

WORKING AGREEMENT

BETWEEN

THE CITY OF MILFORD

AND

**LOCAL 3322, COUNCIL 4
AMERICAN FEDERATION OF STATE, COUNTY AND
MUNICIPAL EMPLOYEES, AFL-CIO**

July 1, 2014 to June 30, 2019

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**MILFORD EMPLOYEES ASSOCIATION AFSCME COUNCIL 4, LOCAL 3322
WORKING AGREEMENT**

PREAMBLE

It is the purpose of this Agreement to promote harmonious relationships between the City of Milford, Connecticut, and its employees in order that more efficient and progressive public service shall be rendered to the citizens of Milford.

ARTICLE I – RECOGNITION AND MAINTENANCE OF MEMBERSHIP

Section 1. Recognition

The City agrees to recognize Milford Employees Association AFSCME Council 4, Local 3322, as the sole and exclusive bargaining agent of all classified salaried Employees, as defined in Article II hereof, for the purposes of collective bargaining relative to wages, hours and other conditions of employment as specified under the Municipal Employee Relations Act.

Section 2. Membership

(a) Every Employee covered by this Agreement must, for the life of this Agreement after the Grace Period described in Section 2(b) below, satisfy an obligation to the Union as the Local's exclusive bargaining representative. Under the Agreement, Employees must choose one of the two ways to satisfy this obligation, as described below. Every Employee has the right to make this choice free of interference, restraint or coercion:

(1) Full Union Membership: The Employee chooses to join the Local as a full member, is subject to all rights and duties accorded members, and, as a condition of employment, must pay the full initiation fee (if applicable) and uniform periodic dues charged by the Local; or

(2) Agency Fee Payer: The Employee does not become a full member of the Local, and thus is not entitled to the full range of rights and duties of Local membership; further, the Employee informs the Local that he/she objects to the Union's spending part of the dues and fees collected under this Agreement for activities not germane to its role as the exclusive bargaining representative; this Employee must, as a condition of continued employment, pay the percentage of fees and uniform, periodic dues used for activities germane to the Union's status as the Local's exclusive bargaining representative. The Union must provide this Employee with information about its expenditures and this Employee may challenge the Union's information.

(b) Each Employee covered by this Agreement, who is not a full member of the Union on the effective date of this Agreement (or hire date, if applicable) has the right to a "Grace Period" of twenty-nine (29) days in which to choose his/her status. Thus:

- (1) For all Employees who are in the Local and are not full Union members on the effective date of this Agreement (or the Agreement's date of execution, whichever is later), their chosen status and their obligation to pay dues and fees shall begin on the thirtieth (30th) day after the effective date of this Agreement (or the Agreement's date of execution, whichever is later);
- (2) For all new Employees who are hired into the unit during the Agreement's life and are not full Union members on the date of hire, their chosen status, and their obligation to pay dues and fees, shall also begin on the thirtieth (30th) day after their date of hire (or the Agreement's date of execution, whichever is later);
- (3) Employees in the Local who are full Local members on this Agreement's effective date or, if hired during this Agreement's life, on their date of hire, do not receive the grace period. For these full Local members, their obligation to the Local is continuous and is not affected by this Agreement, although they are free to change their status; or
- (4) Employees may elect to change their chosen status upon appropriate written notice to the Local once per year in the month of June. Such change will take effect in the first pay period in August.

Section 3. New Members

During the term of this Agreement, the City shall furnish the Local with an up-to-date list of Employees. When a new employee is hired, the City shall notify the Local and furnish the Local with the name, date of employment, classification, and rate of pay of the new employee. When the employment of an Employee terminates, the City shall notify the Local and furnish the name and date of termination of the Employee.

Section 4. Dues Deduction

The City agrees to deduct from the pay of each Employee who has signed an authorized payroll deduction card, a sum certified by the Local Secretary as the Union service fee. Such deduction shall be made periodically from the payroll and the total deductions so made shall be delivered to the Local Treasurer. Such deduction shall continue for the duration of this Agreement and/or any extension hereof.

ARTICLE II - DEFINITIONS

"City" as used herein shall mean the City of Milford, Connecticut.

"Eligible Family Member" as used herein shall mean an Employee's (1) legal spouse under the laws of the State of Connecticut, except a spouse bound by a separation agreement for more than one (1) year and who is not living in the same household as the Employee shall not be considered an Eligible Family Member for the purpose of this Agreement; and (2) dependent child defined as natural child, legally adopted child, step-child, court-ordered support of a child, child under

legal guardianship order/custody under 26 years of age and/or disabled adult child over 26 years of age, or as required by law.

“Employee” as used herein shall mean all classified salaried employees in City Clerk's Office, Department of Permitting and Land Use, Engineering, Finance, Health, Library, Recreation, Community Development, and MIS, but shall exclude the positions of Accountant I, GIS Coordinator, GIS Analyst, grant-funded employees and all supervisory employees with authority to hire, promote, discharge, discipline or otherwise effect changes in the status of employees or effectively recommend such action, and shall exclude such other employees as have been excluded by the State Board of Labor Relations in the respective certifications.

“Local” as used herein shall mean Milford Employees Association AFSCME Council 4 (AFSCME), Local 3322 (MEA).

“Union” as used herein shall mean Milford Employees Association AFSCME Council 4 (AFSCME).

ARTICLE III - HOLIDAYS

Section 1. Holidays

(a) The official paid holidays shall be as follows:

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
Washington's Birthday	Veterans Day
Good Friday	Thanksgiving
Memorial Day	Christmas
Independence Day	Floating Holidays (2)

(b) A department head must be given forty eight (48) hours advance notice of intention to take a floating holiday and the Employee must have the advance approval of his/her department head for the use of his/her floating holiday. Such approval shall not be unreasonably withheld by the department head. One (1) floating holiday may be used either before or after any other holiday as specified herein or any other unscheduled day off declared by the Mayor with the advance approval of the department head.

Section 2. Holiday Pay

A classified salaried Employee who is required to work on an official holiday as specified herein, in addition to holiday pay, shall be paid for all hours worked on that day at one and one-half (1-1/2) times the Employee's hourly rate of pay.

ARTICLE IV - VACATION LEAVE

Section 1. Vacation Accrual

Vacations shall be calculated on a fiscal year basis in accordance with the following schedule. An Employee shall be credited with a full month's vacation eligibility on the last day of each calendar month if he/she has worked or received pay for fourteen (14) standard working days of the calendar month.

<u>Completed Service Time</u>	<u>Vacation Days Earned</u>
6 months	5 days
1 year	10 days
2 years	10 days
3 years	10 days
4 years	10 days
5 years	10 days
6 years	11 days
7 years	12 days
8 years	13 days
9 years	15 days
10 years	15 days
11 years	16 days
12 years	17 days
13 years	18 days
14 years	19 days
15 years	20 days
16 years	21 days
17 years	22 days
18 years	23 days
19 years	24 days
20 years or more	25 days

Section 2. Vacation for New Employees

An Employee who has been on the payroll for at least six (6) months prior to the start of the fiscal year shall be entitled to five (5) working days' vacation but shall not be entitled to any additional vacation time until he/she has been on the payroll for at least one (1) year prior to the start of the fiscal year. Vacation leave taken prior to the completion of probation shall be excluded from the probation period computation.

Section 3. Vacation Approval

(a) Accrued vacation time may be used upon prior approval of the department head, which approval shall not be unreasonably denied.

(b) All vacation schedules and changes shall be approved by the department head.

(c) No Employee shall be entitled to use more than five (5) consecutive weeks of vacation at any one time unless said use is approved by the department head.

Section 4. Vacation Carryover

No more than forty (40) hours of earned vacation standing to the credit of an Employee at each June 30th can be carried over. However, up to an additional forty (40) hours may be carried over to the next fiscal year if approved by the department head.

Section 5. Resignation or Retirement

An Employee leaving the City of his/her own accord, and who has given proper notice, shall be paid for all unused, earned vacation time. An Employee who is discharged or who fails to give proper notice, as defined in the Civil Service rules and regulations, shall forfeit his/her vacation.

Section 6. Holiday during Vacation Period

If a holiday falls within an Employee's vacation period, he/she shall be entitled to one (1) additional day of vacation, same to be taken at a time approved by the department head.

Section 7. Death of Employee

In the event of death of an Employee, all credited vacation time shall be paid to the Employee's estate, within thirty (30) days of death.

ARTICLE V - SICK LEAVE

Section 1. Sick Leave Accrual

Each permanent Employee shall be entitled to sick leave with full pay on the basis of one and one-quarter (1 1/4) working days for each completed month of service after ninety (90) days of employment. An Employee shall be credited with one and one-quarter (1 1/4) working days of sick leave on the last day of each calendar month if he/she has worked or received pay for fourteen (14) standard working days of the calendar month, except that an Employee entering the service on or after the eleventh (11th) calendar day of the month will not be credited with one and one-quarter (1 1/4) working days of sick leave for that month.

Section 2. Sick Leave Accumulation

Sick leave shall be accumulated from year to year to a maximum of one hundred thirty (130) days.

Section 3. Donated Sick Time

Any Employee shall have the right to transfer any number of days from his/her accumulated sick time to another Employee, if the recipient Employee has exhausted his/her accumulated sick time and vacation time. This donated sick time shall be credited to the account of the recipient Employee at the dollar value of the donating Employee. Unused hours shall be returned to the donor.

Section 4. Charges to Sick Leave Account

- (a) Charges to the sick leave account for personal business and/or sick leave shall be in minimum units of one-half (1/2) hour.
- (b) Employees shall be entitled to their current sick leave as it becomes earned.
- (c) Sick leave shall not be taken in advance.

Section 5. Holiday within Sick Leave Period

If a holiday falls within an Employee's paid sick leave period, such Employee's sick leave account shall not be charged for that holiday, but the Employee shall be paid for the holiday at his/her regular rate of compensation from the holiday account.

Section 6. Personal Business

An Employee may, with the prior approval of his/her department head, use no more than four (4) of his/her earned sick leave days per year for the conduct of his/her personal business. Such use of sick leave shall be non-cumulative and such use on the day preceding or following a holiday shall be at the discretion of the department head with his/her prior approval.

Section 7. Medical Certificate Required

(a) A medical certificate, acceptable to the department head, is required for frequent or habitual absence from duty and when, in the judgment of the department head, there is reasonable cause for requiring such certificate. A medical certificate shall not be required in the event an Employee is ill before or after a holiday on one occasion during any fiscal year.

(b) A medical certificate shall be required for any absence in excess of five (5) working days.

Section 8. Probationary Employees

Employees who are currently probationary or temporary are not entitled to sick leave.

Section 9. Sick Leave Payout

(a) Employees hired on or before the ratification of this agreement June 6, 2016 who retire under the Pension Plan of the City of Milford or under F.I.C.A. with a minimum of ten (10) years service, will be paid all accumulated unused sick leave upon retirement, up to the maximum amount allowed.

(b) The estate of any Employee with a minimum of ten (10) years' service who dies while in the employ of the City shall be paid all accumulated unused sick leave of said Employee.

ARTICLE VI - FAMILY AND MEDICAL LEAVE ACT

Employees may be eligible for leave under the Family and Medical Leave Act (FMLA) pursuant to the policy of the City, to be consistent with Federal Law and Regulations, which policy is attached hereto as Appendix A.

ARTICLE VII - BEREAVEMENT LEAVE

Section 1. Bereavement Leave

Each permanent Employee shall be granted bereavement leave as follows:

(a) Five (5) working days with pay as a result of the death of the Employee's spouse, child, mother or father.

(b) Three (3) working days with pay as a result of the death of the Employee's sister, brother, mother-in-law, father-in-law, relative domiciled in the home, grandmother, grandfather or grandchild, sister-in-law, brother-in-law and spouse of either.

(c) One (1) working day with pay as a result of the death of the Employee's aunt or uncle.

Section 2. Proof Required

An obituary notice or other proof of death shall be furnished by an Employee requesting bereavement leave, if required by the department head.

ARTICLE VIII - UNION ACTIVITIES

Section 1. Time Off

(a) For the period of this Agreement, Local officers or their designees collectively shall be granted up to a total of twenty (20) days a year without loss of pay to participate in Union conventions and to participate in seminars/trainings, provided that such time is recorded on the Employee's time record, and provided further that the City at its option may require that

the Employee submit satisfactory proof of attendance at such conventions or seminars. In the event of public emergency, such as but not limited to flood, hurricane, war, blizzard, earthquake, riot or other disaster, these Employees shall be obligated to return to work at the call of the Mayor, notwithstanding the foregoing leave provisions.

(b) Local officers, or, if said officers are unavailable, their duly-appointed representatives, shall be allowed a reasonable time off for processing Union grievances without loss of pay, provided that such time off is recorded on the Employee's record and a record of such activity is submitted to the Civil Service Commission on forms approved by the Commission.

Section 2. Negotiating Committee

(a) Reasonable time off shall be granted to five (5) members of the negotiating committee for purposes of negotiating a contract.

(b) For the purposes of this Article only, the term "negotiating a contract" shall mean attendance at duly-scheduled collective bargaining sessions with the City, which term includes informal sessions, as well as sessions involving mediation and binding arbitration.

Section 3. Orientation

The Union shall have the right and opportunity to hold an orientation session with all newly hired Employees. This orientation session shall be for the purpose of explaining the new Employee's contractual rights and introducing him/her to the Union. The orientation will be held within thirty (30) days of the Employee's hire date, shall be with one (1) member of the Local, during working hours at a time agreed to by the Employee's immediate supervisor, not to exceed one half (1/2) hour in duration.

ARTICLE IX - HOURS OF EMPLOYMENT AND OVERTIME

Section 1. Work Day

The regular work day for Employees shall consist of seven and one-half (7-1/2) hours and the regular work week shall consist of thirty seven and one-half (37-1/2) hours. Management may implement evening hours, up to once per week, for those offices where permits to the public are issued and those whose support services are necessary for the permit issuance. Prior to implementation of such evening hours, management shall meet with the Union to work out a pilot program regarding scheduling and to ensure that responsibility for staffing is equitable. Employees working the evening hours will adjust their work schedules by taking compensatory time off at straight time or "flexed hours" during the same week as the scheduled evening hours.

Section 2. Hourly Rate

The hourly rate of Employees shall be determined by dividing the Employee's regular weekly pay by thirty seven and one-half (37-1/2) hours.

Section 3. Overtime

(a) Payment for overtime hours scheduled in advance and approved in advance by the department head and the Mayor shall be as follows:

- (1) For time worked over seven and one-half (7-1/2) hours paid in any twenty four (24) hour period or thirty seven and one-half (37-1/2) hours paid in any weekly pay period, payment shall be made at one and one-half (1-1/2) times such Employee's rate of pay, except as hereinafter set out.
- (2) Except where Saturday is part of the regular work schedule, payment for time worked on Saturday shall be at one and one-half (1-1/2) times such Employee's rate of pay, provided that the assignment of such overtime shall be at the discretion and approval, in advance, of the department head and the Mayor.
- (3) Except where Sunday is part of the regular work schedule, payment for time worked on Sunday shall be paid at the rate of time and one-half (1-1/2) such Employee's rate of pay.

(b) An Employee called back to work shall be paid for a minimum of three (3) hours of work if called back during his/her regular work week. If an Employee is called back to work on a Saturday or Sunday, which is not part of his/her regular work week or on a contractual holiday, he/she shall receive pay for a minimum of three (3) hours of work at one and one-half (1-1/2) times such Employee's rate of pay.

ARTICLE X - WAGES AND FRINGE BENEFITS

Section 1. Wages

(a) The wages in effect for Employees shall be increased as follows:

- (1) Wages in effect on June 30, 2014, shall be increased two and one quarter percent (2.25%) effective July 1, 2014.
- (2) Wages in effect June 30, 2015, shall be increased by two and one quarter percent (2.25%) effective July 1, 2015.
- (3) Wages in effect June 30, 2016, shall be increased by two and one quarter percent (2.25%) effective July 1, 2016.
- (4) Wages in effect June 30, 2017, shall be increased by two and one half percent (2.5%) effective July 1, 2017.
- (5) Wages in effect June 30, 2018, shall be increased by two and one half percent (2.5%) effective July 1, 2018.

(b) The wage rates referred to in Section 1 above are appended hereto and are incorporated herein by reference. (Appendix B).

(c) All full time permanent Employees shall be paid wages proportionately over a fifty-two (52) week period, with the exception of any ten (10) month dental hygienists hired prior to January 1, 2016.

Section 2. Step Increase

In the event a step increase is not approved by the department head, a copy of the form shall be sent to the Employee. The Employee may have the right to appeal the denial to the Civil Service Commission only, notwithstanding any other provisions of this Agreement.

Section 3. Longevity Pay

Employees hired on or before June 30, 2016 may participate in the Longevity Plan appended hereto and incorporated herein by reference and made a part of this Agreement. (Appendix C). Employees hired on or after July 1, 2016 may participate in the Longevity Plan upon completing twenty (20) years of continued employment with the City, in accordance with Section 4.C. of the Longevity Plan.

Section 4. Workers' Compensation

An Employee eligible for workers' compensation payments shall receive an amount which, when added to the compensation, shall equal his/her regular salary for a period not to exceed thirteen (13) weeks. This section shall in no way affect the Employee's right to workers' compensation after the expiration of the thirteen (13) week period.

Section 5. Productivity Bonus

On the first pay day in December, Employees with at least one (1) year of employment with the City shall receive a three hundred dollar (\$300.00) separate lump sum payment.

Section 6. Direct Deposit

The standard payroll period shall be Saturday to Friday. It is expressly agreed and understood that payroll checks shall continue to be issued on a weekly basis. Management shall also have the discretion to amend or alter certain existing practices with respect to payroll in order to accomplish direct deposit without bargaining any item but shall endeavor to elect all alternatives with the least impact. If there are any payments hereunder which have been made to an Employee in early July, said payments will be shifted to the last pay period in July.

ARTICLE XI - INSURANCE

Section 1. Active Employee Insurance

(a) Subject to the premium cost share set forth below, the City shall provide to each permanent Employee hired on or before June 30, 2016, and such Employee's Eligible Family Members, the following types of insurance so long as the Employee remains eligible for such benefits.

(1) A Preferred Provider Organization ("PPO") or a High Deductible Health Plan / Health Savings Account ("HDHP/HSA") Plan. The schedule of benefits pages of said Plans are attached as Appendix D and incorporated by reference herein.

(2) The HDHP/HSA Plan will have an annual deductible of \$2,000 per individual and \$4,000 per family with the City funding sixty percent (60%) of the applicable HDHP/HSA deductible in one (1) lump sum in the first payroll of the 2016/2017 fiscal year; fifty-five percent (55%) of the applicable HDHP/HSA deductible in one lump sum in the first payroll of the 2017/2018 fiscal year; and fifty percent (50%) of the applicable HDHP/HSA deductible in two (2) payments, the first of which will be in the first payroll of the 2018/2019 fiscal year and the second in the first payroll of the 2019 calendar year.

(3) The parties acknowledge that the City's contribution toward the funding of the HDHP/HSA Plan is not an element of the underlying insurance plan, but rather relates to the manner in which the deductibles shall be funded for active Employees. The City shall have no obligation to fund any portion of the HDHP/HSA deductible for retirees or other individuals upon their separation from employment.

(4) A Health Reimbursement Account ("HRA") with the same benefits afforded to members enrolled in the HDHP/HSA will be made available to any Employee who is ineligible for the HDHP/HSA offered by the City. The annual maximum reimbursement by the City for Employees participating in the HRA shall not exceed the dollar amount of the City's annual HDHP/HSA contribution for Employees enrolled in the HDHP/HSA. Any funds remaining in the HRA account of an Employee shall revert to the City upon the Employee separating from service to the City.

(b) The HDHP/HSA Plan shall be the sole plan for Employees hired on or after July 1, 2016.

(c) The City will provide a full dental plan with Amendatory Rider A, a copy of which is appended hereto and incorporated herein by reference and made a part of this Agreement as Appendix E.

(d) Cooperative Wellness Program: A Voluntary Health Risk Evaluation Program will be developed which may include Screening Tests, Education and Follow Up program where necessary to aid the Employee in preserving good health.

(e) Billing Incentive Program: Employees who find overcharges in their hospital bills, which result in the return of funds to the City will be entitled to receive twenty-five percent (25%) of the confirmed overcharge up to a maximum of five hundred dollars (\$500) for each hospital stay.

Section 2. Premium Cost Share

The premium cost shares set forth below shall be based on the allocation rate or the self-insured equivalent rate:

(a) **PPO**

(1) Effective July 1, 2016, the premium cost share for those enrolled in the PPO Plan shall be seven (7%) percent.

(2) Effective January 1, 2017, the premium cost share for those enrolled in the PPO Plan shall be eight (8%) percent.

(3) Effective July 1, 2017, the premium cost share for those enrolled in the PPO Plan shall be nine (9%) percent.

(4) Effective July 1, 2018, the premium cost share for those enrolled in the PPO Plan shall be ten (10%) percent.

(5) Effective April 1, 2019, the premium cost share for those enrolled in the PPO Plan shall be twelve (12%) percent, except as provided in subsection (c) below.

(b) **HDHP/HSA**

(1) Effective July 1, 2016, the premium cost share for those enrolled in the HDHP/HSA Plan shall be six (6%) percent.

(2) Effective July 1, 2017, the premium cost share for those enrolled in the HDHP/HSA Plan shall be eight (8%) percent.

(3) Effective July 1, 2018, the premium cost share for those enrolled in the HDHP/HSA Plan shall be ten (10%) percent.

(c) All cost share contributions shall be made through a Section 125 account, which shall be provided by the City.

Section 3. Retiree Health Insurance

(a) Subject to the premium cost share set forth below, the City shall provide the following insurance for Employees retired under the Pension Plan of the City and their Eligible Family Members.

(1) Pre-Age Sixty Five (65): For retired Employees with ten (10) years of continuous service, the City will provide the same health benefits made available to the individual Employee when he/she was an active employee of the City, including medical and prescription drug benefits, with the exception of dental, which shall not be included.

(2) Post Age Sixty-Five (65): For retired Employees with ten (10) years of continuous service, the City will provide supplemental Medicare coverage, not including dental, provided such Employee, including such Employees Eligible Family Members, enrolls in Medicare Part B.

(3) Eligible Employees who retire after having attained the age of sixty-two (62) or completed twenty-seven (27) continuous years of service shall be afforded the opportunity to purchase High Option Medicare Supplement by paying the difference in cost between the "low option" coverage and "high option" coverage. The election to purchase "high option" coverage must be made at the time of retirement and will remain in effect unless rescinded by the retiree. If the "high option" coverage is not selected at the time of retirement, or if rescinded at any time after the initial election, the retiree will not have the right to reinstate the "high option" coverage. All retiree cost share and other payments for insurance coverage as provided for herein shall be deducted from the retiree's pension payments.

(4) Retirees shall pay in retirement the cost share in effect on the date of retirement and will be subject to future carrier and/or plan changes, except that any Employee who retires after having attained the age of sixty-two (62) shall not be required to pay any premium cost share in retirement.

(b) The City shall reimburse retirees for Medicare payments provided receipt for such payment is submitted to the Finance department within thirty (30) days after such payment is made.

Section 4. Eligible Family Member Coverage

The health benefits shall be continued for the Eligible Family Members of a deceased Employee for a period of one (1) year after the death of said Employee.

Section 5. Plan Administrator

The City reserves the right to change carriers to administer its health insurance plans and to substitute alternative health insurance plans to those indicated in this Article provided however, that any substitute plans will offer at least the same level of benefits. The City will give the Union a copy of any proposed substitute plan at least ninety (90) days prior to implementing any substitute carrier or plan.

Section 6. Waiver of Health Insurance

Employees not otherwise eligible for dependent health insurance benefits through any plan paid for by the City shall have the option of waiving all health insurance benefits as provided herein. Any Employee who elects to waive all health insurance benefits as provided herein shall receive an annual payment of two thousand dollars (\$2,000.00), which shall be paid at the end of each fiscal year. Employees shall exercise and/or rescind the above waiver during the open enrollment period unless a qualifying event occurs during the fiscal year. In the event of such qualifying event, or if the Employee dies or otherwise separates from service, payment of the waiver amount shall be pro-rated accordingly.

Section 7. Governance.

The extent and effective dates of coverage under the City health insurance policies shall be governed by the terms and conditions set forth in said policies. Any questions concerning coverage shall be resolved in accordance with the terms and conditions in said policy and shall not be subject to the grievance procedure set forth in this Agreement.

Section 8. Life Insurance

(a) The City shall provide and pay for a group life insurance plan and accidental death and dismemberment insurance for each Employee in an amount equal to one (1) times basic annual wage. If annual wage is not an even thousand dollar figure, the face value of the policy shall be to the next higher thousand dollar. Double Indemnity benefit included.

(b) The City shall provide and pay for a group life insurance plan for Employees retired under the Pension Plan of the City and hired on or before June 30, 2016, in the amount of Ten Thousand Dollars (\$10,000.00).

ARTICLE XII - SENIORITY LIST AND LAYOFF

Section 1. Roster

On or about July 1 of each year, the City shall furnish to the Local a seniority listing by department.

Section 2. Layoff

(a) Layoff of regular Employees shall be made in the inverse order of seniority within a department. Whenever a Local position is abolished, the Employee who was promoted to or appointed to that position last shall be entitled to replace within the Local the Employee in the lateral or lower paid class who has a later date of hire, provided said Employee is qualified for the position. A permanent Employee with a satisfactory employment record who is separated from the City through no fault of his/her own shall be placed on an appropriate re-employment list in accordance with seniority and ability as determined by the Civil Service Commission. The eligibility of any candidate on a re-employment list will expire two (2) years from the date of layoff.

(b) The City shall notify the Local President and the least senior Employee with the affected job title as soon as possible, but in no event less than thirty (30) calendar days prior to the time in which the layoff is to be effective.

(c) In the event of a layoff for budgetary reasons, the medical benefits available pursuant to this collective bargaining agreement shall be continued up to and including the last day of the month in which the Employee is laid off.

Section 3. Seniority

The Local President, Vice President, Secretary and Treasurer shall have super seniority in the event of any layoff or reduction in force.

ARTICLE XIII - DISCIPLINE

Section 1. Disciplinary Actions

All disciplinary action shall be applied in a fair and equitable manner and shall be consistent with the infraction for which disciplinary action is being applied. All suspensions and discharges must be given in writing with the reasons stated and a copy given to the Employee and the Local at the time of the suspension or discharge. Depending on the offense, disciplinary action may include, but is not limited to, verbal and/or written warning, suspension without pay, and discharge. Progressive discipline shall be applied when appropriate. No Employee shall be discharged or suspended without just cause. All disciplinary action may be appealed through the established grievance procedure.

Section 2. Personnel File

(a) Each Employee shall have the right to see and review his/her personnel file on request by appointment with the Human Resources Director. The City shall provide copies of all materials in the file upon request of the Employee. Employees may request that the City correct, amend, or delete incorrect or inaccurate material. Failing mutual agreement, the Employee shall have the right to respond and it shall be made part of the file. No separate active personnel file shall be maintained other than the one subject to Employee inspection.

(b) All indicia of verbal or written warnings shall be removed from an Employee's personnel file after two (2) years have passed since the date of the alleged offense, unless a pattern of repeated offenses has developed within that period.

ARTICLE XIV - GRIEVANCE PROCEDURE

Section 1. Grievance

In the event that a difference arises between the City, the Local or any Employee concerning the interpretation, application or compliance with the provisions of this Agreement, an earnest effort will be made to resolve such difference in accordance with the following procedure, which must be followed. This procedure is established to permit prompt discussion and resolution of Employee grievances.

Section 2. Procedure

(a) Grievances shall be processed according to the following steps:

Step One:

- (1) If any permanent Employee has a grievance, he/she should personally discuss it with his/her immediate supervisor not later than ten (10) working days from the date of the underlying incident or the date the Employee first learned of the incident.
- (2) If the answer is not satisfactory, the Employee and/or his/her representative should submit two (2) copies of the grievance form (Appendix F) to his/her immediate supervisor within ten (10) working days after Step One (1).
- (3) A meeting shall be held as soon as possible but no longer than ten (10) working days following written submittal.
- (4) The immediate supervisor shall respond in writing within five (5) working days.

Step Two:

- (1) If the answer is not satisfactory to the Employee, and such Employee's representative, such Employee shall file the written grievance form with his/her department head within five (5) working days.
- (2) A meeting shall be held within five (5) working days following written submittal.

- (3) The department head shall respond in writing within five (5) working days.

Step Three:

- (1) If the Employee is not satisfied, he/she and his/her representative shall file the written grievance form with the Human Resources Director within five (5) working days.
- (2) A meeting shall be held within seven (7) working days thereof.
- (3) The Human Resources Director shall decide the grievance within ten (10) calendar days from the date the grievance is presented to him/her, if the parties are unable to settle at Step Three (2).

Step Four:

- (1) If the Employee is not satisfied with the decision of the Human Resources Director, such Employee shall submit the matter to arbitration by the Connecticut State Board of Mediation and Arbitration within fourteen (14) calendar days. The decision of the arbitration shall be final and binding on both parties.

(b) The City shall pay for all lost time for witnesses appearing and testifying during the resolution of disputes at arbitration, negotiation, fact finding, unfair labor practice hearings, and grievance meetings.

(c) If any party to the grievance fails to meet the time deadline established in the grievance procedure, the grievance will be deemed to be successfully resolved against him/her and further processing of the grievance will be barred. By mutual agreement the parties may agree to extend the time limits of this procedure.

(d) The mediation services of the State Board of Mediation and Arbitration shall be utilized at any time provided either party so desires. Each party shall be liable for its own share of expense and any general expense of the arbitration not applicable to either party shall be mutually shared by both parties.

Section 3. Records

Upon request of an Employee, any disciplinary action, verbal warning or written warning shall be reviewed with the department head at the end of three (3) years. If there has been no discipline for a related offense within that period, the record in question shall be removed from the Employee's file upon the department head/Human Resources Director's receipt of permission pursuant to the state records retention statutes (Connecticut General Statute Section 11-8a).

ARTICLE XV - PENSION

Nothing contained in this Agreement shall preclude negotiations during the term of this Agreement between the City and the Local concerning pension and survivorship benefit matters.

ARTICLE XVI - MISCELLANEOUS

Section 1. Governance

All other conditions of employment not found within the foregoing terms of this Agreement shall continue to be governed, controlled and interpreted by references to the City's charter, ordinances and the rules and regulations of the Civil Service Commission of the City of Milford, provided, however, pursuant to the authority contained in Public Act 159, as amended, 1967-1969 General Session of the Connecticut State legislature, this Agreement prevails in the event of any conflict or inconsistency.

Section 2. Unscheduled Closing

In the event there is an unscheduled closing of any facility as a result of which the Employee is unable to perform his/her work, the City may assign the Employee to another position temporarily, but the Employee, whether reassigned or not, shall be entitled to receive full pay for the work days during which the aforementioned facility is closed.

Section 3. Use of Personal Vehicle

Employees who are required to use their cars for City business will be compensated at the current I.R.S. rate per mile.

Section 4. Training and Education

(a) In order to enhance professional growth and opportunity for advancement within the City, Employees shall have the opportunity to participate both in In-Service Training Programs and in courses offered outside of the City. The City shall set aside a fund specifically for the purpose of reimbursing Employees for the cost of schooling related to employment. In order to receive reimbursement for courses, Employees must follow these steps:

- (1) Submit a request which is subject to the approval of both the department head and Finance Director prior to enrolling for the courses; and
- (2) Present evidence of successful completion of the course to the department head and the Finance Director.

(b) No reasonable request for approval of the course and reimbursement shall be denied and Employees shall receive reimbursement within one (1) month of presenting evidence of successful completion.

(c) The City shall set aside a fund in the amount of four thousand four hundred dollars (\$4,400.00) per year for this purpose. Further, reimbursement to Employees for expenditures in securing trade and professional licenses and certifications which are required in their job descriptions, but not drivers' licenses or CDL's, shall be made from this fund upon submission of supporting documentation and approval of the department head. Any unused portion of this fund shall be rolled over to the following year. The City will contribute sufficient funds at the beginning of each fiscal year to bring the amount of this fund up to the four thousand four hundred dollar (\$4,400.00) amount.

(d) Individual Employee applications under this provision shall not exceed one thousand dollars (\$1,000.00) per fiscal year, per Employee, without the prior approval of the Mayor.

Section 5. Promotional Vacancies

When promotional vacancies arise and Employees within the Local are qualified for such positions, the City shall post the position inside the Local before advertising outside. Where, however, the City reasonably believes no individuals within the Local are qualified (e.g. for the positions of Sanitarian, Librarian), the City may post inside and advertise outside simultaneously.

Section 6. Bulletin Boards

The City shall supply one (1) bulletin board in each major facility where Local members are located, each location subject to approval of the Civil Service Commission, and the use of said bulletin boards shall be limited to official Union business.

Section 7. Safety Committee

There shall be a Safety Committee which shall consist of a like number of representatives from the Local appointed by the Local and from the City appointed by the Mayor. Said committee shall not exceed six (6) in number.

Section 8. Invalidity

If an article or section of this Agreement is declared invalid by a court of competent jurisdiction, said invalidity shall not affect the balance of this Agreement.

ARTICLE XVII - MANAGEMENT RIGHTS

Except where such rights, powers, and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, the City shall have, whether exercised or not, the sole right, power, authority, responsibility and prerogative to manage the affairs of the City and to direct its working force.

ARTICLE XVIII - EFFECTIVE DATE

Section 1. Effective Date

This Agreement shall be effective as of the first date of July 2014, and shall remain in full force and effect through June 30, 2019, and each year thereafter unless either party gives notice to the other of its intention to change or to terminate this Agreement as hereinafter provided.


Section 2. Intention to Negotiate

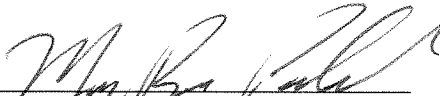
No earlier than January 2, 2019, and no later than February 1, 2019, either party may give notice to the other of its intention to change or to terminate this Agreement. In any subsequent year, such notice shall be given no earlier than January 2nd nor later than February 1st of each year.

CITY OF MILFORD, CONNECTICUT

**LOCAL 3322, COUNCIL 4, AMERICAN
FEDERATION OF STATE, COUNTY
AND MUNICIPAL EMPLOYEES,
AFL-CIO**

By 
Benjamin G. Blake, Mayor

By 
Kelly Martinez, Staff Representative

By 
MaryRose Palumbo, President

Date: 6-14-16

APPENDIX A – FMLA POLICY

CITY OF MILFORD FAMILY AND MEDICAL LEAVE ACT POLICY

OVERVIEW

The City of Milford is a “covered” employer under the Federal Family and Medical Leave Act (FMLA or Act) and is subject to all rules and regulations under the Act. The Connecticut family and medical leave statutes and regulations do not apply to City employees.

In general, the FMLA allows eligible employees to take job-protected leave for the reasons specified in the law. Eligibility for leave, the reasons for leave, the allowable length of leave and the benefits and protections of the FMLA are specified in the Act and related regulations, and summarized in this Policy. This Policy is based on the Act and regulations, as amended to January 2009.

Questions concerning the FMLA and this Policy should be directed to the City’s Human Resources Department.

POLICY

It is the policy of the City of Milford to grant FMLA leave to the full extent of the law. For employees with accumulated paid leave, FMLA leave is first charged to the employee’s accrued paid leave which is eligible for use based on the reason for the FMLA leave. Sick leave, if applicable, vacation and personal leave run concurrently with FMLA leave time until the paid leaves are exhausted, with the exception(s) under the City Charter, City’s Code of Ordinances and/or applicable Collective Bargaining Agreements. When an employee has no accrued leave time or when accrued paid leave time is fully utilized, FMLA leave is unpaid. During the period of FMLA leave, whether paid or unpaid, an employee remains eligible for health insurance coverage paid by the City to the same extent as prior to the leave. Employees shall continue to be responsible for their portion of the insurance premium payment.

SPECIFIC PROVISIONS

A. Eligibility

In order to qualify for FMLA leave, the employee must meet all of the following conditions:

- The employee must have worked for the City for 12 months, which need not be consecutive.

- The employee must have worked at least 1,250 hours during the 12 months immediately preceding the start of the FMLA leave.

B. Qualifying Reasons, Types of Leave and Length of Leave

In general, an employee is eligible for up to 12 workweeks of FMLA leave in a 12-month period. When the leave is to care for an injured or ill service member, an employee is eligible for up to 26 weeks of leave during a single 12-month period. The 12-month period starts on the date of the employee's first day of FMLA leave. In most cases, leave is full-time, but intermittent leave is permitted in certain circumstances described below.

In General – Leave for 12 Workweeks:

The City will grant an employee up to 12 workweeks of FMLA leave in a 12-month period for one or more of the following reasons:

- The birth of a child, and to care for a newborn child within one year of birth;
- The placement with the employee of a child for adoption or foster care, and to care for the newly placed child within one year of the placement;
- To care for an immediate family member (spouse, child or parent – but not a parent “in-law”) with a serious health condition;
- When the employee is unable to perform the essential functions of his or her position due to a serious health condition, including incapacity due to pregnancy, prenatal medical care or child birth; and
- A qualifying exigency arising out of a family member's military service, including one or more of the following reasons:
 - a. a short notice deployment;
 - b. military events and related activities;
 - c. childcare and school activities;
 - d. financial and legal arrangements;
 - e. counseling;
 - f. rest and recuperation;
 - g. post-deployment activities; or
 - h. additional duties that arise out of the active duty or call to active duty of a covered military member, provided that the City and the employee agree to both the timing and the duration of such leave.

Leave to Care for an Injured or Ill Service Member – 26 workweeks:

An eligible employee may take up to 26 workweeks of FMLA leave during a 12-month period to care for a seriously injured or ill service member who is the employee's spouse, parent, child or next of kin, and who incurred the injury or illness in the line of duty while on active duty in the Armed Forces. The injury or illness must render the service member medically unable to perform the duties of his/her office, grade, rank or rating. This provision applies to service members who are undergoing medical treatment, recuperation, or therapy, are in outpatient status, or who are on the temporary disability retired list, for a serious injury or illness.

When combined with any other type of FMLA qualifying leave, total leave time may not exceed 26 weeks in a single 12-month period. Standard FMLA leave procedures described below apply to all requests for and designation of leave for this purpose. However, in the case of leave to care for an injured or ill service member, the 12-month period begins on the day such leave actually commences.

Limitations on Certain Leaves:

FMLA leave to care for a newborn child or newly placed adoptive child must normally be taken as consecutive days. An employee may request that such leave be taken on non-consecutive days. Approval for non-consecutive days is at the sole discretion of the Department Head and the Human Resources Director. All leave to care for a newborn or newly adopted child must conclude within 12 months of the date of the birth or adoption.

If two City employees request leave for the birth of their child, placement of a child with them through adoption or foster care, or to care for a seriously ill parent, the two employees will be entitled to a maximum combined total leave equal to 12 weeks in any on 12-month period. If either spouse or parent (or both) uses a portion of the 12-week entitlement for one of these purposes, each is entitled to the difference between the amount he or she has taken individually and the 12 weeks for FMLA leave for their own or their spouse's serious health condition in the 12-month entitlement period.

Definition of Serious Health Condition:

For purposes of the FMLA, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

- Any period of incapacity or treatment connected with in-patient care in a hospital, hospice or residential medical care facility.
- A period of incapacity requiring absence of more than three consecutive full calendar days and any subsequent treatment or period of incapacity relating to the same condition that also involves:
 1. Treatment two or more times within 30 days of the first day of incapacity, unless extenuating circumstances exist, by a health care provider, by a nurse under direct supervision of a health care provider, or by a provider of health care services (for example, a physical therapist) under order of, or on referral by, a health care provider; or
 2. Treatment by a health care provider, on at least one occasion, which results in a regimen of continuing treatment under the supervision of the health care provider.

The requirement for treatment by a health care provider means an in-person visit to a health care provider. The first (or only) in-person treatment visit must take place within seven days of the first day of incapacity. Whether additional treatment visits or a regimen of continuing treatment is necessary within the 30-day period shall be determined by the health care provider.
- Any period of incapacity due to pregnancy or for prenatal care.
- Any period of incapacity or continuing treatment related to a chronic serious health condition that is incurable or so serious that it would most likely result in incapacity of more than 3 consecutive days if left untreated.
- A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective (e.g. Alzheimer's, terminal illness).

Intermittent/Reduced Schedule Leave:

Employees may take leave on an intermittent basis or work a reduced schedule when:

- Medically necessary to care for a seriously ill family member;
- Medically necessary due to the employee's serious health condition;
- To care for a newborn or newly placed adopted or foster care child, with approval by the Department Head and the Human Resources Director.

The following conditions apply to intermittent or reduced schedule leave:

- Employees must make a reasonable effort to schedule such leave in a way that does not disrupt the department's or division's operations;
- Employees making such a request may be transferred temporarily to an alternative job with equivalent pay and benefits, which accommodate recurring periods of leave better than the employee's regular job;
- Applicable collective bargaining agreements must be complied with.

C. Use of Paid and Unpaid Leave:

For all leave time taken under the FMLA, employees are required to use paid leave time, if such is available, prior to taking unpaid leave. Paid leave is to be charged in the following order: sick leave (if the reason for the leave qualifies as sick leave), vacation, personal business leave. In accordance with the City's Code of Ordinances an employee is allowed to withhold up to 5 vacation and 5 sick days to be available for use for emergencies or special needs upon the employee's return from FMLA leave. All paid leave must be taken in accordance with the City's leave policies and any collective bargaining agreements covering the employee. Unpaid leave will be charged in half hour increments.

An employee must be placed on FMLA leave as soon as there is information that the leave taken qualifies as FMLA. If there is reasonable information for the City to make a determination that the circumstances of the employee's absence are qualifying under FMLA leave, the City will designate the leave as FMLA leave and so notify the employee as soon as possible (notice should be within five business days of the City learning of the need for leave). Leaves which may be covered by other laws (such as Worker's Compensation) or by collective bargaining agreements (particularly accrued sick leave), are also designated as FMLA leave. The City does not wait until the employee exhausts paid leave before designation of FMLA leave.

D. Notification:

Employees Notice and Responsibilities:

An eligible employee requesting FMLA leave must provide to his/her Department Head:

- 30 days advanced notice of the need to take FMLA leave when the need is foreseeable. If the need is not known 30 days in advance, the notice must be given as soon as practicable, either the same or the next work day after the employee knows of the need for a leave, and in compliance with any contractual or departmental rules for calling-in sick.
- Sufficient information and documentation that the employee needs leave for an FMLA qualifying reason.

An eligible employee requesting FMLA leave must provide to the Human Resources Department :

- If the leave is for a serious health condition of the employee or a family member, within 15 calendar days from the date of the request for leave or designation by the City of FMLA leave, a Certification of Health Care Provider.
- If the leave is a qualifying exigency for military family leave, a Certification of Qualifying Exigency.
- If the leave is to care for an ill or injured service member, a Certification of Serious Injury or Illness of a Covered Service member.

Copies of all forms are available from the Human Resources Department.

If, at the time of an employee's absence, the City was not aware that the absence was for an FMLA qualifying reason, notice and documentation that the leave was taken for an FMLA qualifying reason must be provided within 2 business days of the employee's return to work.

The employee need not mention FMLA when requesting leave to meet the notification requirement, but need only explain why leave is needed. Except, if the employee is seeking FMLA leave due to a FMLA-qualifying reason for which the City previously approved FMLA-protected leave. In this case, the employee must specifically reference either the qualifying reason for the leave or the need for FMLA leave. Otherwise, the City will notify the employee that the leave may qualify as FMLA leave and will provide the employee with any required forms.

Employer Notice and Responsibilities:

The Human Resources Department will post notices of employees' rights and responsibilities under the FMLA, and will provide copies of this policy to all employees.

Department Heads will take the following steps to provide information to the Human Resources Department and employees concerning FMLA leave:

- Whenever a supervisor becomes aware that an employee is requesting leave or is out of work for five (5) or more consecutive working days due to a serious health condition, the supervisor will report this to the department head, who will consult with the Human Resources Department to determine if (1) the employee is eligible for FMLA leave, (2) the employee's absence and the circumstances are qualifying to be designated as FMLA leave;
- Upon request by the employee or upon determination by the City that an employee's absence qualifies for FMLA leave, the employee or department head shall submit an application for FMLA Leave to the Human Resources Department. The Human Resources Department will provide the employee and department head

with a written notice within five (5) business days designating the leave as FMLA leave and detailing the expectations and obligations of an employee on such a leave.

E. Health Benefits:

While the employee is on paid or unpaid FMLA leave, the employee's health benefits will continue during the leave period at the same level and under the same conditions as if the employee had continued to work. Pursuant to applicable collective bargaining agreements and City policy, employees pay a portion of the health insurance premium. While an employee is on paid FMLA leave, the City will continue to make payroll deductions for the employee's share of the premium. While on unpaid FMLA leave, the employee must continue to make premium cost share payments, either in person or by mail. The payments must be received in the Human Resources Department by the 15th day of each month for the previous month's cost share. If the payment is more than 30 days late, the employee's health insurance coverage may be dropped for the duration of the leave. The City will provide 15 days' notice prior to stopping an employee's coverage.

F. Reinstatement Following Leave:

Upon completion of the FMLA leave and prior to returning to work, the employee is required to submit to the Department Head and Human Resources Department a fitness-for-duty certificate completed and signed by the treating physician. This certificate must note the employee's ability to resume work and to perform the essential functions of his or her position with or without restrictions.

In most cases, while an employee is on FMLA leave, the employee's position will not be filled, except on a temporary basis, and the employee will be returned to the same position held prior to leave. If the employee's position must be filled during his/her absence, the employee will be returned to an equivalent job – that is, one which is essentially identical to the original job in terms of pay, benefits and working conditions.

APPENDIX B – JOB CLASSIFICATIONS AND WAGE TABLES

JOB CLASSIFICATIONS

Schedule B

Grade 27	Engineering MIS Health	Engineering Technician Tech Asst/Clerk A Dental Hygienist – 10 Month
Grade 26	City Clerk Engineering Finance Health Permitting & Land Use	Assistant City Clerk Administrative Assistant Administrative Assistant Chief Clerk, Assessor Administrative Assistant Administrative Assistant
Grade 25	Finance Health Permitting & Land Use Recreation	Accounting Clerk Accounting Clerk, Payroll Certified Tax Collection Clerk Senior Clerk, Purchasing Secretary Administrative Clerk A Secretary Secretary
Grade 24	City Clerk Community Development Finance MIS Permitting & Land Use	Clerk A Part Time Clerk A Clerk A Part Time Payroll Clerk Clerk A

Schedule D

Grade 49	Health Permitting & Land Use	Sanitarian II Building Inspector
Grade 48	Engineering MIS Permitting & Land Use	Chief Inspector PC LAN/WAN Coordinator Wetlands Enforcement Officer Zoning Enforcement Officer

Grade 47	Recreation	<u>Schedule X</u>	Supervisor
Grade 26	Library		Supervisor of Circulation
Grade 24	Library		Office Assistant Library Assistant
<u>Schedule Y</u>			
Grade 47	Library		Information Systems Librarian
Grade 46	Library		Children's Librarian Reference Librarian Young Adult's Librarian

JULY 1, 2014 - JUNE 30, 2015

SCHEDULE B

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
22	604.74	622.81	640.79	658.78	676.83	694.88
23	645.73	667.05	688.37	709.75	731.00	752.34
24	686.77	711.22	735.95	760.53	785.34	809.75
25	735.93	764.59	793.39	821.93	850.62	879.26
26	801.55	832.65	863.88	895.13	926.32	957.70
27	870.59	905.36	940.23	974.94	1,009.76	1,044.46
28	940.23	980.02	1,020.01	1,060.03	1,100.06	1,140.14
29	1,018.40	1,063.50	1,108.83	1,153.83	1,199.15	1,244.36

SCHEDULE D

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
43	703.01	729.63	756.28	782.76	809.30	835.85
44	743.99	774.63	805.15	835.69	866.17	896.84
45	793.39	827.93	862.58	896.97	931.64	966.11
46	861.89	898.37	934.88	971.41	1,007.96	1,044.46
47	931.36	971.41	1,011.35	1,051.39	1,091.42	1,131.30
48	1,001.01	1,046.10	1,091.42	1,136.50	1,181.77	1,226.92
49	1,079.21	1,129.53	1,179.88	1,230.35	1,280.83	1,331.10
50	1,166.14	1,223.53	1,280.68	1,338.23	1,395.31	1,452.77

SCHEDULE X

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
22	604.74	622.81	640.79	658.78	676.83	694.88
23	645.73	667.05	688.37	709.75	731.00	752.34
24	686.77	711.22	735.95	760.53	785.34	809.75
25	735.93	764.59	793.39	821.93	850.62	879.26
26	801.55	832.65	863.88	895.13	926.32	957.70

SCHEDULE Y

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
46	861.89	898.37	934.88	971.41	1,007.96	1,044.46
47	931.36	971.41	1,011.35	1,051.39	1,091.42	1,131.30

JULY 1, 2015 - JUNE 30, 2016

SCHEDULE B

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
22	618.35	636.82	655.21	673.60	692.06	710.51
23	660.26	682.06	703.86	725.72	747.45	769.27
24	702.22	727.22	752.51	777.64	803.01	827.97
25	752.49	781.79	811.24	840.42	869.76	899.04
26	819.58	851.38	883.32	915.27	947.16	979.25
27	890.18	925.73	961.39	996.88	1,032.48	1,067.96
28	961.39	1,002.07	1,042.96	1,083.88	1,124.81	1,165.79
29	1,041.31	1,087.43	1,133.78	1,179.79	1,226.13	1,272.36

SCHEDULE D

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
43	718.83	746.05	773.30	800.37	827.51	854.66
44	760.73	792.06	823.27	854.49	885.66	917.02
45	811.24	846.56	881.99	917.15	952.60	987.85
46	881.28	918.58	955.91	993.27	1,030.64	1,067.96
47	952.32	993.27	1,034.11	1,075.05	1,115.98	1,156.75
48	1,023.53	1,069.64	1,115.98	1,162.07	1,208.36	1,254.53
49	1,103.49	1,154.94	1,206.43	1,258.03	1,309.65	1,361.05
50	1,192.38	1,251.06	1,309.50	1,368.34	1,426.70	1,485.46

SCHEDULE X

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
22	618.35	636.82	655.21	673.60	692.06	710.51
23	660.26	682.06	703.86	725.72	747.45	769.27
24	702.22	727.22	752.51	777.64	803.01	827.97
25	752.49	781.79	811.24	840.42	869.76	899.04
26	819.58	851.38	883.32	915.27	947.16	979.25

SCHEDULE Y

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
46	881.28	918.58	955.91	993.27	1,030.64	1,067.96
47	952.32	993.27	1,034.11	1,075.05	1,115.98	1,156.75

JULY 1, 2016 - JUNE 30, 2017

SCHEDULE B

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
22	632.26	651.15	669.95	688.76	707.63	726.50
23	675.12	697.41	719.70	742.05	764.27	786.58
24	718.02	743.58	769.44	795.14	821.08	846.60
25	769.42	799.38	829.49	859.33	889.33	919.27
26	838.02	870.54	903.19	935.86	968.47	1,001.28
27	910.21	946.56	983.02	1,019.31	1,055.71	1,091.99
28	983.02	1,024.62	1,066.43	1,108.27	1,150.12	1,192.02
29	1,064.74	1,111.90	1,159.29	1,206.34	1,253.72	1,300.99

SCHEDULE D

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
43	735.00	762.84	790.70	818.38	846.13	873.89
44	777.85	809.88	841.79	873.72	905.59	937.65
45	829.49	865.61	901.83	937.79	974.03	1,010.08
46	901.11	939.25	977.42	1,015.62	1,053.83	1,091.99
47	973.75	1,015.62	1,057.38	1,099.24	1,141.09	1,182.78
48	1,046.56	1,093.71	1,141.09	1,188.22	1,235.55	1,282.76
49	1,128.32	1,180.93	1,233.57	1,286.34	1,339.12	1,391.67
50	1,219.21	1,279.21	1,338.96	1,399.13	1,458.80	1,518.88

SCHEDULE X

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
22	632.26	651.15	669.95	688.76	707.63	726.50
23	675.12	697.41	719.70	742.05	764.27	786.58
24	718.02	743.58	769.44	795.14	821.08	846.60
25	769.42	799.38	829.49	859.33	889.33	919.27
26	838.02	870.54	903.19	935.86	968.47	1,001.28

SCHEDULE Y

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
46	901.11	939.25	977.42	1,015.62	1,053.83	1,091.99
47	973.75	1,015.62	1,057.38	1,099.24	1,141.09	1,182.78

JULY 1, 2017- JUNE 30, 2018

SCHEDULE B

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
22	648.07	667.43	686.70	705.98	725.32	744.66
23	692.00	714.85	737.69	760.60	783.38	806.24
24	735.97	762.17	788.68	815.02	841.61	867.77
25	788.66	819.36	850.23	880.81	911.56	942.25
26	858.97	892.30	925.77	959.26	992.68	1,026.31
27	932.97	970.22	1,007.60	1,044.79	1,082.10	1,119.29
28	1,007.60	1,050.24	1,093.09	1,135.98	1,178.87	1,221.82
29	1,091.36	1,139.70	1,188.27	1,236.50	1,285.06	1,333.51

SCHEDULE D

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
43	753.38	781.91	810.47	838.84	867.28	895.74
44	797.30	830.13	862.83	895.56	928.23	961.09
45	850.23	887.25	924.38	961.23	998.38	1,035.33
46	923.64	962.73	1,001.86	1,041.01	1,080.18	1,119.29
47	998.09	1,041.01	1,083.81	1,126.72	1,169.62	1,212.35
48	1,072.72	1,121.05	1,169.62	1,217.93	1,266.44	1,314.83
49	1,156.53	1,210.45	1,264.41	1,318.50	1,372.60	1,426.46
50	1,249.69	1,311.19	1,372.43	1,434.11	1,495.27	1,556.85

SCHEDULE X

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
22	648.07	667.43	686.70	705.98	725.32	744.66
23	692.00	714.85	737.69	760.60	783.38	806.24
24	735.97	762.17	788.68	815.02	841.61	867.77
25	788.66	819.36	850.23	880.81	911.56	942.25
26	858.97	892.30	925.77	959.26	992.68	1,026.31

SCHEDULE Y

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
46	923.64	962.73	1,001.86	1,041.01	1,080.18	1,119.29
47	998.09	1,041.01	1,083.81	1,126.72	1,169.62	1,212.35

JULY 1, 2018- JUNE 30, 2019

SCHEDULE B

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
22	664.27	684.12	703.87	723.63	743.45	763.28
23	709.30	732.72	756.13	779.62	802.96	826.40
24	754.37	781.22	808.40	835.40	862.65	889.46
25	808.38	839.84	871.49	902.83	934.35	965.81
26	880.44	914.61	948.91	983.24	1,017.50	1,051.97
27	956.29	994.48	1,032.79	1,070.91	1,109.15	1,147.27
28	1,032.79	1,076.50	1,120.42	1,164.38	1,208.34	1,252.37
29	1,118.64	1,168.19	1,217.98	1,267.41	1,317.19	1,366.85

SCHEDULE D

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
43	772.21	801.46	830.73	859.81	888.96	918.13
44	817.23	850.88	884.40	917.95	951.44	985.12
45	871.49	909.43	947.49	985.26	1,023.34	1,061.21
46	946.73	986.80	1,026.91	1,067.04	1,107.18	1,147.27
47	1,023.04	1,067.04	1,110.91	1,154.89	1,198.86	1,242.66
48	1,099.54	1,149.08	1,198.86	1,248.38	1,298.10	1,347.70
49	1,185.44	1,240.71	1,296.02	1,351.46	1,406.92	1,462.12
50	1,280.93	1,343.97	1,406.74	1,469.96	1,532.65	1,595.77

SCHEDULE X

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
22	664.27	684.12	703.87	723.63	743.45	763.28
23	709.30	732.72	756.13	779.62	802.96	826.40
24	754.37	781.22	808.40	835.40	862.65	889.46
25	808.38	839.84	871.49	902.83	934.35	965.81
26	880.44	914.61	948.91	983.24	1,017.50	1,051.97

SCHEDULE Y

GRADE	MINIMUM	STEP 1	STEP 2	STEP 3	STEP 4	MAXIMUM
46	946.73	986.80	1,026.91	1,067.04	1,107.18	1,147.27
47	1,023.04	1,067.04	1,110.91	1,154.89	1,198.86	1,242.66

APPDENDIX C – LONGEVITY PLAN

LONGEVITY PAY PLAN

Section 1. Longevity Pay, as provided for herein, shall be considered to be a reward for continuous service to the City of Milford over a period of years, and shall be paid to any eligible Employees who qualifies for same hereunder, regardless of whether or not such Employee is at the maximum rate of pay for his/her grade, or otherwise.

Section 3. For all Employees eligible for longevity compensation, for the purposes hereof, the anniversary of the permanent date of employment shall be considered to be the Anniversary Date of this Plan. In order to receive Longevity Pay in any fiscal year, an eligible Employee must be employed by the City on the Anniversary Date falling within such fiscal year, and must, prior to such Anniversary Date, have completed the requisite number of years necessary to qualify him/her for Longevity Pay hereunder.

Section 4. Longevity Pay to eligible Employees shall be based upon the following scale:

- A. Completion of ten (10) through fourteen (14) years of continuous service to the City prior to the Anniversary Date specified herein, shall entitle any eligible Employee, employed by the City on such Anniversary Date, to receive a Longevity Payment equal to two and one-half (2 ½%) percent of his/her basic salary, as computed in accordance herewith.
- B. Completion of fifteen (15) through nineteen (19) years of continuous service to the City prior to the Anniversary Date specified herein, shall entitle any eligible Employee, employed by the City on such Anniversary Date, to receive a Longevity Payment equal to three (3%) percent of his/her basic salary, as computed in accordance herewith.
- C. Completion of twenty (20) years or more of continuous service to the City prior to the Anniversary Date specified herein, shall entitle any eligible Employee, employed by the City on such Anniversary Date, to receive a Longevity Payment equal to three and one-half (3 ½%) percent of his/her basic salary, as computed in accordance herewith.

Section 5. Time spent in the armed forces of the United States, (i.e. Army, Navy, Air Force, Marine Corps or Coast Guard), and/or time spent in any other authorized leave from the City, shall be included in determining the number of continuous years of service of any eligible Employee.

Section 6. For the purposes hereof, an eligible Employee's basic salary shall be computed as follows:

Multiply by fifty-two (52) weeks, the gross salary earned by such employee in the last full pay period in prior regular and permanent classification and grade, prior to the Anniversary Date in any year in which he/she qualifies for Longevity Pay, exclusive of overtime pay, recall pay, or pay received for working any hours and/or days in excess of his/her regularly scheduled work week. It is clearly intended hereby, to specifically exclude from the computation of an eligible Employee's basic salary for the purpose hereof, any and all overtime pay earned by any employee, whether or not, by the nature of his/her employment, he/she is regularly scheduled to perform such overtime work.

Section 7. Any eligible Employee who qualifies for Longevity Pay, in accordance with the provisions hereof, shall be paid same, in a separate check, as computed in accordance herewith, as soon as is feasible for the processing of such payment, after certification to the Director of Finance of such employee's qualification and basic salary by the applicable Board or Commission (Police, Fire or Civil Service). The Director of Finance shall withhold from all Longevity Payment, such Withholding and FICA tax as is legally deemed necessary.

Section 8. Once an eligible Employee qualifies for Longevity Pay at any step set forth in Section 4 hereof, he/she shall receive same computed annually in accordance with such step and his/her then present basic salary, also computed in accordance herewith, until such Anniversary Date that he/she qualifies for payment under a higher step.

Section 9. Longevity Pay earned by an eligible Employee or receipt by said employee shall not be construed, under any circumstances, to entitle him/her to overtime or recall pay and/or other fringe benefits resulting therefrom.

APPENDIX D – SCHEDULE OF HEALTH BENEFITS

Effective July 1, 2016

BENEFIT Created 5/6/2016	Century Preferred PPO In and Out-of-Network Benefits Available	H S A- High Deductible Health Plan In and Out-of-Network Benefits Available	HRA- High Deductible Health Plan In and Out-of-Network Benefits Available
Costshares			
	<p>In-Network services subject to Copays</p> <p>Out-of-Network services subject to deductible and coinsurance</p> <p>\$15 Office Visit Copay – Unlimited Office Visit Maximum</p> <p>\$200 Hospital Copay - per admission</p> <p>\$125 Copay Emergency Room</p> <p>\$50 Urgent Care Copay</p> <p>\$50 Outpatient Surgery Copay</p> <p>\$50 Ambulatory Surgery Copay</p> <p>Out-of-Network Out-of-Pocket Deductible - \$200/\$400/\$500 Maximum - \$600/\$1,200/\$1,500</p> <p>In-Network Out-of-Pocket Maximum - \$6,850/\$13,700/\$13,700</p> <p>Lifetime Maximum In-Network – Unlimited</p> <p>Lifetime Maximum Out-of-Network – Unlimited</p> <p>(In-Network benefits are identified below)</p>	<p>In-Network services subject to deductible and coinsurance</p> <p>Out-of-Network services subject to deductible and coinsurance</p> <p>In and Out-of-Network Deductible (Individual/Family)- \$2,000/\$4,000</p> <p>Coinsurance- 100% In-Network & 80/20% Out-of-Network</p> <p>In-Network Out-of-Pocket Maximum- \$2,000/\$4,000</p> <p>Out-of-Network Out-of-Pocket Maximum- \$5,000/\$10,000</p> <p><u>Employer Funding in HSA:</u> 60% of deductible for plan year 7/1/16-6/30/17 (\$1,200/\$2,400) 55% of deductible for plan year 7/1/17-6/30/18 (\$1,100/\$2,200) 50% of deductible for plan year 7/1/18-6/30/19 (\$1,000/\$2,000)</p> <p>Lifetime Maximum In-Network – Unlimited</p> <p>Lifetime Maximum Out-of-Network – Unlimited</p> <p>(In-Network benefits are identified below)</p>	<p>In-Network services subject to deductible and coinsurance</p> <p>Out-of-Network services subject to deductible and coinsurance</p> <p>In and Out-of-Network Deductible (Individual/Family)- \$2,000/\$4,000</p> <p>Coinsurance- 100% In-Network & 80/20% Out-of-Network</p> <p>In-Network Out-of-Pocket Maximum- \$2,000/\$4,000</p> <p>Out-of-Network Out-of-Pocket Maximum- \$5,000/\$10,000</p> <p><u>Employer Funding for HRA:</u> 60% of deductible for plan year 7/1/16-6/30/17 (\$1,200/\$2,400) 55% of deductible for plan year 7/1/17-6/30/18 (\$1,100/\$2,200) 50% of deductible for plan year 7/1/18-6/30/19 (\$1,000/\$2,000)</p> <p>Lifetime Maximum In-Network – Unlimited</p> <p>Lifetime Maximum Out-of-Network – Unlimited</p> <p>(In-Network benefits are identified below)</p>
Preventive Care			
Pediatric, Adult	Covered	Covered	Covered
Vision exam	Covered Covered once every 2 years	Covered Covered once every 2 years	Covered Covered once every 2 years
Hearing screening	Covered Covered once every 2 years	Covered Covered as part of the preventive exam	Covered Covered as part of the preventive exam
Gynecological	Covered	Covered	Covered

Medical Services			
Medical Office Visit	\$15 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Visit	\$15 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient PT/OT/Chiro Speech Therapy	\$15 Copay Covered up to 50 combined treatments per member per calendar year Prior Authorization is required for PT & OT services after the 1st visit	Deductible & Coinsurance Covered up to 50 combined treatments per member per calendar year; any excess visits will be coverable as Out-of-Network Prior Authorization is required for PT & OT services after the 1st visit	Deductible & Coinsurance Covered up to 50 combined treatments per member per calendar year; any excess visits will be coverable as Out-of-Network Prior Authorization is required for PT & OT services after the 1st visit
Allergy Services & Testing	\$15 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Allergy Injections	Covered 80 in 3 years	Deductible & Coinsurance Unlimited	Deductible & Coinsurance Unlimited
High Cost Diagnostics Ex. MRI, CAT scans, PET scans...	\$50 Copay Prior Authorization is required	Deductible & Coinsurance Prior Authorization is required	Deductible & Coinsurance Prior Authorization is required
Diagnostic Lab & X-ray	Covered	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Medical Services	Covered	Deductible & Coinsurance	Deductible & Coinsurance
Surgery Fees	Covered	Deductible & Coinsurance	Deductible & Coinsurance
Office Surgery	Covered	Deductible & Coinsurance	Deductible & Coinsurance
Orthotics	Covered	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Mental Health	\$15 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Substance Abuse	\$15 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Care			
Emergency Room	\$125 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	\$50 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Ambulance	Covered	Deductible & Coinsurance	Deductible & Coinsurance

Inpatient Hospital	Note: All hospital admissions require pre-cert	Note: All hospital admissions require pre-cert	Note: All hospital admissions require pre-cert
General/Medical/Surgical/Maternity (Semi-Private)	\$200 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Ancillary Services (Medication, Supplies)	Covered	Deductible & Coinsurance	Deductible & Coinsurance
Psychiatric	\$200 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Substance Abuse/Detox	\$200 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Rehabilitative	\$200 Copay Covered up to 60 days per calendar year	Deductible & Coinsurance Covered up to 100 days per calendar year	Deductible & Coinsurance Covered up to 100 days per calendar year
Skilled Nursing Facility	\$200 Copay Covered up to 120 days per calendar year	Deductible & Coinsurance Covered up to 120 days per calendar year	Deductible & Coinsurance Covered up to 120 days per calendar year
Hospice	Covered	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Hospital			
Outpatient Surgery Facility Charges	\$50 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Ambulatory Surgery Facility Charges	\$50 Copay	Deductible & Coinsurance	Deductible & Coinsurance
Diagnostic Lab & X-ray	Covered	Deductible & Coinsurance	Deductible & Coinsurance
Pre-Admission Testing	Covered	Deductible & Coinsurance	Deductible & Coinsurance
Other Services			
Durable Medical Equipment (DME)	Covered Coverage limited to specific items	Deductible & Coinsurance Coverage limited to specific items	Deductible & Coinsurance Coverage limited to specific items
Prosthetics	Covered Coverage limited to specific items	Deductible & Coinsurance Coverage limited to specific items	Deductible & Coinsurance Coverage limited to specific items
Infertility	Covered Unlimited maximum	Deductible & Coins Unlimited maximum urance	Deductible & Coinsurance Unlimited maximum
Home Health Care	Covered 200 Skilled Nursing visits per calendar year 80 Home Health Aide visits per calendar year	Deductible & Coinsurance 200 Skilled Nursing visits per calendar year 80 Home Health Aide visits per calendar year	Deductible & Coinsurance 200 Skilled Nursing visits per calendar year 80 Home Health Aide visits per calendar year

Prescription Drugs	<p>Managed 3 Tier Rx \$5 Generic/\$20 Listed Brand/ \$40 Non-Listed Brand 2x Mail Order</p> <p>100 day supply for retail pharmacy and 100 day supply for Mail Order</p> <p>Prior Authorization, Quantity Limits, Preferred Generic, DUR, NO ED coverage, Clinically Equivalent, Specialty pharmacy required, copays apply to diabetic medications and Refill Too Soon @ 85%</p> <p>Unlimited Annual Maximum</p>	<p>Prescription Coverage Deductible & Coinsurance</p> <p>30 day supply for retail pharmacy and 90 day supply for Mail Order</p> <p>Prior Authorization, Quantity Limits, Preferred Generic, DUR, NO ED coverage, Clinically Equivalent, Specialty pharmacy required, copays apply to diabetic medications and Refill Too Soon @ 85%</p> <p>Unlimited Annual Maximum</p>	<p>Prescription Coverage Deductible & Coinsurance</p> <p>30 day supply for retail pharmacy & 90 day supply for mail order</p> <p>Prior Authorization, Quantity Limits, Preferred Generic, DUR, NO ED coverage, Clinically Equivalent, Specialty pharmacy required, copays apply to diabetic medications and Refill Too Soon @ 85%</p> <p>Unlimited Annual Maximum</p>
Medical Dependent Age Maximum	To age 26- Dependents will be terminated the first of the month following their 26th birthday	To age 26- Dependents will be terminated the first of the month following their 26th birthday	To age 26- Dependents will be terminated the first of the month following their 26th birthday
Dental	Full Dental with Rider A	Full Dental with Rider A	Full Dental with Rider A
Dental Dependent Age Maximum	To age 22- Dependents will be terminated the first of the month following their 22nd birthday	To age 22- Dependents will be terminated the first of the month following their 22nd birthday	To age 22- Dependents will be terminated the first of the month following their 22nd birthday



City of Milford

Cost of Care Programs

Medical:

- **AIM-** American Imaging Management (see attached)
- **Orthonet-** Physical Therapy and Occupational Therapy Management (see attached)

Prescription

- Uses the specialty network for high cost drugs
- Includes edits for Clinically Equivalent Medications which may exclude coverage for certain brand name medications (Proton Pump Inhibitors, NSA's, Adderall & Statins...)
 - Diabetic Drugs and Supplies are subject to the 3 tier Rx copays
 - No coverage for Erectile Dysfunction drugs such as Cialis or Viagra
 - Other edits such as Prior Authorization, Step Therapy and Quantity Limits
- "DAW" MD override not allowed on written script. If brand is required for medical purposes the doctor would obtain a prior authorization. Otherwise the member would be responsible for the difference in cost between the brand and the generic drug.

**Anthem Blue Cross and Blue Shield
High Cost Diagnostics Quality Management
Program- American Imaging Management (AIM)**



High Cost Diagnostics (CT, CAT, MRI, MRA, PET, SPECT) – A proven radiology utilization management & quality management program to help improve the quality and appropriateness of radiology services. Prior Authorization will be required for the above non-emergency outpatient imaging services. No other radiology services furnished by a participating provider (such as x-rays, mammography's or ultrasounds) will require prior authorization. The radiology services rendered in an emergency room or rendered in an inpatient setting will not be subject to the prior authorization requirements. As part of the Radiology Quality Management program, clinical consulting services will be provided to physicians and facilities to help promote clinical quality and safety in radiological services.

Anthem Blue Cross & Blue Shield collaborates with American Imaging Management (AIM) to handle overseeing in-network and out-of-network authorization for high cost diagnostics.

What is the prior authorization process for AIM?

Prior authorization will be required for the following non-emergency outpatient imaging services: CT, CAT, MRI, MRA, PET, SPECT. Services rendered that are not prior authorized by AIM will be denied.

Providers can provide notification in one of two forms:

1. Phone: Providers can submit imaging requests by contacting AIM's call center toll free at 866-714-1107 Monday thru Friday, 8am- 5pm.
2. Website: Ordering providers may submit imaging requests via AIM's ProviderPortal. The ProviderPortal is available 24 hours a day, seven days a week and can be accessed directly at <https://providerportal.com>, or through a link available on Anthem Online Provider Services (AOPS) at anthem.com.
 - AIM website: www.americanimaging.net/goweb

Frequently asked questions

1. What is OrthoNet's role in the authorization process?

Anthem Blue Cross & Blue Shield collaborates with OrthoNet, LLC. to handle overseeing both in-network and out-of-network outpatient physical and occupational therapy services. OrthoNet will receive all requests for therapy services and then review those services to make sure they are medically necessary and will be covered under your health benefit plan.

2. Does the first visit to my therapy provider need to be authorized?

No. The initial outpatient therapy visit (which will be your initial evaluation) does not require prior authorization. However, future visits do need prior authorization. After your provider submits a treatment plan with clinical data to OrthoNet for review, OrthoNet will review it and either approve or disapprove future sessions. OrthoNet will authorize any additional visits that are medically necessary.

3. What will OrthoNet need in order to approve my sessions?

In order for OrthoNet to review your therapy provider's request, clinical data needs to be sent to OrthoNet by your provider.

4. Who will be reviewing my request at OrthoNet?

Your provider's request for services will be reviewed by a licensed rehabilitation professional. OrthoNet has a medical staff that includes medical directors, who are experienced in the areas of orthopedics, neurology, pediatrics, rehabilitation and sports medicine. All requests will be sent to the proper person for review by OrthoNet.

5. When will I find out about the decision?

OrthoNet understands how important it is to receive your sessions as soon as possible. OrthoNet will respond to all requests within two business days after receiving all the clinical information necessary to make a decision.

6. How will I find out about the decision?

OrthoNet will tell your provider what the decision is by calling the providers office on the telephone and by sending a letter to your provider. In addition, OrthoNet will mail a letter to you with a decision.

7. What if I decide to receive physical or occupational therapy from a provider that is out-of-network?

You will need to get prior authorization after your initial visit in order for your sessions to be covered.

To get prior authorization either you or your provider must first contact OrthoNet by phone and then submit your clinical data either by mail or by fax.

First call OrthoNet at: 888-788-0807

By mail: Anthem Therapy Management Program
c/o OrthoNet
P.O. Box 5046
White Plains, NY 10602-5046

By fax: 888-788-0809

8. What if I decide to receive physical or occupational therapy from an in-network provider that is located outside of Connecticut?

If your services are being given by an in-network provider that is located outside of the states of Connecticut, you will still have to get prior authorization for these sessions after your initial evaluation. You or your provider will need to contact OrthoNet by phone and then submit the clinical data to OrthoNet either by mail or by fax.

First call OrthoNet at: 888-788-0807

By mail: Anthem Therapy Management Program
c/o OrthoNet
P.O. Box 5046
White Plains, NY 10602-5046

By fax: 888-788-9809

9. If I get therapy from a chiropractor do I need prior authorization?

No. Services given by a chiropractor are part of your overall chiropractic treatment. Chiropractic treatment will be covered based on your health plan's chiropractic benefit and you do not have to get prior authorization for those services.

Wellness Reward Plan for HDHP/HSA

The City will offer each member the opportunity to participate in a wellness plan. The members who voluntarily participate will be required to complete a Health Risk Assessment form and complete an annual physical exam. Upon completion of the physical exam, an attestation form must be completed by the health care provider. If the member completes the above, the City will make available an additional \$250 to be deposited into the member's HSA account.



Employee attestation incentive instructions

Earn extra bucks just for taking extra good care of yourself

Follow these instructions to learn more

Good health is its own reward. We've all heard that before. And it's true. But did you know you can also get financial rewards for taking a few basic steps to staying healthy?

Your commitment to good health can really pay off

Each year, you can get extra money from your employer as an incentive for doing a few things toward good health. Just complete the steps below and you'll get \$250.00 deposited into your Health Savings Account (HSA).

Step 1: Get a yearly checkup with your doctor.

- Get the exams and tests that your doctor feels are right for you based on your age, health and whether you are male or female.
- These might include biometric screenings. Biometric screenings (tests) are simple tests that include checking things like blood pressure, cholesterol levels, triglycerides, sugar levels and body mass index (BMI).
- After you take the exams and tests, your doctor should fill out and sign the *Employee Attestation Incentive* form that came with this notice and give it back to you.

Step 2: Give the form to your employer's benefits department.

- Your employer will process the form.
- You do not need the results of your biometric tests to hand in your form.

Step 3: After you get your biometric test results, fill out a Health Assessment on our website.

- Go to anthem.com and log in using your Anthem username and password. (If this is your first visit to anthem.com, select **Register** to complete the registration process. Once you've registered, log in to get started).
- Then simply select the **Health & Wellness** tab, look for the Health Assessment and fill it out.
- Then you've done everything you need to do.

Step 4: We'll make sure the Health Assessment is filled out and let your employer know.

- Then your extra incentive dollars will be deposited into your HSA.
- Please know that your privacy matters to us. Rest assured, we'll only let your employer know that you filled out the Health Assessment. No other health information will be given out. Everything you put in the Health Assessment will stay private between you and your health plan.

Have a question about these steps?

Speak with your employer's benefits office.

Need help with your Health Assessment?

Contact our Customer Service department at 1-800-233-4947, Monday – Friday, 8 a.m. – 5 p.m. EST.

It pays to stay healthy. So get started today!

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield of Michigan. ANTHEM is a service mark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield of Michigan.1500ACTM000000 08/14

ATTESTATION FOR WELLNESS INCENTIVE

THE ORIGINAL FORM SHOULD BE RETURNED OR MAILED DIRECTLY TO:
CITY OF MILFORD HUMAN RESOURCES DEPARTMENT
70 West River Street, Milford, CT 06460

ANNUAL ROUTINE PHYSICAL EXAM FORM

Each employee/spouse covered by a High Deductible Health Plan has been asked to have an annual routine physical examination performed during each plan year. This routine physical should consist of the items listed below as deemed appropriate by the employee's/spouse's primary care provider.

Once the exam is complete, please sign and date this form and return it to the patient so they may turn it in to Human Resources. You may also mail the form directly. Please do not fax the form – we need the original signature. Please provide the employee/spouse with biometrical results of their exam and lab work. They may use this information to complete an online Health Risk Assessment with Anthem.

The Routine Physical Exam May Include the Following:

- ❖ Preventive Physical Exam, which includes medical and family health history, assessment of lifestyle (diet, stress, exercise, etc.) general system examination (heart, lungs, throat, thyroid, ears, skin, joints, etc.) and measurement of height and weight
- ❖ Routine blood and urine screenings
- ❖ Cholesterol and lipid level screenings
- ❖ Blood glucose screening
- ❖ Eye chart vision screening
- ❖ Immunizations (tetanus every ten years, others as appropriate)
- ❖ Pelvic examination, Pap Smear, and Mammography screenings
- ❖ Prostate examination and prostate specific antigen blood test (PSA) (*males only*)
- ❖ Colorectal cancer screening

You, as the health care provider, will determine which one of several types of screenings is most appropriate and at what age it should be done.

I certify that I performed a routine physical exam on

_____ and that the exam included appropriate
screenings. (Employee's/Spouse's Name)

Patient's name:

Physician's Name:

Date of Physical:

_____ - _____ - _____

Physician's Signature:

APPENDIX E – SCHEDULE OF DENTAL BENEFITS



Anthem Blue Cross and Blue Shield of Connecticut

FULL DENTAL PLAN with Amendatory Rider A

The Full Dental Plan covers diagnostic, preventive and restorative procedures necessary for adequate dental health.

COVERED SERVICES INCLUDE:

- ☐ Oral Examinations 1/36 months
- ☐ Periapical and bitewing x-rays 1/Year
- ☐ Topical fluoride applications for members under age 19- 2/Year
- ☐ Prophylaxis, including cleaning, scaling and polishing – 2/Year
- ☐ Relining of dentures
- ☐ Repairs of broken removable dentures
- ☐ Palliative emergency treatment
- ☐ Routine fillings consisting of silver amalgam and tooth color materials; including stainless steel crowns (primary teeth)*
- ☐ Simple extractions **
- ☐ Endodontics-including pulpotomy, direct pulp capping and root canal therapy (excluding restoration)

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

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

ACCESSING BENEFITS:

Participating Dentists Benefits

When a member receives care from one of over 1,800 Participating Dentists, he or she simply presents his or her identification card showing dental coverage. The dentist bills us directly for all covered services.

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

Non-Participating Dentists Benefits

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

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

Dental Amendatory Rider A

Additional Basic Benefits

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

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

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

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

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

ACCESSING BENEFITS:

Participating Dentists Benefits

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

Non-Participating Dentists Benefits

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

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

APPENDIX F – GRIEVANCE FORM

Date Received:

City of Milford Grievance Form

Local 3322, Council 4, AFSCME, Milford Employees' Association

STEP ONE: (1) An Employee having a grievance shall personally discuss it with his/her immediate supervisor not later than 10 working days of the incident. (2) If after such discussion the grievance is not resolved to the Employee's satisfaction, the Employee and/or such Employee's union representative should, within 10 working days of Step One (1), submit 2 copies of this Grievance Form to his/her immediate supervisor. (3) A meeting shall be held within 10 working days. (4) The immediate supervisor shall respond, in writing, within 5 working days. If this answer does not resolve the grievance, it may then proceed to Step Two.

STEP TWO: (1) Within 5 working days of Step One, the Employee and such Employee's representative shall file the written grievance form with such Employee's department head. (2) A meeting shall be held within 5 working days. (3) The department head shall respond in writing within 5 working days. If this answer does not resolve the grievance, it may then proceed to Step 3.

STEP THREE: (1) Within 5 working days of Step Two, the Employee and such Employee's representative shall file the written grievance form with the Director of Human Resources. (2) A meeting shall be held within 7 working days. (3) The Director of Human Resources shall decide the grievance within 10 calendar days.

STEP FOUR: If the Employee is not satisfied with the decision of the Director of Human Resources, the Employee and/or such Employee's representative shall submit the matter to arbitration within 14 calendar days.

Instructions:

While completing this form, be sure to include the following applicable points.

1. Does the grievance stem from a perceived violation of the working agreement? If so, specifically which one? (Cite article, section, etc.)
2. Who is affected?
3. What are the circumstances, i.e., when did it happen, where did it happen, etc.?
4. What remedy is being sought?

TO: Immediate Supervisor

Section of Agreement believed to
have been violated (if applicable):

Article: _____

Section: _____

Statement of Problem:

Remedy Sought:

Employee/Union Rep.
Signature: _____

Date: _____

MEA Grievance Form
Page 2

STEP ONE

Answer of Immediate Supervisor:

Action taken by Immediate Supervisor:

Signature of Immediate Supervisor:

Date:

Reaction to Immediate Supervisor's reply: By employee ☐ and/or Representative ☐:

☐ I/we agree or ☐ I/we disagree

Comments:

STEP TWO

Answer of Department Head:

Action taken by Department Head:

Signature of Department Head:

Date:

Reaction to Department Head's reply: By employee ☐ and/or Representative ☐:

☐ I/we agree or ☐ I/we disagree

Comments:

STEP THREE:

Answer of Human Resources Director:

Action taken by Human Resources Director:

Signature of Human Resources
Director:

Date:

Reaction to Human Resources Director's reply: By employee ☐ and/or Representative ☐:

☐ I/we agree or ☐ I/we disagree

Comments:

STEP 4:

Submitted to State Board of Mediation and Arbitration? ☐ Yes ☐ No

Date Submitted: _____