPO-20, and H.S.A. Plans.)

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

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

Effective July 1, 2018, the H.S.A. Plan shall be the core insurance plan. For any employee who remains enrolled in the PPO-20 plan during the 2018-19 and/or 2019-2020 contract years, the Town will pay the same total dollar amount toward the premium cost for the PPO-20 plan as the Town pays toward the premium cost for the H.S.A. Plan for an employee enrolled at the same coverage level (individual, two-person or family). The employee shall pay 100% of the difference between the Town's total dollar premium contribution and the total premium cost for the PPO-20 plan, as applicable, offset by the value of the Town's H.S.A. deductible funding. Premium contributions and premium costs are determined utilizing allocation rates.

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

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

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

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



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

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

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

### **VOLUNTARY WAIVER**

Full-Time Employees who are eligible for health insurance coverage under this section may voluntarily elect to waive such coverage, in whole or in part, provided that such waiver does not conflict with the rules, regulations and requirements of the appropriate insurance carrier(s).

In order to exercise this waiver option, Full-Time Employees must apply in writing to the Human Resources Office. All waiver applications must be accompanied by a signed waiver of coverage document acceptable to the Town, with proof of insurance provided. Said waiver is only payable if the employee is included as one of the individuals waiving coverage and shall remain in effect until revoked as provided below.

Full-Time Employees electing such waiver and hired prior to July 1, 2007 shall receive a monthly payment from the Town in the amount equal to fifty percent (50%) of the Town's PPO-20 cost for the individual's waived insurance coverages. As of July 1, 2018, Full-Time Employees electing such waiver shall have their payments frozen at \$400.00 per month for waiving single coverage, \$900.00 per month for waiving two person coverage, and \$1200.00 per month for waiving family coverage. There shall be no waiver payment for only waiving Dental Coverage.

Full-Time Employees hired on or after July 1, 2007 and prior to December 1, 2014 electing such waiver shall receive a monthly payment from the Town in the amount equal to twenty five percent (25%) of the Town's PPO cost for the individual's waived insurance coverages. As of July 1, 2018, Full-Time Employees hired on or after July 1, 2007 and prior to December 1, 2014 electing such waiver shall have their payments frozen at \$200.00 per month for waiving single coverage, \$450.00 per month for waiving two person coverage, and \$600.00 per month for waiving family coverage. There shall be no waiver payment for only waiving Dental Coverage.

Full-Time Employees hired on or after December 1, 2014 and prior to July 1, 2015 electing such waiver shall receive a monthly payment from the Town in the amount equal to twenty five percent (25%) of the Town's PPO-1 cost for a single person insurance coverage. As of July 1, 2018, Full-Time Employees hired on or after December 1, 2014 and prior to July 1, 2015 shall have their payments frozen at \$200.00 per month. There shall be no waiver payment for only waiving Dental Coverage.

Full-Time Employees hired on or after July 1, 2015 electing such waiver shall receive a monthly payment from the Town in the amount equal to twenty five percent (25%) of the Town's PPO-20 cost for a single person insurance coverage. As of July 1, 2018, Full-Time Employees hired on or after July 1, 2015, shall have their payments frozen at \$200.00 per month. There shall be no waiver payment for only waiving Dental Coverage.

Any Full-Time Employee who would otherwise be eligible for Group Health Insurance through another employee or retiree of the Town of Guilford will be ineligible to receive any payment through the health waiver process.

Any Full-Time Employee who obtained a voluntary waiver of health insurance coverage pursuant of this section may revoke this waiver at any time by serving written revocation notice to the Human Resources Department. Upon receipt of such revocation notice, the Human Resources Department will notify the appropriate insurance carrier(s) of the reinstatement request and take steps to have the coverage(s) reinstated. All such reinstatements shall be subject to all requirements of the applicable carrier(s) including, but not limited to, any mandatory waiting periods.

Section 6.2 Life Insurance. Effective the first of the month following sixty (60) days from the date of hire, Full-Time Employees are covered in the amount of \$100,000 for Term Life Insurance with double indemnity for Accidental Death and Dismemberment. Such insurance will be reduced by 35% at age seventy (70) and reduced by 50% at age seventy-five (75).

Section 6.3 Clothing Allowance. Clothing Allowance (not to exceed \$300 per fiscal year) for the following full-time positions: Assistant Town Engineer/Public Works Director; Custodian; Engineering Technician-Facilities Coordinator; Golf Course Superintendent; Highway Superintendent; Maintenance Custodian; Municipal Animal Control Officer; Parks Foreman; Parks Maintainer; Sanitarian; Waste Transfer Station Foreman; Waste Transfer Station Worker, and Zoning Enforcement Officer. This allowance will be for work-related gear, pants and shirts, and for work shoes not including sneakers. The employee will purchase the various items, turn

the receipts in to their Department Head, and a check will be issued to the employee in a timely manner.

Section 6.4 Short-Term Disability. Full-Time Employees will be paid 66 2/3% of salary for Short-Term Disability (with a maximum of \$100.00 per day), with benefits commencing after all accrued sick leave is expended. This benefit is payable for a maximum of sixty-five (65) working days.

The following guidelines will be followed:

In order to receive this benefit, the employee must:

- a. Be employed by the Town of Guilford full-time for six (6) months;
- b. Be under the care of a doctor during the entire period of disability;  
and
- c. Complete and submit completed and signed Family and Medical Leave Act (FMLA) Form WH-380-E to the Human Resources Office. This form is to be used to determine eligibility for Short-Term Disability benefits even if the employee is ineligible for FMLA at the time.

#### LIMITATIONS

- a. If disabled twice by the same cause, and these periods of disability are separated by less than three (3) weeks of work, the employee would be eligible for one Maximum Period of benefits. If these periods of disability are separated by three (3) weeks or more of work, the employee would be eligible for a Maximum Period of benefit for each period of disability.
- b. This benefit does not cover disability caused by: war or any act of war; illness or occupational injury for which the employee is entitled to Workers' Compensation.
- c. If a paid holiday falls during an approved short-term disability period, such holiday will also be subject to the same salary limitation of 66 2/3% of salary.

### **ARTICLE 7 LONGEVITY**

Section 7.1 Longevity Payments. Regular full-time employees who were receiving Longevity payments at the \$240, \$320, or \$460 level when Longevity payments were frozen effective on June 30, 2014 and who have continued to receive frozen payments on their anniversary dates up to the date of the 2018 signing of this Agreement, shall continue to be eligible to receive Longevity payments in the same amounts up through the June 30, 2020 expiration date of this Agreement.

No employee who was ineligible to receive a Longevity payment in the '13-'14 Fiscal Year shall receive any Longevity payment during the term of this Agreement. Effective on June 30, 2020, the Longevity Payment Program shall be discontinued in its entirety. Also on June 30, 2020, the amount of the last Longevity payment made to each eligible employee during the Fiscal Year 2019-2020 shall be built into the base wage rate of such employee and included in the base wage rate of such employee effective for wage payments to be made on and after July 1, 2020.

## **ARTICLE 8 DISCIPLINARY ACTIONS**

Section 8.1    Types of Disciplinary Action. The type of disciplinary action taken will vary with the severity of the situation in accordance with the following graduated discipline measures: oral and/or written reprimand, suspension, discharge. Discharge of the employee may be necessary if, after remedial and/or disciplinary measures have been tried, an employees' performance, conduct or other satisfactory behavior does not improve. Certain offenses may occur which are of such seriousness that withholding of increment, suspension or immediate dismissal of an employee may be necessary. Notwithstanding the foregoing, no employee shall be disciplined, including discharged, except for just cause.

## **ARTICLE 9 LEAVES OF ABSENCE**

Section 9.1    General Policy. Leave is any authorized absence during regularly scheduled work hours that is approved by proper authority. Leave may be authorized with or without pay and shall be considered in accordance with Section 9.2 below.

Section 9.2    Procedure for Requesting Leave. All leaves other than holiday, sick or injury leave, must be requested and approved by the Department Head prior to taking the leave. In the case of a request for sick leave, employees shall notify the Department Head. Requests for leave without pay must be made in writing and approved by the Department Head and the First Selectman. An employee will not be paid for any absence from scheduled working hours unless such absence is approved in advance by the Department Head. A copy of all leaves granted to employees will be filed promptly with the First Selectman.

Section 9.3    Leave of Absence with Pay: Holidays. The following holidays for Full-Time and Part-Time Employees shall be granted with pay (on a prorated basis for re Part-Time Employees):

### **FULL TIME EMPLOYEES (12)**

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
President's Day	Veterans Day
Good Friday	Thanksgiving Day
Memorial Day	Day After Thanksgiving
Independence Day	Christmas Day

## PART TIME EMPLOYEES (5)\*

New Year's Day  
Thanksgiving Day  
Christmas Day

Independence Day  
Memorial Day

- \* Holiday benefits to be pro-rated based on a forty (40) hour week for Part-Time Employees (e.g. an employee who regularly works a twenty-four (24) hour week will be entitled to six (6) hours of pay for a holiday).

Employees will be paid for the above listed holidays provided the following conditions are met:

- The employee would have been scheduled to work on such day if it had not been observed as a holiday.
- The employee must have worked the last scheduled work day prior to and the next scheduled work day after such holiday unless the absences on both days are approved by their Department Head.
- The employee is not on leave of absence (including unpaid FMLA time), or layoff.

Section 9.4 Holiday Falling on Weekend. If any of the above listed holidays fall on Sunday, the following Monday shall be considered the holiday; if on Saturday, the preceding Friday will be considered the holiday.

Section 9.5 Work on Holidays. Employees who perform work on holidays shall be entitled to comparable time off on another day within the work week or receive overtime pay plus Holiday pay except when such hours are part of an employee's normal work schedule in which case employees shall be paid at their regular rate of pay upon mutual agreement of the supervisor and employee.

Section 9.6 Vacation Leave. Vacation leave shall be available to Full-Time Employees only. All Full-Time Employees shall earn annual Vacation based upon their normally scheduled work hours and at their current rate of pay based upon length of service as of July 1<sup>st</sup> of each year. All vacation time shall be taken in a Fiscal year (July 1-June 30) except that up to five (5) vacation days may be carried over to the following August 15<sup>th</sup>.

<u>Date of Employment</u>		<u>Vacation Period</u>
January 1 through June 30	==	After completion of six (6) months service, two (2) weeks in the Fiscal Year beginning July 1
July 1 through October 31	==	After completion of six (6) months service, one (1) week in the Fiscal Year hired

November 1 through December 31	==	No vacation until July 1 of the following year, at which time they will be granted two (2) weeks vacation
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After Completion of:

5 years service	3 weeks vacation
10 years service	4 weeks vacation
20 years service	5 weeks vacation

Pay in lieu of vacation will not be granted; however, the carryover date may be extended in special cases upon written request of the employee and approval by the Board of Selectmen. In the event of a layoff, retirement, or a voluntary resignation with proper notice, the accrued vacation at the time of termination will be paid. If a holiday occurs during a vacation period, an extra day of vacation will be granted.

Section 9.7 Holiday Celebrated During Vacation. Observed holidays shall not be considered in the computation of vacation credit nor as part of vacation time.

Section 9.8 Sickness While On Vacation. An employee who becomes ill while on vacation may not charge such illness to sick leave unless confirmed by a medical certificate in writing to the First Selectman from a practicing physician.

Section 9.9 Sick Leave. All Full-Time Employees shall be granted time off with pay for sick leave according to the following schedule:

a. New Employees:

1. Date of Hire from January 1-June 30  
After completion of six (6) months' service, ten (10) days sick leave.
2. Date of Hire from July 1- October 31  
After completion of six (6) months' service, five (5) days sick leave.
3. Date of Hire from November 1-December 31  
No sick leave until July 1<sup>st</sup> of the following year, at which time they will be granted ten (10) days sick leave.

b. Current Full-Time Employees:

On the July 1st two years after receiving an allotment of ten (10) sick days, all Full-Time Employees will be granted one additional day of sick leave. On the July 1st following

that and for each successive year, all Full-Time Employees will be granted one additional day of sick leave. (Example- An employee who begins work on September 1, 2014 would receive five (5) days sick leave March 1, 2015 and then ten (10) additional days sick leave on July 1, 2015. The same employee would receive eleven (11) days sick leave on July 1, 2017 and twelve (12) days sick leave on July 1, 2018).

Notwithstanding the above, effective beginning on July 1, 2015, Full-Time Employees may earn up to a maximum of fifteen (15) additional days, with a maximum total of twenty-five (25) days per year.

- “Sick Leave” is to be used only with the approval of the employee’s Department Head and only for personal illness, quarantine or personal injury. Employees may use sick time to attend doctor’s appointments and for medical procedures which cannot be scheduled outside normal working hours.
- Up to three (3) days may be granted for each initial occurrence of illness in the immediate family, defined for these purposes as spouse, child, grandchild, mother, father, mother-in-law, or father-in-law.
- If an employee is out ill or injured for five (5) consecutive calendar days or if absent again after only one (1) day return to work, he or she must submit a doctor’s certificate stating the nature of the illness or injury and the expected duration. Failure to provide such certificate shall be sufficient to deny payment for such leave. The doctor’s certificate will use the same code and explanation that will be submitted to the employee’s insurance carrier. If an employee is out ill or injured for five (5) or more consecutive calendar days, the employee shall request Family and Medical Leave Act (FMLA) time by completing and submitting the appropriate form to Human Resources. If FMLA time is approved the employee will be required to utilize any remaining sick leave, personal time, or vacation time in that order during their absence.
- Unused and unpaid sick days accrue as of June 30th of each year up to a maximum of one hundred-forty (140) days.
- Cumulative sick days up to seventy (70) days shall be paid at retirement with at least ten (10) years of service at age fifty-five (55) or older. Employees who were hired after July 1, 1992 will receive no payment for unused sick time upon retirement.

Section 9.10 Personal Leave. After successful completion of the probationary period, a Full-Time Employee will be allowed four (4) personal leave days with pay each fiscal year. Such time off shall not be accumulated from year to year.

- An employee is required to make a request in writing to the Department Head four (4) days in advance, except in the case of an emergency or special circumstance, a verbal request will suffice.

- The First Selectman may approve payment of a personal absence if the employee is unable to report for work due to compelling reasons which the employee is unable to take care of outside the regular work schedule, e.g. doctor's or dentist's appointments, legal appointments, major financial transactions, death and funeral of a friend, serious illness of an immediate family member, graduations or weddings.

Section 9.11 Civil Leave. An employee shall be granted leaves of absence, designated as civil leave, for jury or other civic duty requiring the appearance before a court or other public body. Such leave shall only be during that part of the day that appearance is required. Such employees shall receive their regular salary. Fees received from Court must be turned in to the Town.

Section 9.12 Funeral Leave. Full-Time Employees shall be granted a leave of absence with pay for a period of up to five (5) working days when a death has occurred in their immediate family (mother, father, brother, sister, spouse, child, grandparent, grandchild, father-in-law or mother-in-law) upon request to their Department Head for attendance at the memorial service or funeral and for a period of bereavement. This time may be extended by the First Selectman in exceptional cases on the recommendation of the Department Head. One (1) day with pay will be granted for death of any other relative providing the employee attends the memorial service or funeral. Part-Time Employees shall be granted one (1) pro-rated day of Funeral Leave for each individual death according to the terms of this Section 9.12 (e.g. an employee who regularly works a twenty-four (24) hour week will be entitled to six (6) hours of pay for Funeral Leave).

Section 9.13 Leave of Absence Without Pay. The First Selectman may grant a leave of absence without pay for personal reasons for periods beyond those allowable with pay (for example, marriage up to five (5) days), provided the Department Head involved is willing either to allow the position from which is taken to remain vacant, or to fill it by temporary appointment until the expiration of such leave. Leave of absence without pay shall not be granted for more than twelve (12) months except for military leave.

Upon expiration of a regularly approved leave without pay, the employee shall be reinstated to the position held at the time leave was granted, without loss of seniority, status, or benefits. Failure on the part of an employee on leave to report promptly at its expiration, or within a reasonable time after notice to return to duty, may be cause of dismissal.

Section 9.14 Employee Request. An employee requesting a leave of absence must state in writing the reasons for such request and the time requested. Failure to return to work after the expiration date or failure to request an extension renewal in advance will be deemed sufficient reason for terminating employment.

Section 9.15 Maternity Leave. Maternity leave of absence will be granted when an employee requests such leave including approximate dates and anticipated duration, to allow time to prepare for staffing adjustments.



The purpose of the following guidelines is to provide fair and equitable administration and reasonable leave of absence for temporary disability resulting from pregnancy.

- a. A personal physician's statement concerning the anticipated date and a certification of the employee's ability to perform her full duties during pregnancy is required.
- b. Disagreements between the Town's physician and the employee's personal physician may be settled by an independent third party physician, chosen by the Town.
- c. Department Heads may require monthly physician's statements regarding the advisability and capability of the employee to continue work.
- d. An employee may return with full seniority if she has contacted management. She must keep the Town informed of her desire to work. If the employee cannot return to work within ninety calendar days, she must furnish proof of continuing temporary disability to extend beyond the maximum time limit. Reemployment will be provided for the same or an equivalent position except where business necessity makes this impractical.
- e. Employees may use all accumulated sick leave pay during a maternity absence. Employees without accrued sick leave may keep their Group Medical Insurance in effect by paying their applicable cost sharing per Article 6 directly to the Town.
- f. The Town should provide gainful employment and make use of employee's skills for as long as the employee is incapacitated. In addition, the Department Head should always be aware of all working conditions and modify work duties as requested by a physician.

Section 46a-60 of the Connecticut General Statutes makes it unlawful to: (1) terminate an employee because of pregnancy, (2) refuse a reasonable leave of absence for disability resulting from pregnancy, or (3) to deny to said employee, who is disabled as a result of pregnancy, any compensation to which she is entitled as a result of the accumulation of disability or leave benefits accrued pursuant to plans maintained by said employer. The law also requires reinstatement to the original or an equivalent job with full seniority and benefits unless the employer's circumstances have so changed as to make it impossible or unreasonable to do so.

The employee is responsible for obtaining the required maternity leave of absence form from the Human Resources Office and completing the form at the time of her request for leave of absence. The completed form with the required written information from the employee's doctor should be sent to the Director of Human Resources for prior approval.

At the conclusion of maternity leave, an employee may return to work upon furnishing a doctor's statement certifying the employee's ability to return to work. The employee will be reinstated to her original position or an equivalent job with full seniority and benefits unless the employer's circumstances have so changed as to make it impossible or unreasonable to do so.

Additionally a full-time employee wishing part-time work upon her return from maternity leave may be allowed temporary part-time work under the following conditions:

- a. Part-time work must be available in the Department;
- b. It does not place unreasonable stress upon the Department or its employees;
- c. It does not incur unreasonable costs to the Town;
- d. It must be fully approved by both the Department Head and the First Selectman or the Board of Selectmen;
- e. It must be for no more than a combined total for both leave and part-time employment of sixteen (16) consecutive weeks;
- f. It must be agreed that at the end of the part-time employment the employee will return to full-time work;
- g. Benefits during the part-time period will be based on actual hours worked and the employee may be required to pay for continuation of benefits until her return to full-time employment.

Section 9.16 Military Leave. Employees of the Town who are members of a Reserve Unit of the Army, Navy, Marines Corps, Coast Guard or Air Force of the United States or Connecticut shall be entitled to absent themselves from their duties while engaged in required field training in such a unit. No such employee shall be subjected to any loss or reduction of seniority, vacation or holiday privileges. While engaged in such training, the Town shall pay the difference between the employee's compensation for military activities and his/her regular compensation, up to a maximum of ten (10) working days per fiscal year.

The following shall apply in accordance with §7-462 of the Connecticut General Statutes. Any employee who leaves the service of the Town for the purpose of entering the armed forces of the United States shall be reinstated in his/her former position and duties, provided he/she makes application for return to such service within ninety (90) days after he/she has received a certificate of satisfactory service from the armed forces. The First Selectman shall certify in writing that such employee is able and qualified to perform the work required and that there is work available. In considering the factor of availability of work, the Town shall replace by the returning employee any employee, with less service, who was employed for the purpose of filling the position vacated by such returning employee. Any employee returning to the service of the Town shall be credited with the period of such service in the armed forces to the same extent as though it had been part of the term of service to the Town.

This Section 9.16 shall not apply to any employee of the Town for a period of more than three years in addition to war service or compulsory service and the ninety (90) day period hereinbefore provided for.

Section 9.17 Injury Leave. Injury leave, as distinguished from sick leave, shall mean paid leave given to an employee due to absence from duty caused by an accident, injury, or occupational disease that occurred while the employee was engaged in the performance of his/her duties within the meaning of the Connecticut Workers' Compensation laws. Employees of the Town of Guilford are covered by Workers' Compensation insurance and are paid stated amounts due to injuries sustained on the job. Injuries must be reported immediately to the supervisor or Department Head and proper forms completed to qualify for insurance coverage which is regulated by the State.

Section 9.18 Workers' Compensation. Employees who are unable to work because of compensable injuries and who are found eligible to receive Workers' Compensation benefits and are receiving the same, shall have their employment continued on injury leave for a period of twelve (12) months (except in cases of assault which shall be unlimited) from the date of the first absence or until they are able to return to work, whichever is the shorter period. During such injury leave, employees shall receive the difference between the monies received from Worker's Compensation and their weekly base pay for up to three (3) months and only the monies received from Workers' Compensation for up to nine (9) additional months without reduction in sick leave. If the employee is unable to return to work at the end of the twelve (12) month period, he/she shall be separated from service of the Town and shall be eligible to receive thereafter whatever Workers' Compensation benefits and/or Pension benefits to which the employee may be entitled, if any.

Notwithstanding the foregoing, no employee shall be separated from the Town after such one (1) year period without first having a medical review to determine if the employee may be suitable for appointment to another open position within the Town.

Section 9.19 Attendance Incentive. Any Full-Time Employee who has a record of three (3) months perfect attendance, not interrupted by sick leave, unauthorized absences, suspension, or leaves of absence with or without pay as measured from July 1 to September 30, October 1 to December 31, January 1 to March 31 and April 1 to June 30, shall be entitled to one (1) vacation day. Qualified employees have the opportunity to earn up to four (4) additional vacation days each fiscal year. Such days earned must be used in accordance with Article 9 Section 9.6 Vacation Leave with the exception that such time cannot be paid in lieu of taking days off. In addition, a new employee who earns a vacation day in this manner prior to completion of the Probationary Period, may use such day prior to the end of the Probationary Period, only with approval from their Department Head.

## **ARTICLE 10 GRIEVANCE PROCEDURE**

Section 10.1 Grievance Defined. A Grievance for the purposes of this procedure, shall mean a dispute concerning the interpretation and/or application of any of the specific provisions of this

collective bargaining agreement. A Grievance may be filed by an individual employee or the Association, both referred to as the "Grievant".

#### Section 10.2 Procedure.

Step One. Within twenty (20) calendar days from the date the Grievant knew, or in the exercise of reasonable diligence should have known, of the event or facts giving rise to the Grievance, the Grievant shall present the Grievance in writing to the Department Head. The Grievance must set forth a brief description of the claim (on which the Grievance is based) and specify the Article and Section of this Agreement allegedly violated. The Department Head shall respond to the Grievance in writing within twenty (20) calendar days of his/her actual receipt of it.

Step Two. If the Grievant is dissatisfied with the response at Step One, the Grievant may within seven calendar days of the date of the Department Head's response submit the Grievance in writing to the First Selectman for review. Within twenty (20) calendar days of the receipt of the Grievance, the First Selectman shall convene a meeting to review the nature of the facts of the Grievance. He/she shall call the employee, his/her Association representatives, the Department Head, or any person involved in the Grievance to attend such meeting. Within twenty (20) calendar days following such meeting, the First Selectman shall render a decision in writing to all concerned.

Step Three. In the event that the Grievant is not satisfied with the decision at Step Two and wishes to proceed further, the Association must file a Demand for Arbitration with the American Arbitration Association within fifteen (15) calendar days of the Step Two reply, for processing of the Grievance in accordance with the AAA Voluntary Rules for Labor Arbitration. The Demand for Arbitration must be made in writing by certified mail, return receipt requested, with a copy to the First Selectman postmarked within fifteen (15) calendar days immediately following the Grievant's receipt of the First Selectman's response at Step Two. Nothing herein, however, shall preclude the parties from mutually agreeing to select an arbitrator of recognized competence independent of AAA.

The Arbitrator's jurisdiction to make an award shall be limited by the submission and confined to the interpretation and application of the provisions of this Agreement. The Arbitrator shall not have jurisdiction to make an award which has the effect of amending, altering, modifying, enlarging or ignoring the provision of this Agreement in effect at the time of the occurrence. The Arbitrator shall be limited by the submission of the parties. The Arbitrator may order reinstatement of the discharged employee, modify discipline and/or penalties and may issue remedy orders including but not limited to back pay, reinstatement of benefits, reinstatement of seniority and to otherwise make the employee whole for any and all losses resulting from the discipline. The decision of the Arbitrator shall be final and binding upon all parties, provided it is in accordance with the law. This shall not preclude either party from exercising its right to file an application to confirm, modify or vacate the arbitration award in accordance with Connecticut General Statutes. Arbitration filing fees and expenses shall be shared equally by the parties. Each party shall be responsible for the cost of presenting its respective case.

Section 10.3 Time Limits. The time limits specified herein are of the essence and may only be extended by mutual agreement of the Town and the Association. Failure by the Grievant to process a Grievance within the time limits provided herein shall be deemed a waiver of such Grievance, and the Grievance shall be considered resolved in accordance with the Position of the Town. Failure by the Town representatives to respond to the Grievance within the time limits provided herein shall permit the Grievant or the Association, as appropriate, to process the Grievance to the next step provided they do so within the time limits set forth herein.

Section 10.4 Association Grievance. The Association may file a Grievance on its own initiative only if the alleged facts on which the Grievance is based directly affect employees in different departments or the bargaining unit as a whole, such as, for example, a claim that the Town failed to observe a holiday recognized by this Agreement. Grievances filed by the Association must be filed at Step Two directly with the First Selectman, but in all other respects must comply with the provisions of this Agreement.

## **ARTICLE 11 AGENCY FEE**

### Section 11.1 Agency Fee.

- a. Upon hire, each employee will either (i) become and remain a member of the Association in good standing by tendering to the Association the regular dues uniformly required of all Association members, or (ii) in lieu, thereof, pay to the Association a regular, uniform service fee in an amount determined by the Association in accordance with applicable law.
- b. Within fifteen (15) normal work days after receipt of the written request from the Association, the Town shall discharge any employee who has failed to comply with the requirements contained in subsection a. above.
- c. The First Selectman will furnish to the President of the Association the names of newly hired employees, together with their address, the effective date of employment, the classification to which they will be assigned initially and their starting rate of pay.

Section 11.2 Dues Checkoff. The Town shall make deductions from each regular paycheck it issues to each employee required to pay Association dues or a service fee in an amount equal to a pro rata portion of the regular annual membership dues uniformly required of Association members or the uniform annual service fee, as appropriate. The amounts so deducted shall be transmitted to the Association no later than the fifth (5<sup>th</sup>) day of the month following the month in which such deductions are made. Notice of increases in the regular annual membership dues and fees of the Association must be given to the Town at least sixty (60) days in advance of any increased deduction.

Section 11.3 Hold Harmless. The Association shall indemnify and hold the Town harmless against any claim made by any employee against the Town or any of its officers or officials by reason of any action taken by the Town pursuant to the provisions of this Article.

## **ARTICLE 12 SALARIES**

Section 12.1 Attached as Exhibit C is a Salary Schedule showing wages for the period July 1, 2016 – June 30, 2017, July 1, 2017 – June 30, 2018, July 1, 2018 – June 30, 2019, and July 1, 2019 – June 30, 2020 for those bargaining unit employees on Steps.

### Section 12.2 Salaries Per Fiscal Year.

- a. Effective and retroactive to July 1, 2016, all employees shall be entitled to a two and one-half percent (2.50%) General Wage Increase with no Step movement on the Salary Schedule. New rates are reflected in Exhibit C – Salary Schedule.
- b. Effective and retroactive to July 1, 2017, all employees on the Salary Schedule will move up one (1) Step which constitutes on average a two and three-quarter percent (2.75%) increase. All employees not on the Salary Schedule will receive a two and three-quarter percent (2.75%) increase. As of July 1, 2017, Step 1 and Step 15 will be eliminated from the Salary Schedule. New rates are reflected in Exhibit C – Salary Schedule.
- c. Effective on July 1, 2018, all employees on the Salary Schedule will move up one (1) Step which constitutes on average a two and three-quarter percent (2.75%) increase. All employees not on the Salary Schedule will receive a two and three-quarter percent (2.75%) increase. As of July 1, 2018, Step 2 and Step 14 will be eliminated from the Salary Schedule. New rates are reflected in Exhibit C – Salary Schedule.
- d. Effective on July 1, 2019, all employees shall be entitled to a two and one-half percent (2.50%) General Wage Increase with no Step movement on the Salary Schedule. New rates are reflected in Exhibit C – Salary Schedule.

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

### Section 12.3 Employee Certification.

- a. Each employee shall be eligible for tuition refund for courses taken toward special and/or advanced certification in their job classification.
- b. An employee wishing to take advantage of the tuition refund program must prior to beginning the course provide to his/her Department Head and the Director of Human Resources a description of the Special or Advanced Certification being sought, the entity sponsoring the certification course, and the tuition cost.
- c. Upon successful completion of the certification course, the employee must present to the Director of Human Resources a copy of the certification obtained and a receipt showing payment of tuition. Whereupon, the Town shall (1) reimburse the employee the tuition

cost and (2) provide the employee with a one-time incentive stipend of \$500.00 to be payable one month following the submission of the certificate to the Town, as long as the employee is still employed in the GEA bargaining unit on that date.

- d. Only one stipend may be earned by any employee while employed in the same job classification.

### **ARTICLE 13 GENERAL SAVINGS CLAUSE**

Section 13.1 If any provision of this Agreement is adjudicated invalid by a court of competent jurisdiction, the remainder of this Agreement shall continue in full force and effect.

### **ARTICLE 14 DISCRIMINATION AND COERCION**

Section 14.1 The policy of the Town and the Association is not to discriminate against any employee due to race, color, sex, age, creed, marital status, political affiliation or Association activities.

Section 14.2 Neither the Association nor any of its representatives shall intimidate or coerce employees nor will they solicit members or conduct any Association activities during working hours other than those essential to collective bargaining and handling of grievances in the manner so provided herein.

### **ARTICLE 15 NO STRIKE/NO LOCKOUT**

Section 15.1 The Association agrees that pursuant to Section 7-475 C.G.S., it will neither call, support nor encourage any work stoppage, strike or engage in any slowdown, sick-out, refusal to work open shifts or mandated overtime, or any other activity which affects the employee's performance of his/her work.

Section 15.2 The Town shall not lock out any employees covered by this Agreement during this Agreement.

### **ARTICLE 16 RETIREMENT PLANS**

Section 16.1 Defined Benefit Pension Plan. Any member of the Association who was as of November 30, 2014 covered by and participating in the Town of Guilford Employees' Pension Plan (Pension Plan) as amended from time to time by the Board of Selectmen, shall be entitled to such coverage as provided by the terms of the Pension Plan for the duration of the Agreement, with the following amendments that will be made to the Pension Plan:

- a. Effective for retirements or terminations on and after January 1, 2016, an Employee shall not be eligible to elect to receive his/her pension benefit in the form of a lump sum payment as described in the Pension Plan.
- b. Effective December 1, 2014, an employee's maximum Credited Service will be capped at thirty-five (35) years. When an employee reaches thirty-five (35) years of Credited Service as defined by the Pension Plan, their Compensation Base as defined by the Pension Plan will be frozen and will not increase or decrease due to subsequent potential earnings if the employee continues to work for the Town. In addition, when an employee reaches thirty-five (35) years of Credited Service as defined by the Pension Plan, they will no longer be required to contribute to the Pension Plan as described therein, even if the employee continues to work for the Town. However, any employee with more than thirty five (35) years of Credited Service as defined by the Pension Plan as of June 30, 2013 will have their maximum Credited Service capped at forty (40) years. When such employee reaches forty (40) years of Credited Service as defined by the Pension Plan, their Compensation Base as defined by the Pension Plan will be frozen and will not increase or decrease due to subsequent potential earnings if the employee continues to work for the Town. In addition, when such employee reaches forty (40) years of Credited Service as defined by the Pension Plan, they will no longer be required to contribute to the Pension Plan as described therein, even if the employee continues to work for the Town.

Effective on January 1, 2016, the employee contribution rate increased from 2.75% to 3.00%. Effective July 1, 2016 and continuing through the term of this Agreement, the employee contribution shall remain at 3.00%.

Section 16.2 Defined Contribution Plan. Full-Time Employees hired by the Town of Guilford on or after December 1, 2014, shall not be covered by or allowed to become Participants in the Town of Guilford Employees' Pension Plan. Rather, those hired or transferred into a Full-Time position within the Association on and after December 1, 2014, will be enrolled in a Defined Contribution Plan as approved and amended from time to time by the Board of Selectmen. An exception to the foregoing shall be as follows: if the Town of Guilford transfers a then-current Guilford employee to a Full-Time Association position on or after December 1, 2014, and the employee is on the last workday prior to the effective date of the transfer a Participant in the Town of Guilford Employees' Pension Plan, that employee shall be allowed to continue participation in the Defined Benefit Pension Plan according to its terms as amended from time to time, in lieu of coverage under the Defined Contribution Plan.

The initial Defined Contribution Plan will follow these guidelines:

- a. Members of the Association beginning employment with the Town on or after December 1, 2014 will have three percent (3%) of their base salary



deducted from each pay period for a minimum contribution to a Defined Contribution Plan.

- b. Participants may contribute additional amounts in full percentage values up to a total of eight percent (8%) of their base salary each pay period.
- c. The Town will match the participant's contributions, beginning with the minimum contribution of three percent (3%) and up to the maximum contribution of eight percent (8%).
- d. Employee contributions are vested immediately.
- e. Town contributions are vested under the following schedule:

up to one (1) year continuous service:	0%
one (1) year continuous service:	20%
two (2) years continuous service:	40%
three (3) years continuous service:	60%
four (4) years continuous service:	80%
five (5) years continuous service:	100%

Section 16.3 Plan Language Prevails. Sections 16.1 and 16.2 above contain summaries of expected plan provisions. The final amended language of the Defined Benefit Pension Plan and the final language of the Defined Contribution Plan incorporating the above provisions shall prevail over the summary language contained in this Article.

Section 16.4 Part-Time Employees. Part-Time Employees may at the employee's option, participate in the Social Security Alternative 457 Master Retirement Plan in lieu of Social Security. Such employees will contribute 7.5% of their compensation pre-tax into such plan as administered by the Town of Guilford.

## **ARTICLE 17**

### **DURATION**

Section 17.1 The parties agree that the above sections constitute the full and complete agreement between them and supersede all prior understandings, practices, procedures and policies for the employees covered by this Agreement, whether written or oral.

Section 17.2 The provisions of this Agreement and the attached salary schedule shall be effective as of July 1, 2016 and shall remain in full force and effect until June 30, 2020.

Section 17.3 Each party agrees that with respect to the terms applicable to all bargaining unit personnel they have bargained over all mandatory subjects of bargaining and neither party shall be required to bargain over any subject matter of any kind during the life of this Agreement unless having agreed to do so in writing.

This Agreement was signed and dated as of February 6, 2018 by the respective parties at Guilford, Connecticut.

**GUILFORD EMPLOYEE ASSOCIATION**

**TOWN OF GUILFORD**

By: \_\_\_\_\_

**Nancy Wardell  
President**

Dated: \_\_\_\_\_

, 2018

By: \_\_\_\_\_

**Matthew T. Hoey III  
First Selectman**

Dated: \_\_\_\_\_

, 2018

**EXHIBIT A**  
**TOWN OF GUILFORD EMPLOYEES ASSOCIATION**  
**POSITIONS**

Administrative Assistant to Library  
Administrative Assistant to Engineering  
Administrative Assistant to Human Resources  
Administrative Assistant to In-House Counsel  
Administrative Assistant to Natural Resources  
Administrative Assistant to Parks and Recreation  
Administrative Assistant to Planning and Zoning  
Administrative Assistant to Social Services  
Administrative Assistant to Youth and Family Services  
Assessment Aide  
Assessor's Clerk  
Assistant Assessor  
Assistant Cook  
Assistant Tax Collector  
Assistant Town Clerk  
Assistant Town Engineer/Public Works Director  
Assistant Library Director  
Children's Services-Supervisory Librarian  
Clinical Director  
Clinician  
Custodian-Library  
Engineering Technician/Facilities Coordinator  
Golf Course Superintendent  
Highway Superintendent  
Information Technology Analyst  
Kitchen Assistant  
Kitchen Supervisor and Cook  
Library Assistant II  
Library Assistant III  
Library Circulation Supervisor  
Maintenance Custodian  
Maintenance Custodian-Community Center  
Maintenance Custodian-Library  
Municipal Animal Control Officer  
Parks Foreman  
Parks Maintainer  
Payroll System Coordinator  
Police Records Clerk  
Program Director-Youth and Family Services  
Public Service Librarian II  
Recreation Program Coordinator  
Recreation Specialist  
Recreation Supervisor  
Adult Services-Supervisory Librarian  
Librarian I  
Sanitarian  
Secretary-Building Department  
Secretary-Health Department  
Secretary to Fire Department  
Senior Account Specialist  
Seniors Program Coordinator  
Social Services Program Coordinator  
Student Assistant Counselor  
Waste Transfer Station Foreman  
Waste Transfer Station Worker  
Youth Prevention Specialist  
Zoning Enforcement Officer

# EXHIBIT B



## GEA-PPO PLAN

Town of Guilford

Firm # 003846-001

Century Preferred - \$5/\$0/\$25/\$0

Benefits at a Glance

	In Network You pay:	Out-of-Network You pay:
Office Visit Copayment (OV)	\$5	Deductible & Coinsurance
Hospital Copayment (HSP)	\$0	Deductible & Coinsurance
Urgent Care Copayment (UR)	\$25	Not covered
Emergency Room Copayment (ER) – <i>waived if admitted</i>	\$25	\$25
Outpatient Surgery Copayment (OPS)	\$0	Deductible & Coinsurance
Annual Deductible ( <i>individual/2-member family/3+ member family</i> )	Not applicable	\$200/\$400/\$500
Coinsurance		20% after deductible up to
Coinsurance Maximum ( <i>individual/2-member family/3+ member family</i> )		\$1,000/\$2,000/\$2,500
Lifetime Maximum	Unlimited	Unlimited

## PREVENTIVE CARE

Well child care*	No Charge	Deductible & Coinsurance
Periodic, routine health examinations*	No Charge	
Routine eye exams – <i>one exam every 2 years</i>	No Charge	
Routine OB/GYN visits – <i>one exam per year</i>	No Charge	
Mammography <i>1 baseline age 35 - 39 years    1 screening per year age 40+    Additional exams when medically necessary</i>	No Charge	
Hearing screening – <i>covered once every two years</i>	No Charge	

## MEDICAL CARE

Primary care office visits	No Copayment	Deductible & Coinsurance
Specialist consultations	No Copayment	
OB/GYN care	No Copayment	
Maternity care – <i>initial visit subject to copayment, no charge thereafter</i>	No Copayment	
Laboratory	No Charge	
X-ray and Diagnostic Testing	No Charge	
Allergy Services <i>Office visits/testing</i> <i>Injections 80 visits in 3 years</i>	\$5 Copayment No Charge	

## HOSPITAL CARE – Prior authorization required.

Semi-private room	No Copayment	Deductible & Coinsurance
Maternity and newborn care	No Copayment	
Skilled nursing facility – <i>up to 120 days per calendar year</i>	No Copayment	
Rehabilitative services – <i>up to 60 days per person per calendar year</i>	No Charge	
Outpatient surgery – <i>in a hospital or surgi-center</i>	No Copayment	

**EMERGENCY CARE**

Walk-in centers	\$5 Copayment	Deductible & Coinsurance
Urgent care – at participating centers only	\$25 Copayment	Not covered
Emergency care – copayment waived if admitted	\$25 Copayment	\$25 Copayment
Ambulance – air subject to maximum per trip	No Charge	No charge

**OTHER HEALTH CARE**

Outpatient rehabilitative services 50 visit maximum for PT, OT, ST and Chiro per year	\$5 Copayment	Deductible & Coinsurance
Prosthetic devices	No charge	
Durable medical equipment Unlimited	No charge	

**MENTAL HEALTH/SUBSTANCE ABUSE CARE**

Inpatient	No Copayment	Deductible & Coinsurance
Outpatient/office visits	OV Copayment	

**\* Schedule of health examinations:**

Age 0 up to age 1 – 7 visits

Age 1 up to age 5 – 7 visits

Age 5 up to age 12 – 1 every year

Age 12 up to age 22 – 1 every year

Age 23+ - 1 every year

**Note:** In situations where the member is responsible for obtaining the necessary precertification or prior authorization and fails to do so, benefits may be reduced or denied.

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

**\*\*Dependents covered to age 26**

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

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



**\$5 COPAYMENT GENERIC DRUGS**  
**\$10 COPAYMENT BRAND NAME DRUGS**

**TOWN OF GUILFORD**  
**FD 001, 100, 141, 142, 143, 144 & 145**

*Unlimited Maximum*  
**For Century Preferred Plan**

Description of Benefits		You pay:
Generic drugs	The term "generic" refers to the active chemical ingredient contained in a prescription drug. Generic drugs must contain the same active ingredient as their brand-name counterpart.	\$5
Brand-name drugs	The term "brand-name" refers to the advertising name of a prescription drug.	\$10
Annual Maximum	Per member per calendar year	unlimited

**Pharmacy Programs**

**Voluntary Mail-service Program**

Members have access to Anthem Rx, the voluntary mail-service drug program for members who regularly take one or more types of maintenance drugs. Members can order up to a 100-day supply of these medications and have them delivered directly to their home. There is a \$3 copayment when using the mail order service. The unlimited maximum applies.

**National Pharmacy Network**

Members also have access to a network of more than 53,000 participating pharmacies throughout the country. Members should go to: [www.Anthem.com](http://www.Anthem.com) to locate a participating pharmacy when traveling outside the state.

**Points to Remember**

**Full Payment for Prescription Drugs Purchased at A Participating Pharmacy**

Anthem Blue Cross and Blue Shield will provide coverage for prescription drugs dispensed by a participating pharmacy when prescription drugs are medically necessary and dispensed pursuant to a prescription issued by a physician, subject to copayment.

**Prescription Drugs From A Non-participating Pharmacy**

Members who fill prescriptions at a non-participating pharmacy are responsible for payment at the time the prescription is filled. Members must submit claims to Anthem Blue Cross and Blue Shield for reimbursement, and payment will be sent to the member. Members who use non-participating pharmacies will pay 20% of the in-network allowance plus the difference between Anthem Blue Cross and Blue Shield's payment and the pharmacist's actual charge.

**Limits and Exclusions**

*The maximum supply of a prescription drug for which benefits will be provided when dispensed under any one prescription is a 100-day supply or 100-unit dose, whichever is greater, and up to a 100-day supply for any covered drug used for the treatment of certain chronic conditions. All prescriptions are subject to the quantity limitations imposed by state and federal statutes.*

*This drug rider does not provide drugs dispensed by other than a licensed, retail pharmacy. Any drug not required for the treatment or prevention of illness or injury; vaccines or allergenic extracts; devices and artificial appliances; needles and syringes that are not prescribe by a physician for the administration of a covered drug; prescriptions dispensed in a hospital or skilled nursing facility; drugs for use in connection with drug addiction; drugs that may be purchased without a prescription (non-legend drugs); antibacterial soaps/detergents, shampoos, toothpastes/gels and mouthwashes/rinses.*

*This is not a legal contract. It is only a general description of the \$5 generic/\$10 brand name Copayment Prescription Drug Rider with an unlimited maximum.*



## GEA PPO-20 PLAN

Firm #003846-001

Town of Guilford

Century Preferred - \$20/\$150/\$100/\$150

Benefits at a Glance

	In Network You pay:	Out-of-Network You pay:
Office Visit Copayment (OV)	\$20	Deductible & Coinsurance
Hospital Copayment (HSP)	\$150	Deductible & Coinsurance
Urgent Care Copayment (UR)	\$75	Not covered
Emergency Room Copayment (ER) – waived if admitted	\$100	\$100
Outpatient Surgery Copayment (OPS)	\$150	Deductible & Coinsurance
Annual Deductible (individual/2-member family/3+ member family)	Not applicable	\$200/\$400/\$500
Coinsurance		20% after deductible up to
Coinsurance Maximum (individual/2-member family/3+ member family)		\$1,000/\$2,000/\$2,500
Lifetime Maximum	Unlimited	Unlimited

### PREVENTIVE CARE

Well child care*	No Charge	Deductible & Coinsurance
Periodic, routine health examinations*	No Charge	
Routine eye exams – one exam every 2 years	No Charge	
Routine OB/GYN visits – one exam per year	No Charge	
Mammography 1 baseline age 35 – 39 years    1 screening per year age 40+    Additional exams when medically necessary	No Charge	
Hearing screening – covered once every two years	OV Copayment	

### MEDICAL CARE

Primary care office visits	OV Copayment	Deductible & Coinsurance
Specialist consultations	OV Copayment	
OB/GYN care	OV Copayment	
Maternity care – initial visit subject to copayment, no charge thereafter	OV Copayment	
Laboratory	No Charge	
X-ray and Diagnostic Testing	No Charge	
Allergy Services Office visits/testing Injections—80 visits in 3 years	\$20 Copayment No Charge	

### HOSPITAL CARE – Prior authorization required.

Semi-private room	HSP Copayment	Deductible & Coinsurance
Maternity and newborn care	HSP Copayment	
Skilled nursing facility – up to 120 days per calendar year	HSP Copayment	
Rehabilitative services – up to 60 days per person per calendar year	No Charge	
Outpatient surgery – in a hospital or surgi-center	OS Copayment	

**EMERGENCY CARE**

Walk-in centers	\$75 Copayment	Deductible & Coinsurance
Urgent care – at participating centers only	\$75 Copayment	Not covered
Emergency care – copayment waived if admitted	\$100 Copayment	\$100 Copayment
Ambulance	No Charge	No charge

**OTHER HEALTH CARE**

Outpatient rehabilitative services 50 visit maximum for PT, OT, ST and Chiro per year	\$20 Copayment	Deductible & Coinsurance
Prosthetic devices	No charge	
Durable medical equipment Unlimited	No charge	

**MENTAL HEALTH/SUBSTANCE ABUSE CARE**

Inpatient	HSP Copayment	Deductible & Coinsurance
Outpatient/office visits	OV Copayment	

**\* Schedule of health examinations:**

Age 0 up to age 1 – 7 visits

Age 1 up to age 5 – 7 visits

Age 5 up to age 12 – 1 every year

Age 12 up to age 22 – 1 every year

Age 23+ - 1 every year

**Note:** In situations where the member is responsible for obtaining the necessary precertification or prior authorization and fails to do so, benefits may be reduced or denied.

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

**\*\*Dependents covered to age 26**

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

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





## GEA PPO-20 PLAN

### Town of Guilford

FD #003846

CENTURY PREFERRED Plan

MANAGED RX, 3 TIER

Benefits at a Glance

**\$5 COPAYMENT GENERIC DRUGS**

**\$15 COPAYMENT LISTED BRAND-NAME DRUGS**

**\$25 COPAYMENT NON-LISTED BRAND-NAME DRUGS**

*Unlimited Annual Maximum*

### How To Use 3-Tier Managed Rx

3-Tier Managed Rx has three different levels (or “tiers”) of copayments, depending on the type of prescription drug you purchase (see the chart below for details). Your copayments will be lower when you use generic or brand-name medications that are on our list of preferred prescription drugs. The medications on this list are selected for their quality, safety and cost-effectiveness. You’ll still have coverage brand-name drugs that are not on the list, but your copayment will be higher.

Talk to your provider about using generic drugs or listed brand-name drugs. It’s a simple way to save out-of-pocket expenses.

### Copayments and Day Supplies

- You will be responsible for one copayment when purchasing a 30-day supply of prescription drugs from a retail pharmacy.
- You’ll be responsible for two copayments when purchasing a 30-day to 100-day supply of maintenance drugs through the voluntary mail-service program (see chart for details).

### Generic Drugs Have the Lowest Copayment

		<i>Your copayment:</i>
<b>Tier 1: Generic drugs</b>	The term “generic” refers to a prescription drug that is not protected by a trademark. It is required to meet the same bioequivalency test as the original brand-name drug. Tier 1 copayment applies.	<b>\$5</b>
<b>Tier 2: Listed brand-name drugs</b>	The term “listed brand-name” refers to a brand-name prescription drug that is on Anthem Blue Cross and Blue Shield’s list of preferred prescription drugs. Tier 2 copayment applies.	<b>\$15</b>
<b>Tier 3: Non-listed brand-name drugs</b>	The term “non-listed brand-name” refers to a brand-name prescription drug that is not on Anthem Blue Cross and Blue Shield’s list of preferred prescription drugs. Tier 3 copayment applies.	<b>\$25</b>
<b>Mail Service</b>	(Two) copayment(s) per 100	<b>\$10, \$30, \$50</b>
<b>Annual Maximum</b>	Per member per calendar year	<b>Unlimited</b>

### **Generic Substitution**

Prescriptions will be filled with the generic equivalent when there is one available. Exception: If your doctor indicates "Dispense as Written." In this case you will receive the brand-name drug—and you will be responsible for the applicable listed brand or non-listed brand copayment. NOTE: If your doctor does *not* indicate "Dispense as Written," you will be responsible for the applicable listed brand or non-listed brand-name copayment as well as the difference in cost between the generic and listed brand or non-listed brand name drug.

### **Voluntary Mail-Service Program**

Express Scripts, our voluntary mail-service drug program, can save you time and expense if you regularly take one or more types of maintenance drugs. You can order up to a 100-day supply of these medications and have them delivered directly to your home.

Two mail-service copayments will apply as follows: \$10, \$30, \$50

### **National Pharmacy Network**

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

### **Non-Participating Pharmacies**

Members who fill prescriptions at a non-participating pharmacy are responsible for payment at the time the prescription is filled. Members must submit claims to Anthem Blue Cross and Blue Shield for reimbursement, and payment will be sent to the member. Members who use non-participating pharmacies will pay 20% of the in-network allowance, plus the difference between Anthem Blue Cross and Blue Shield's payment and the pharmacist's actual charge.

### **Limits and Exclusions**

Benefits are limited to no more than a 30-day supply for covered drugs purchased at a retail pharmacy, and no more than a 100-day supply for covered drugs purchased by mail service. All prescriptions are subject to the quantity limitations imposed by state and federal statutes.

Benefits for prescription birth control and Sexual Dysfunction medications are optional for groups such as yours. Check with your benefits administrator to find out whether or not you have such benefits.

*This is not a legal contract. It is only a general description of the Managed Rx, 3 Tier version. Please consult the Evidence of Coverage or prescription drug rider for a complete description of benefits and exclusions applicable to your coverage.*



# Lumenos HSA Plan Summary

The Lumenos® HSA plan is designed to empower you to take control of your health, as well as the dollars you spend on your health care. This plan gives you the benefits you would receive from a typical health plan, plus health care dollars to spend your way. And you'll have access to personalized services and online tools to help you reach your health potential.

## Your Lumenos HSA Plan

**First -** Use your HSA to pay for covered services:

### Health Savings Account

With the Lumenos Health Savings Account (HSA), you can contribute pre-tax dollars to your HSA account. Others may also contribute dollars to your account. You can use these dollars to help meet your annual deductible responsibility. Unused dollars can be saved or invested and accumulate through retirement.

### Contributions to Your HSA

For 2018, contributions can be made to your HSA up to the following:

\$3,450 individual coverage

\$6,900 family coverage

Note: These limits apply to all combined contributions from any source.

**Plus -** To help you stay healthy, use:

### Preventive Care

100% coverage for nationally recommended services. Included are the preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

### Preventive Care

No deductions from the HSA or out-of-pocket costs for you as long as you receive your preventive care from an in-network provider. If you choose to go to an out-of-network provider, your deductible or Traditional Health Coverage benefits will apply.

**Plus -**

### Your Bridge Responsibility

The Bridge is an amount you pay out of your pocket until you meet your annual deductible responsibility.

Your Bridge amount will vary depending on how many of your HSA dollars, if any, you choose to spend to help you meet your annual deductible responsibility. If you contribute HSA dollars up to the amount of your deductible and use them, your Bridge will equal \$0.

HSA dollars spent on covered services plus your Bridge Responsibility add up to your annual deductible responsibility.

**Health Account + Bridge = Deductible**

### Bridge

Your Bridge responsibility will vary.

### Annual Deductible Responsibility

#### In Network and Out of Network Providers

\$2,000 individual coverage

\$4,000 family coverage

**If needed -**

### Traditional Health Coverage

Your Traditional Health Coverage begins after you have met your Bridge responsibility.

### Traditional Health Coverage

After your Bridge, the plan pays:

100% for in-network providers

80% for out-of-network providers

### Additional protection:

For your protection, the total amount you spend out of your pocket is limited. Once you spend that amount, the plan pays 100% of the cost for covered services for the remainder of the plan year.

### Annual Out-of-Pocket Maximum

#### In-Network Providers

\$3,000 individual coverage

\$6,000 family coverage

#### Out-of-Network Providers

\$ 5,000 individual coverage

\$10,000 family coverage

Your annual out-of-pocket maximum consists of funds you spend from your HSA, your Bridge responsibility and your coinsurance amounts.

If you have questions, please call toll-free 1-888-224-4896.



# Lumenos HSA Plan Summary

## Tools and Personalized Services

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

**Future Moms:** Individualized obstetric support for expectant high-risk and non-high-risk mothers. .

**Online Wellness Toolkit:** All covered adults can join the program, complete the Well-Being Assessment and set up a Well-Being Plan.

**Enroll in ConditionCare:** Disease management for prevalent, high-cost conditions (asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease and heart failure). Members who have more than one health problem will enroll in one combined program — not separate ones for each condition.

**Graduate from ConditionCare** Members who have more than one health problem will graduate from one combined program — not separate ones for each condition.

## Summary of Covered Services

### Preventive Care

Anthem's Lumenos HSA plan covers preventive services recommended by the U.S. Preventive Services Task Force, the American Cancer Society, the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics. The Preventive Care benefit includes screening tests, immunizations and counseling services designed to detect and treat medical conditions to prevent avoidable premature injury, illness and death.

All preventive services received from an in-network provider are covered at 100%, are not deducted from your HSA and do not apply to your deductible. If you see an out-of-network provider, then your deductible or out-of-network coinsurance responsibility will apply.

The following is a list of covered preventive care services:

#### Well Baby and Well Child Preventive Care

**Office Visits** through age 18; including preventive vision exams.

**Screening Tests** for vision, hearing, and lead exposure. Also includes pelvic exam, Pap test and contraceptive management for females who are age 18, or have been sexually active.

#### Immunizations:

Hepatitis A  
Hepatitis B  
Diphtheria, Tetanus, Pertussis (DtaP)  
Varicella (chicken pox)  
Influenza – flu shot  
Pneumococcal Conjugate (pneumonia)  
Human Papilloma Virus (HPV) – cervical cancer  
H. Influenza type b  
Polio  
Measles, Mumps, Rubella (MMR)

#### Adult Preventive Care

**Office Visits** after age 18; including preventive vision exams.

**Screening Tests** for vision and hearing, coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Also includes mammograms, as well as pelvic exams, Pap test and contraceptive management.

#### Immunizations:

Hepatitis A  
Hepatitis B  
Diphtheria, Tetanus, Pertussis (DtaP)  
Varicella (chicken pox)  
Influenza – flu shot  
Pneumococcal Conjugate (pneumonia)  
Human Papilloma Virus (HPV) – cervical cancer

If you have questions, please call toll-free 1-888-224-4896.

Town of Guilford GEA FD # 003846-001 plan eff 7-1-2018

## Summary of Covered Services (Continued)

### Medical Care

Anthem's Lumenos HSA plan covers a wide range of medical services to treat an illness or injury. You can use your available HSA funds to pay for these covered services. Once you spend up to your deductible amount for covered services, you will have Traditional Health Coverage available to help pay for additional covered services.

The following is a summary of covered medical services under Anthem's Lumenos HSA plan:

- Physician Office Visits
- Inpatient Hospital Services
- Outpatient Surgery Services
- Diagnostic X-rays/Lab Tests
- Emergency Hospital Services
- Inpatient and Outpatient Mental Health and Substance Abuse Services
- Maternity Care
- Chiropractic Care
- Prescription Drugs
- Home health care and hospice care
- Physical, Speech and Occupational Therapy Services
- Durable Medical Equipment

Some covered services may have limitations or other restrictions. With Anthem's Lumenos HSA plan, the following services are limited:

- Skilled nursing facility services limited to 100 days per member per calendar year.
- Home Health care services limited to 200 visits per member per calendar year.
- Inpatient rehabilitative services limited to 100 days per member per calendar year.
- PT/OT/ST and chiropractic services limited to a combined total of 50 visits per member per calendar year.
- Inpatient hospitalizations require authorizations.
- Your Lumenos HSA plan includes an unlimited lifetime maximum for in- and out-of-network services.

\* For a complete list of exclusions and limitations, please reference your Certificate of Coverage.

### Prescription Drugs – copay after deductible (when purchased from a network pharmacy\*)

#### Retail (30 day supply)

\$ 5 Tier 1 copayment  
\$15 Tier 2 copayment  
\$25 Tier 3 copayment

#### Mail Order (90 day supply)

\$10 Tier 1 copayment  
\$30 Tier 2 copayment  
\$50 Tier 3 copayment

\* For the out-of-network benefit, refer to the Traditional Health Coverage section.

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

If you have questions, please call toll-free 1-888-224-4896.

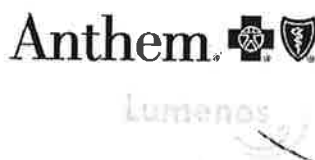
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# Lumenos HSA Plan Summary

This summary is a brief outline of the benefits and coverage provided under the Lumenos plan. It is not intended to be a complete list of the benefits of the plan. This summary is for a full year in the Lumenos plan. If you join the plan mid-year or have a qualified change of status, your actual benefit levels may vary.

Additional limitations and exclusions may apply.



In Connecticut, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. In New Hampshire Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. In Maine, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc., Independent licensees of the Blue Cross and Blue Shield Association. <sup>®</sup> Registered marks Blue Cross and Blue Shield Association. <sup>®</sup> LUMENOS is a registered trademark.

If you have questions, please call toll-free 1-888-224-4896.

Town of Guilford GEA FD # 003846-001 plan eff 7-1-2018

# EXHIBIT C

## SALARY SCHEDULE - July 1, 2016-June 30, 2017

**B TABLE (HOURLY RATE)**

STEP	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
B5	\$ 16.29	\$ 16.76	\$ 17.21	\$ 17.69	\$ 18.17	\$ 18.68	\$ 19.18	\$ 19.71	\$ 20.25	\$ 20.82	\$ 21.38	\$ 21.97	\$ 22.58	\$ 23.20	\$ 23.83
B4	\$ 15.38	\$ 15.81	\$ 16.23	\$ 16.69	\$ 17.14	\$ 17.62	\$ 18.10	\$ 18.59	\$ 19.11	\$ 19.63	\$ 20.18	\$ 20.73	\$ 21.30	\$ 21.90	\$ 23.06
B3	\$ 14.51	\$ 14.91	\$ 15.32	\$ 15.75	\$ 16.16	\$ 16.63	\$ 17.07	\$ 17.54	\$ 18.02	\$ 18.52	\$ 19.04	\$ 19.56	\$ 20.09	\$ 20.65	\$ 21.21
B2	\$ 13.70	\$ 14.06	\$ 14.45	\$ 14.85	\$ 15.25	\$ 15.68	\$ 16.10	\$ 16.54	\$ 17.01	\$ 17.48	\$ 17.96	\$ 18.44	\$ 18.97	\$ 19.47	\$ 20.02
B1	\$ 12.90	\$ 13.26	\$ 13.62	\$ 13.99	\$ 14.38	\$ 14.78	\$ 15.18	\$ 15.60	\$ 16.03	\$ 16.47	\$ 16.93	\$ 17.38	\$ 17.87	\$ 18.35	\$ 18.87

**N TABLE (HOURLY RATE)**

STEP	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
N7	\$ 16.35	\$ 16.80	\$ 17.26	\$ 17.73	\$ 18.22	\$ 18.73	\$ 19.23	\$ 19.77	\$ 20.31	\$ 20.87	\$ 21.45	\$ 22.04	\$ 22.64	\$ 23.27	\$ 23.90
N6	\$ 15.41	\$ 15.85	\$ 16.27	\$ 16.74	\$ 17.17	\$ 17.66	\$ 18.24	\$ 18.64	\$ 19.15	\$ 19.68	\$ 20.22	\$ 20.78	\$ 21.35	\$ 21.94	\$ 22.54
N5	\$ 14.56	\$ 14.96	\$ 15.36	\$ 15.79	\$ 16.21	\$ 16.67	\$ 17.11	\$ 17.59	\$ 18.08	\$ 18.57	\$ 19.08	\$ 19.61	\$ 20.15	\$ 20.69	\$ 21.26
N4	\$ 13.74	\$ 14.10	\$ 14.50	\$ 14.90	\$ 15.30	\$ 15.74	\$ 16.15	\$ 16.62	\$ 17.06	\$ 17.54	\$ 18.01	\$ 18.51	\$ 19.03	\$ 19.55	\$ 20.08
N3	\$ 12.94	\$ 13.30	\$ 13.68	\$ 14.04	\$ 14.44	\$ 14.84	\$ 15.24	\$ 15.66	\$ 16.08	\$ 16.52	\$ 16.99	\$ 17.45	\$ 17.94	\$ 18.42	\$ 18.93
N2	\$ 12.23	\$ 12.57	\$ 12.90	\$ 13.26	\$ 13.53	\$ 14.00	\$ 14.38	\$ 14.78	\$ 15.39	\$ 15.60	\$ 16.03	\$ 16.47	\$ 16.93	\$ 17.38	\$ 17.88
N1	\$ 11.54	\$ 11.84	\$ 12.17	\$ 12.52	\$ 12.85	\$ 13.21	\$ 13.58	\$ 13.94	\$ 14.33	\$ 14.73	\$ 15.11	\$ 15.55	\$ 15.97	\$ 16.41	\$ 16.86

**E TABLE (ANNUAL SALARY - 40 HRS/WEEK)**

STEP	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
E8	\$ 69,939.87	\$ 71,863.22	\$ 73,839.46	\$ 75,870.04	\$ 77,956.47	\$ 80,100.27	\$ 82,303.03	\$ 84,566.36	\$ 86,891.94	\$ 89,281.47	\$ 91,736.70	\$ 94,259.46	\$ 96,851.60	\$ 99,515.02	\$ 102,251.68
E7	\$ 64,157.64	\$ 65,921.98	\$ 67,734.83	\$ 69,597.53	\$ 71,511.47	\$ 73,478.04	\$ 75,498.68	\$ 77,574.89	\$ 79,708.20	\$ 81,900.18	\$ 84,152.43	\$ 86,466.63	\$ 88,844.46	\$ 91,287.68	\$ 93,798.09
E6	\$ 58,853.18	\$ 60,471.53	\$ 62,134.49	\$ 63,843.19	\$ 65,598.89	\$ 67,402.85	\$ 69,256.43	\$ 71,160.98	\$ 73,117.90	\$ 75,128.65	\$ 77,194.69	\$ 79,317.55	\$ 81,498.78	\$ 83,739.99	\$ 86,042.84
E5	\$ 54,001.03	\$ 55,486.05	\$ 57,011.92	\$ 58,579.75	\$ 60,190.68	\$ 61,845.93	\$ 63,546.69	\$ 65,294.23	\$ 67,089.82	\$ 68,934.79	\$ 70,830.50	\$ 72,778.34	\$ 74,779.74	\$ 76,836.18	\$ 78,949.18
E4	\$ 49,551.21	\$ 50,913.87	\$ 52,314.00	\$ 53,752.64	\$ 55,230.84	\$ 56,749.69	\$ 58,310.31	\$ 59,913.84	\$ 61,561.47	\$ 63,254.41	\$ 64,993.91	\$ 66,781.24	\$ 68,639.24	\$ 70,504.71	\$ 72,443.58
E3	\$ 45,453.37	\$ 46,703.35	\$ 47,987.68	\$ 49,307.35	\$ 50,663.29	\$ 52,056.54	\$ 53,488.10	\$ 54,959.02	\$ 56,470.38	\$ 58,023.32	\$ 59,618.97	\$ 61,258.49	\$ 62,943.09	\$ 64,674.03	\$ 66,452.56
E2	\$ 41,682.36	\$ 42,828.62	\$ 44,006.41	\$ 45,216.59	\$ 46,460.04	\$ 47,737.69	\$ 49,050.47	\$ 50,399.36	\$ 51,785.35	\$ 53,209.45	\$ 54,672.70	\$ 56,176.20	\$ 57,721.05	\$ 59,308.38	\$ 60,939.36
E1	\$ 38,238.16	\$ 39,289.71	\$ 40,370.17	\$ 41,480.35	\$ 42,621.06	\$ 43,793.14	\$ 44,997.45	\$ 46,234.88	\$ 47,506.34	\$ 48,812.76	\$ 50,155.12	\$ 51,534.38	\$ 52,951.57	\$ 54,407.75	\$ 55,903.95

**E TABLE (ANNUAL SALARY - 35 HRS/WEEK)**

STEP	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
E8	\$ 61,196.91	\$ 62,879.82	\$ 64,609.01	\$ 66,385.76	\$ 68,211.36	\$ 70,087.19	\$ 72,014.58	\$ 73,994.98	\$ 76,029.84	\$ 78,120.66	\$ 80,268.99	\$ 82,476.38	\$ 84,744.48	\$ 87,074.84	\$ 89,469.51
E7	\$ 56,137.49	\$ 57,681.27	\$ 59,267.51	\$ 60,897.37	\$ 62,572.04	\$ 64,292.77	\$ 66,060.82	\$ 67,877.49	\$ 69,744.13	\$ 71,662.09	\$ 73,632.80	\$ 75,657.70	\$ 77,738.28	\$ 79,876.08	\$ 82,072.68
E6	\$ 51,496.03	\$ 52,912.16	\$ 54,367.25	\$ 55,862.36	\$ 57,398.56	\$ 58,977.03	\$ 60,598.89	\$ 62,265.36	\$ 63,977.66	\$ 65,737.04	\$ 67,544.82	\$ 69,402.31	\$ 71,310.86	\$ 73,271.92	\$ 75,286.89
E5	\$ 47,250.52	\$ 48,549.91	\$ 49,885.04	\$ 51,256.87	\$ 52,666.44	\$ 54,114.76	\$ 55,602.91	\$ 57,132.00	\$ 58,703.13	\$ 60,317.46	\$ 61,976.19	\$ 63,680.54	\$ 65,431.76	\$ 67,231.13	\$ 69,079.98
E4	\$ 43,356.96	\$ 44,549.28	\$ 45,774.39	\$ 47,033.19	\$ 48,326.59	\$ 49,655.58	\$ 51,021.11	\$ 52,424.19	\$ 53,865.86	\$ 55,347.16	\$ 56,869.21	\$ 58,433.12	\$ 60,040.03	\$ 61,691.12	\$ 63,387.63
E3	\$ 39,771.39	\$ 40,865.10	\$ 41,988.89	\$ 43,143.59	\$ 44,330.03	\$ 45,549.11	\$ 46,801.71	\$ 48,088.75	\$ 49,411.20	\$ 50,770.00	\$ 52,166.19	\$ 53,600.76	\$ 55,074.78	\$ 56,589.32	\$ 58,145.53
E2	\$ 36,471.77	\$ 37,474.75	\$ 38,505.30	\$ 39,564.19	\$ 40,652.21	\$ 41,770.15	\$ 42,918.82	\$ 44,099.09	\$ 45,311.82	\$ 46,557.90	\$ 47,838.23	\$ 49,153.79	\$ 50,505.52	\$ 51,894.41	\$ 53,321.52
E1	\$ 33,458.12	\$ 34,378.22	\$ 35,323.62	\$ 36,295.02	\$ 37,293.13	\$ 38,318.69	\$ 39,372.45	\$ 40,455.20	\$ 41,567.72	\$ 42,710.83	\$ 43,885.38	\$ 45,092.22	\$ 46,332.26	\$ 47,606.39	\$ 48,915.57

# EXHIBIT C

## SALARY SCHEDULE - July 1, 2017-June 30, 2018

**B TABLE (HOURLY RATE)**

STEP	2	3	4	5	6	7	8	9	10	11	12	13	14
B5	\$ 16.76	\$ 17.21	\$ 17.69	\$ 18.17	\$ 18.68	\$ 19.18	\$ 19.71	\$ 20.25	\$ 20.82	\$ 21.38	\$ 21.97	\$ 22.58	\$ 23.20
B4	\$ 15.81	\$ 16.23	\$ 16.69	\$ 17.14	\$ 17.62	\$ 18.10	\$ 18.59	\$ 19.11	\$ 19.63	\$ 20.18	\$ 20.73	\$ 21.30	\$ 21.90
B3	\$ 14.91	\$ 15.32	\$ 15.75	\$ 16.16	\$ 16.63	\$ 17.07	\$ 17.54	\$ 18.02	\$ 18.52	\$ 19.04	\$ 19.56	\$ 20.09	\$ 20.65
B2	\$ 14.06	\$ 14.45	\$ 14.85	\$ 15.25	\$ 15.68	\$ 16.10	\$ 16.54	\$ 17.01	\$ 17.48	\$ 17.96	\$ 18.44	\$ 18.97	\$ 19.47
B1	\$ 13.26	\$ 13.62	\$ 13.99	\$ 14.38	\$ 14.78	\$ 15.18	\$ 15.60	\$ 16.03	\$ 16.47	\$ 16.93	\$ 17.38	\$ 17.87	\$ 18.35

**N TABLE (HOURLY RATE)**

STEP	2	3	4	5	6	7	8	9	10	11	12	13	14
N7	\$ 16.80	\$ 17.26	\$ 17.73	\$ 18.22	\$ 18.73	\$ 19.23	\$ 19.77	\$ 20.31	\$ 20.87	\$ 21.45	\$ 22.04	\$ 22.64	\$ 23.27
N6	\$ 15.85	\$ 16.27	\$ 16.74	\$ 17.17	\$ 17.66	\$ 18.24	\$ 18.64	\$ 19.15	\$ 19.68	\$ 20.22	\$ 20.78	\$ 21.35	\$ 21.94
N5	\$ 14.96	\$ 15.36	\$ 15.79	\$ 16.21	\$ 16.67	\$ 17.11	\$ 17.59	\$ 18.08	\$ 18.57	\$ 19.08	\$ 19.61	\$ 20.15	\$ 20.69
N4	\$ 14.10	\$ 14.50	\$ 14.90	\$ 15.30	\$ 15.74	\$ 16.15	\$ 16.62	\$ 17.06	\$ 17.54	\$ 18.01	\$ 18.51	\$ 19.03	\$ 19.55
N3	\$ 13.30	\$ 13.68	\$ 14.04	\$ 14.44	\$ 14.84	\$ 15.24	\$ 15.66	\$ 16.08	\$ 16.52	\$ 16.99	\$ 17.45	\$ 17.94	\$ 18.42
N2	\$ 12.57	\$ 12.90	\$ 13.26	\$ 13.53	\$ 14.00	\$ 14.38	\$ 14.78	\$ 15.39	\$ 15.60	\$ 16.03	\$ 16.47	\$ 16.93	\$ 17.38
N1	\$ 11.84	\$ 12.17	\$ 12.52	\$ 12.85	\$ 13.21	\$ 13.58	\$ 13.94	\$ 14.33	\$ 14.73	\$ 15.11	\$ 15.55	\$ 15.97	\$ 16.41

**E TABLE (ANNUAL SALARY - 40 HRS/WEEK)**

STEP	2	3	4	5	6	7	8	9	10	11	12	13	14
E8	\$ 71,863.22	\$ 73,839.46	\$ 75,870.04	\$ 77,956.47	\$ 80,100.27	\$ 82,303.03	\$ 84,566.36	\$ 86,891.94	\$ 89,281.47	\$ 91,736.70	\$ 94,259.46	\$ 96,851.60	\$ 99,515.02
E7	\$ 65,921.98	\$ 67,734.83	\$ 69,597.53	\$ 71,511.47	\$ 73,478.04	\$ 75,498.68	\$ 77,574.89	\$ 79,708.20	\$ 81,900.18	\$ 84,152.43	\$ 86,466.63	\$ 88,844.46	\$ 91,287.68
E6	\$ 60,471.53	\$ 62,134.49	\$ 63,843.19	\$ 65,598.89	\$ 67,402.85	\$ 69,256.43	\$ 71,160.98	\$ 73,117.90	\$ 75,128.65	\$ 77,194.69	\$ 79,317.55	\$ 81,498.78	\$ 83,739.99
E5	\$ 55,486.05	\$ 57,011.92	\$ 58,579.75	\$ 60,190.68	\$ 61,845.93	\$ 63,546.69	\$ 65,294.23	\$ 67,089.82	\$ 68,934.79	\$ 70,830.50	\$ 72,778.34	\$ 74,779.74	\$ 76,836.18
E4	\$ 50,913.87	\$ 52,314.00	\$ 53,752.64	\$ 55,230.84	\$ 56,749.69	\$ 58,310.31	\$ 59,913.84	\$ 61,561.47	\$ 63,254.41	\$ 64,993.91	\$ 66,781.24	\$ 68,639.24	\$ 70,504.71
E3	\$ 46,703.35	\$ 47,987.68	\$ 49,307.35	\$ 50,663.29	\$ 52,056.54	\$ 53,488.10	\$ 54,959.02	\$ 56,470.38	\$ 58,023.32	\$ 59,618.97	\$ 61,258.49	\$ 62,943.09	\$ 64,674.03
E2	\$ 42,828.62	\$ 44,006.41	\$ 45,216.59	\$ 46,460.04	\$ 47,737.69	\$ 49,050.47	\$ 50,399.36	\$ 51,785.35	\$ 53,209.45	\$ 54,672.70	\$ 56,176.20	\$ 57,721.05	\$ 59,308.38
E1	\$ 39,289.71	\$ 40,370.17	\$ 41,480.35	\$ 42,621.06	\$ 43,793.14	\$ 44,997.45	\$ 46,234.88	\$ 47,506.34	\$ 48,812.76	\$ 50,155.12	\$ 51,534.38	\$ 52,951.57	\$ 54,407.75

**E TABLE (ANNUAL SALARY - 35 HRS/WEEK)**

STEP	2	3	4	5	6	7	8	9	10	11	12	13	14
E8	\$ 62,879.82	\$ 64,609.01	\$ 66,385.76	\$ 68,211.36	\$ 70,087.19	\$ 72,014.58	\$ 73,994.98	\$ 76,029.84	\$ 78,120.66	\$ 80,268.99	\$ 82,476.38	\$ 84,744.48	\$ 87,074.84
E7	\$ 57,681.27	\$ 59,267.51	\$ 60,897.37	\$ 62,572.04	\$ 64,292.77	\$ 66,060.82	\$ 67,877.49	\$ 69,744.13	\$ 71,662.09	\$ 73,632.80	\$ 75,657.70	\$ 77,738.28	\$ 79,876.08
E6	\$ 52,912.16	\$ 54,367.25	\$ 55,862.36	\$ 57,398.56	\$ 58,977.03	\$ 60,598.89	\$ 62,265.36	\$ 63,977.66	\$ 65,737.04	\$ 67,544.82	\$ 69,402.31	\$ 71,310.86	\$ 73,271.92
E5	\$ 48,549.91	\$ 49,885.04	\$ 51,256.87	\$ 52,666.44	\$ 54,114.76	\$ 55,602.91	\$ 57,132.00	\$ 58,703.13	\$ 60,317.46	\$ 61,976.19	\$ 63,680.54	\$ 65,431.76	\$ 67,231.13
E4	\$ 44,549.28	\$ 45,774.39	\$ 47,033.19	\$ 48,326.59	\$ 49,655.58	\$ 51,021.11	\$ 52,424.19	\$ 53,865.86	\$ 55,347.16	\$ 56,869.21	\$ 58,433.12	\$ 60,040.03	\$ 61,691.12
E3	\$ 40,865.10	\$ 41,988.89	\$ 43,143.59	\$ 44,330.03	\$ 45,549.11	\$ 46,801.71	\$ 48,088.75	\$ 49,411.20	\$ 50,770.00	\$ 52,166.19	\$ 53,600.76	\$ 55,074.78	\$ 56,589.32
E2	\$ 37,474.75	\$ 38,505.30	\$ 39,564.19	\$ 40,652.21	\$ 41,770.15	\$ 42,918.82	\$ 44,099.09	\$ 45,311.82	\$ 46,557.90	\$ 47,838.23	\$ 49,153.79	\$ 50,505.52	\$ 51,894.41
E1	\$ 34,378.22	\$ 35,323.62	\$ 36,295.02	\$ 37,293.13	\$ 38,318.69	\$ 39,372.45	\$ 40,455.20	\$ 41,567.72	\$ 42,710.83	\$ 43,885.38	\$ 45,092.22	\$ 46,332.26	\$ 47,606.39



# EXHIBIT C

## SALARY SCHEDULE - July 1, 2018-June 30, 2019

**B TABLE (HOURLY RATE)**

STEP	3	4	5	6	7	8	9	10	11	12	13
B5	\$ 17.21	\$ 17.69	\$ 18.17	\$ 18.68	\$ 19.18	\$ 19.71	\$ 20.25	\$ 20.82	\$ 21.38	\$ 21.97	\$ 22.58
B4	\$ 16.23	\$ 16.69	\$ 17.14	\$ 17.62	\$ 18.10	\$ 18.59	\$ 19.11	\$ 19.63	\$ 20.18	\$ 20.73	\$ 21.30
B3	\$ 15.32	\$ 15.75	\$ 16.16	\$ 16.63	\$ 17.07	\$ 17.54	\$ 18.02	\$ 18.52	\$ 19.04	\$ 19.56	\$ 20.09
B2	\$ 14.45	\$ 14.85	\$ 15.25	\$ 15.68	\$ 16.10	\$ 16.54	\$ 17.01	\$ 17.48	\$ 17.96	\$ 18.44	\$ 18.97
B1	\$ 13.62	\$ 13.99	\$ 14.38	\$ 14.78	\$ 15.18	\$ 15.60	\$ 16.03	\$ 16.47	\$ 16.93	\$ 17.38	\$ 17.87

**N TABLE (HOURLY RATE)**

STEP	3	4	5	6	7	8	9	10	11	12	13
N7	\$ 17.26	\$ 17.73	\$ 18.22	\$ 18.73	\$ 19.23	\$ 19.77	\$ 20.31	\$ 20.87	\$ 21.45	\$ 22.04	\$ 22.64
N6	\$ 16.27	\$ 16.74	\$ 17.17	\$ 17.66	\$ 18.24	\$ 18.64	\$ 19.15	\$ 19.68	\$ 20.22	\$ 20.78	\$ 21.35
N5	\$ 15.36	\$ 15.79	\$ 16.21	\$ 16.67	\$ 17.11	\$ 17.59	\$ 18.08	\$ 18.57	\$ 19.08	\$ 19.61	\$ 20.15
N4	\$ 14.50	\$ 14.90	\$ 15.30	\$ 15.74	\$ 16.15	\$ 16.62	\$ 17.06	\$ 17.54	\$ 18.01	\$ 18.51	\$ 19.03
N3	\$ 13.68	\$ 14.04	\$ 14.44	\$ 14.84	\$ 15.24	\$ 15.66	\$ 16.08	\$ 16.52	\$ 16.99	\$ 17.45	\$ 17.94
N2	\$ 12.90	\$ 13.26	\$ 13.53	\$ 14.00	\$ 14.38	\$ 14.78	\$ 15.39	\$ 15.60	\$ 16.03	\$ 16.47	\$ 16.93
N1	\$ 12.17	\$ 12.52	\$ 12.85	\$ 13.21	\$ 13.58	\$ 13.94	\$ 14.33	\$ 14.73	\$ 15.11	\$ 15.55	\$ 15.97

**E TABLE (ANNUAL SALARY - 40 HRS/WEEK)**

STEP	3	4	5	6	7	8	9	10	11	12	13
E8	\$ 73,839.46	\$ 75,870.04	\$ 77,956.47	\$ 80,100.27	\$ 82,303.03	\$ 84,566.36	\$ 86,891.94	\$ 89,281.47	\$ 91,736.70	\$ 94,259.46	\$ 96,851.60
E7	\$ 67,734.83	\$ 69,597.53	\$ 71,511.47	\$ 73,478.04	\$ 75,498.68	\$ 77,574.89	\$ 79,708.20	\$ 81,900.18	\$ 84,152.43	\$ 86,466.63	\$ 88,844.46
E6	\$ 62,134.49	\$ 63,843.19	\$ 65,598.89	\$ 67,402.85	\$ 69,256.43	\$ 71,160.98	\$ 73,117.90	\$ 75,128.65	\$ 77,194.69	\$ 79,317.55	\$ 81,498.78
E5	\$ 57,011.92	\$ 58,579.75	\$ 60,190.68	\$ 61,845.93	\$ 63,546.69	\$ 65,294.23	\$ 67,089.82	\$ 68,934.79	\$ 70,830.50	\$ 72,778.34	\$ 74,779.74
E4	\$ 52,314.00	\$ 53,752.64	\$ 55,230.84	\$ 56,749.69	\$ 58,310.31	\$ 59,913.84	\$ 61,561.47	\$ 63,254.41	\$ 64,993.91	\$ 66,781.24	\$ 68,639.24
E3	\$ 47,987.68	\$ 49,307.35	\$ 50,663.29	\$ 52,056.54	\$ 53,488.10	\$ 54,959.02	\$ 56,470.38	\$ 58,023.32	\$ 59,618.97	\$ 61,258.49	\$ 62,943.09
E2	\$ 44,006.41	\$ 45,216.59	\$ 46,460.04	\$ 47,737.69	\$ 49,050.47	\$ 50,399.36	\$ 51,785.35	\$ 53,209.45	\$ 54,672.70	\$ 56,176.20	\$ 57,721.05
E1	\$ 40,370.17	\$ 41,480.35	\$ 42,621.06	\$ 43,793.14	\$ 44,997.45	\$ 46,234.88	\$ 47,506.34	\$ 48,812.76	\$ 50,155.12	\$ 51,534.38	\$ 52,951.57

**E TABLE (ANNUAL SALARY - 35 HRS/WEEK)**

STEP	3	4	5	6	7	8	9	10	11	12	13
E8	\$ 64,609.01	\$ 66,385.76	\$ 68,211.36	\$ 70,087.19	\$ 72,014.58	\$ 73,994.98	\$ 76,029.84	\$ 78,120.66	\$ 80,268.99	\$ 82,476.38	\$ 84,744.48
E7	\$ 59,267.51	\$ 60,897.37	\$ 62,572.04	\$ 64,292.77	\$ 66,060.82	\$ 67,877.49	\$ 69,744.13	\$ 71,662.09	\$ 73,632.80	\$ 75,657.70	\$ 77,738.28
E6	\$ 54,367.25	\$ 55,862.36	\$ 57,398.56	\$ 58,977.03	\$ 60,598.89	\$ 62,265.36	\$ 63,977.66	\$ 65,737.04	\$ 67,544.82	\$ 69,402.31	\$ 71,310.86
E5	\$ 49,885.04	\$ 51,256.87	\$ 52,666.44	\$ 54,114.76	\$ 55,602.91	\$ 57,132.00	\$ 58,703.13	\$ 60,317.46	\$ 61,976.19	\$ 63,680.54	\$ 65,431.76
E4	\$ 45,774.39	\$ 47,033.19	\$ 48,326.59	\$ 49,655.58	\$ 51,021.11	\$ 52,424.19	\$ 53,865.86	\$ 55,347.16	\$ 56,869.21	\$ 58,433.12	\$ 60,040.03
E3	\$ 41,988.89	\$ 43,143.59	\$ 44,330.03	\$ 45,549.11	\$ 46,801.71	\$ 48,088.75	\$ 49,411.20	\$ 50,770.00	\$ 52,166.19	\$ 53,600.76	\$ 55,074.78
E2	\$ 38,505.30	\$ 39,564.19	\$ 40,652.21	\$ 41,770.15	\$ 42,918.82	\$ 44,099.09	\$ 45,311.82	\$ 46,557.90	\$ 47,838.23	\$ 49,153.79	\$ 50,505.52
E1	\$ 35,323.62	\$ 36,295.02	\$ 37,293.13	\$ 38,318.69	\$ 39,372.45	\$ 40,455.20	\$ 41,567.72	\$ 42,710.83	\$ 43,885.38	\$ 45,092.22	\$ 46,332.26

**EXHIBIT C**  
**SALARY SCHEDULE - July 1, 2019-June 30, 2020**

**B TABLE (HOURLY RATE)**

STEP	3	4	5	6	7	8	9	10	11	12	13
B5	\$ 17.64	\$ 18.13	\$ 18.62	\$ 19.14	\$ 19.66	\$ 20.20	\$ 20.76	\$ 21.34	\$ 21.91	\$ 22.52	\$ 23.14
B4	\$ 16.64	\$ 17.11	\$ 17.57	\$ 18.06	\$ 18.55	\$ 19.05	\$ 19.59	\$ 20.12	\$ 20.68	\$ 21.24	\$ 21.83
B3	\$ 15.70	\$ 16.14	\$ 16.56	\$ 17.04	\$ 17.50	\$ 17.98	\$ 18.47	\$ 18.98	\$ 19.51	\$ 20.04	\$ 20.60
B2	\$ 14.81	\$ 15.22	\$ 15.63	\$ 16.08	\$ 16.50	\$ 16.95	\$ 17.43	\$ 17.91	\$ 18.41	\$ 18.90	\$ 19.44
B1	\$ 13.96	\$ 14.34	\$ 14.74	\$ 15.15	\$ 15.56	\$ 15.99	\$ 16.43	\$ 16.88	\$ 17.35	\$ 17.82	\$ 18.32

**N TABLE (HOURLY RATE)**

STEP	3	4	5	6	7	8	9	10	11	12	13
N7	\$ 17.69	\$ 18.18	\$ 18.68	\$ 19.20	\$ 19.72	\$ 20.27	\$ 20.82	\$ 21.39	\$ 21.99	\$ 22.59	\$ 23.21
N6	\$ 16.68	\$ 17.16	\$ 17.60	\$ 18.10	\$ 18.70	\$ 19.11	\$ 19.63	\$ 20.17	\$ 20.72	\$ 21.30	\$ 21.88
N5	\$ 15.75	\$ 16.18	\$ 16.62	\$ 17.08	\$ 17.54	\$ 18.03	\$ 18.53	\$ 19.04	\$ 19.56	\$ 20.10	\$ 20.65
N4	\$ 14.87	\$ 15.27	\$ 15.68	\$ 16.13	\$ 16.55	\$ 17.03	\$ 17.49	\$ 17.98	\$ 18.46	\$ 18.97	\$ 19.50
N3	\$ 14.02	\$ 14.39	\$ 14.80	\$ 15.21	\$ 15.62	\$ 16.05	\$ 16.48	\$ 16.94	\$ 17.41	\$ 17.89	\$ 18.39
N2	\$ 13.22	\$ 13.59	\$ 13.87	\$ 14.35	\$ 14.74	\$ 15.15	\$ 15.78	\$ 15.99	\$ 16.43	\$ 16.88	\$ 17.35
N1	\$ 12.48	\$ 12.83	\$ 13.17	\$ 13.54	\$ 13.92	\$ 14.29	\$ 14.69	\$ 15.10	\$ 15.49	\$ 15.94	\$ 16.37

**E TABLE (ANNUAL SALARY - 40 HRS/WEEK)**

STEP	3	4	5	6	7	8	9	10	11	12	13
E8	\$ 75,685.44	\$ 77,766.79	\$ 79,905.38	\$ 82,102.78	\$ 84,360.61	\$ 86,680.52	\$ 89,064.24	\$ 91,513.51	\$ 94,030.12	\$ 96,615.95	\$ 99,272.89
E7	\$ 69,428.20	\$ 71,337.47	\$ 73,299.25	\$ 75,314.99	\$ 77,386.14	\$ 79,514.26	\$ 81,700.91	\$ 83,947.69	\$ 86,256.24	\$ 88,628.29	\$ 91,065.57
E6	\$ 63,687.85	\$ 65,439.27	\$ 67,238.86	\$ 69,087.93	\$ 70,987.84	\$ 72,940.01	\$ 74,945.85	\$ 77,006.87	\$ 79,124.56	\$ 81,300.48	\$ 83,536.25
E5	\$ 58,437.22	\$ 60,044.24	\$ 61,695.45	\$ 63,392.08	\$ 65,135.36	\$ 66,926.59	\$ 68,767.07	\$ 70,658.16	\$ 72,601.26	\$ 74,597.80	\$ 76,649.23
E4	\$ 53,621.85	\$ 55,096.46	\$ 56,611.61	\$ 58,168.43	\$ 59,768.07	\$ 61,411.69	\$ 63,100.50	\$ 64,835.77	\$ 66,618.75	\$ 68,450.77	\$ 70,355.22
E3	\$ 49,187.37	\$ 50,540.03	\$ 51,929.88	\$ 53,357.95	\$ 54,825.30	\$ 56,333.00	\$ 57,882.14	\$ 59,473.90	\$ 61,109.44	\$ 62,789.95	\$ 64,516.67
E2	\$ 45,106.57	\$ 46,347.00	\$ 47,621.54	\$ 48,931.14	\$ 50,276.74	\$ 51,659.35	\$ 53,079.98	\$ 54,539.68	\$ 56,039.52	\$ 57,580.60	\$ 59,164.07
E1	\$ 41,379.42	\$ 42,517.36	\$ 43,686.59	\$ 44,887.97	\$ 46,122.39	\$ 47,390.75	\$ 48,694.00	\$ 50,033.08	\$ 51,409.00	\$ 52,822.74	\$ 54,275.36

**E TABLE (ANNUAL SALARY - 35 HRS/WEEK)**

STEP	3	4	5	6	7	8	9	10	11	12	13
E8	\$ 66,224.23	\$ 68,045.41	\$ 69,916.65	\$ 71,839.37	\$ 73,814.95	\$ 75,844.85	\$ 77,930.59	\$ 80,073.68	\$ 82,275.71	\$ 84,538.29	\$ 86,863.09
E7	\$ 60,749.20	\$ 62,419.80	\$ 64,136.34	\$ 65,900.09	\$ 67,712.34	\$ 69,574.43	\$ 71,487.73	\$ 73,453.64	\$ 75,473.62	\$ 77,549.15	\$ 79,681.74
E6	\$ 55,726.43	\$ 57,258.92	\$ 58,833.53	\$ 60,451.45	\$ 62,113.86	\$ 63,822.00	\$ 65,577.11	\$ 67,380.47	\$ 69,233.44	\$ 71,137.36	\$ 73,093.64
E5	\$ 51,132.16	\$ 52,538.29	\$ 53,983.10	\$ 55,467.63	\$ 56,992.99	\$ 58,560.30	\$ 60,170.70	\$ 61,825.40	\$ 63,525.60	\$ 65,272.56	\$ 67,067.55
E4	\$ 46,918.75	\$ 48,209.02	\$ 49,534.76	\$ 50,896.97	\$ 52,296.64	\$ 53,734.79	\$ 55,212.50	\$ 56,730.84	\$ 58,290.94	\$ 59,893.95	\$ 61,541.03
E3	\$ 43,038.62	\$ 44,222.18	\$ 45,438.28	\$ 46,687.84	\$ 47,971.75	\$ 49,290.97	\$ 50,646.48	\$ 52,039.25	\$ 53,470.34	\$ 54,940.77	\$ 56,451.65
E2	\$ 39,467.93	\$ 40,553.30	\$ 41,668.51	\$ 42,814.40	\$ 43,991.79	\$ 45,201.57	\$ 46,444.61	\$ 47,721.84	\$ 49,034.19	\$ 50,382.63	\$ 51,768.15
E1	\$ 36,206.71	\$ 37,202.39	\$ 38,225.46	\$ 39,276.66	\$ 40,356.76	\$ 41,466.58	\$ 42,606.91	\$ 43,778.60	\$ 44,982.52	\$ 46,219.53	\$ 47,490.56