

COLLECTIVE BARGAINING AGREEMENT

By and Between

TOWN OF RIDGEFIELD

and the



**UNITED PUBLIC SERVICE EMPLOYEES UNION
Ridgefield Municipal Employees
Local 424 - Unit 82**

July 1, 2025 through June 30, 2029

Table of Contents

Preamble	3
Article I - Recognition	3
Article II -Management Rights	3
Article III -Union Security	3
Article IV -No Strike/Lockout	4
Article V –Definitions.....	4
Article VI -Probationary Period.....	5
Article VII –Seniority	5
Article VIII -Grievance Procedure.....	7
Article IX -Non-Discrimination & Non-Harassment	8
Article X -Disciplinary Action.....	9
Article XI -Hours of Work and Overtime	9
Article XII –Holidays	13
Article XIII –Vacations.....	14
Article XIV -Sick Leave	16
Article XV -Other Leave	20
Article XVI -Insurances and Pension	21
Article XVII –Salary	24
Article XVIII -Tuition Assistance	26
Article XIX -Miscellaneous Provisions	27
Article XX -Dress Code.....	28

Article XXI –Duration29

Article XXII -Substance Abuse Prevention.....29

Signature Page31

Appendix A -Salary Table -July 1, 2021 -June 30, 2025

Appendix B -Health Insurance Plans

Appendix C -Defined Contribution Plan

PREAMBLE

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

ARTICLE I –RECOGNITION

Section 1.01. The Town agrees to recognize the Union as the sole and exclusive representative and bargaining agent, as certified by SBLR Decision No. 2541 and the voluntary recognition of the Town to UPSEU on February 3, 2015, for the employees herein defined for the purposes of collective bargaining with respect to wages, hours and other conditions of employment.

For the purpose of this Agreement, the term "Employees" shall mean all part time and full-time clerical, dispatchers, technical and janitorial employees, excluding supervisors, professional employees, seasonal employees, confidential employees, temporary employees, department administrators, and employees covered by any other collective bargaining agreement, and those positions not recognized in the appendices.

ARTICLE II -MANAGEMENT RIGHTS

Section 2.01. Except as otherwise limited by an express provision of this Agreement, the Town reserves and retains, whether exercised or not, all the lawful and customary rights, powers and prerogatives of management and all of the rights, powers, and authority which the Town had prior to the effective date of this Agreement. Such rights include, but are not limited to, the right to determine staffing levels and composition; to appoint, promote, demote, layoff, transfer, assign and direct personnel; to determine job content and job classification; to establish new positions and/or changes in the content of existing positions; to suspend, discharge or otherwise discipline employees; to prescribe rules and regulations to maintain the discipline of employees and the efficiency of the department; to determine the extent to which work or employment shall be increased or reduced; to plan, direct and control departmental operations and hours; and to determine and/or change methods, processes, equipment and facilities.

ARTICLE III -UNION SECURITY

Section 3.01. The Town agrees to deduct from the wages of each employee who has voluntarily and individually signed a payroll deduction authorization card, for membership a sum certified by an officer of the Union which represents Union dues. Deductions shall be made from each payroll period and shall be remitted as soon as possible after the payroll period, along with the names of the employees, to the designated officer of the Union.

Section 3.02. In consideration of the Town entering into the provisions of this Article, the Union hereby agrees to indemnify the Town and hold it harmless from any and all claims, liability or costs, including attorney's fees, to the Town which arise out of entering into or enforcement of this Article.

Section 3.03. The Town shall notify the Union of any address change submitted by an UPSEU employee.

Section 3.04. The Employer shall provide the UPSEU Labor Relations Representation in writing via email within ten (10) days the following information as it relates to new hires: (1) first & last name; (2) work location/department; (3) pay rate (4) work phone number; (5) work email address; and (6) home address. The Town shall furnish an active seniority list each quarter to the Unit President and Labor relations representative.

Section 3.05. The Union shall be provided an opportunity to meet with new employees during the course of any employment orientation program for new employees. Where such an orientation program does not exist, the Union shall be provided an opportunity to meet new employees during the first month of a new hire's appointment either on employee time, or for such new employees who have a paid lunch, at a convenient time during the workday, but shall not exceed thirty (30) minutes.

As provided by law, the Town shall provide UPSEU with access to the employees, including conducting worksite meetings on Town premises before and after the workday and during meal periods and/or other paid or unpaid breaks, to discuss grievances, workplace complaints and other workplace issues.

ARTICLE IV - NO STRIKE/NO LOCKOUT

Section 4.01. The Union agrees that it and/or its members, individually or collectively, during the term of this Agreement, will not cause nor take part in any strike, sit-down, slow-down, or curtailment or restriction of work. The Town agrees not to lock out its employees.

ARTICLE V –DEFINITIONS

Section 5.01. A full-time employee is one who works an average of 35 hours or more per week on a regular and continuing basis.

Section 5.02. A part-time employee is one who works an average of less than 35 hours per week on a regular and continuing basis.

Section 5.03. A temporary or seasonal employee is one who is hired for a specific length of time, not to exceed 120 calendar days pursuant to the Municipal Employees Relations Act (MERA). Temporary or seasonal employees shall not be used to eliminate bargaining unit positions. In the event the Town is actively seeking applicants for bargaining unit positions or a temporary employee is used to replace a bargaining unit employee on authorized leave, the aforementioned

six-month limitation shall not apply. On-call employees are employees used to fill in vacancies in an on-call basis, only when needed.

ARTICLE VI - PROBATIONARY PERIOD

Section 6.01. New employees or employees who are scheduled to be laid off and bump under the provisions of Section 7.05 on a five-day workweek schedule shall serve a probationary period of one-hundred twenty (120) working days from the date of hire. Probationary employees shall be entitled to all the benefits of this Agreement unless enumerated otherwise; and shall not have the right to appeal discipline or discharge through the grievance procedure. The probationary period should equate to six (6) months of employment for all other new employees or employees who are scheduled to be laid off and bump under provisions of Section 7.05 who work on a schedule other than five (5) days per week.

The probationary period for a non-experienced, non-certified public safety dispatcher will be one (1) calendar year from their date of hire. Experienced and previously certified public safety dispatchers will have the same probationary period as all other UPSEU new hires.

Section 6.02. An employee who accepts a job in another classification will have the first ten (10) workdays of his/her probationary period as outlined for new employees in Section 6.01 above, to elect to return to his/her prior position. If an employee elects to resign prior to the end of the probationary period, he/she will be put on a conditional resignation list for twelve (12) months. If qualified, he/she will be offered any position of equal or lower classification that becomes available during that twelve months, retaining all prior benefit and seniority status, and subject to the provisions of Section 6.01.

ARTICLE VII –SENIORITY

Section 7.01. Definition of Seniority.

"Seniority" shall include "town seniority" (continuous service as an employee of the Town), "department seniority" (continuous service within a department), and "classification seniority" (continuous service in a job classification).

For the purposes of this Agreement, seniority shall be credited as follows:
Seniority shall be given based on weeks per year worked; full credit of one year shall be given for fifty-two (52) weeks of service.

Section 7.02. Seniority shall accrue during time spent on the following approved leaves:

- (a) Approved sick or injury leave (job related and non-job related) of six (6) months or less.
- (b) Military leave.

(c) Jury duty leave.

(d) Family Medical Leave Act (FMLA).

Section 7.03. Seniority shall not accrue but shall be bridged in the cases of:

(a) Approved sick or injury leave (job related and non-job related) exceeding six (6) months.

(b) Approved leaves of absence without pay.

(c) Layoffs that do not exceed the period of recall rights as defined in Section 7.05.

Section 7.04. Seniority shall be terminated by:

(a) Resignation. (An employee shall give at least two (2) weeks' notice before leaving the employ of the Town, unless otherwise mutually agreed upon.)

(b) Retirement.

(c) Discharge.

(d) Failure to return from a leave of absence or layoff.

(e) Layoffs exceeding the period of recall rights as defined in Section 7.05.

(f) Other termination from employment.

Section 7.05. Layoff and Recall.

(a) Layoff. In the event of a reduction in force or the elimination of a bargaining unit position which requires a layoff, temporary, seasonal and probationary employees in the positions affected shall be laid off first. Thereafter, part time employees holding the positions affected shall be laid off first and then full-time employees by classification seniority with the least senior employee in the position being laid off first. Employees to be laid off shall receive at least two weeks' notice.

An employee scheduled for layoff shall have one opportunity to bump another employee in the bargaining unit provided all of the following criteria are met:

(1) the employee scheduled for layoff has more Town seniority than the bumped employee;

(2) the bumped employee works the same work year, i.e., full-time or part-time, as the employee scheduled for layoff;

(3) the bumped employee is the least senior (by department seniority) in the group of bargaining unit employees working the same work year;

(4) the bumped employee is in a classification equal to or lower than the classification of the employee scheduled for layoff;

(5) the employee scheduled for layoff is able to perform the work of the position held by the bumped employee.

If all of the foregoing criteria are not met, the employee scheduled for layoff shall be laid off. If all of the foregoing criteria are met, the bumped employee shall be laid off.

If the employee scheduled for layoff bumps another bargaining unit employee and is unable to perform the newly acquired position within the probationary period as outlined in Section 6.01, they will be laid off and not be eligible to bump again.

(b) Recall. Laid-off employees shall have recall rights for thirty-six (36) months or for the length of town seniority whichever is less. During the recall period, laid-off employees shall be recalled in reverse order of layoff by town seniority to vacant positions which are equivalent to or lower than the classification last held, provided they are then qualified to do the work. Employees recalled to or placed in positions other than their former position shall retain recall rights to their former position for the recall period. Failure to respond within five (5) days of receipt of notice of recall (to be sent via US Certified Mail by the Town) or failure to accept reinstatement to the former position shall result in removal of the laid-off employee from the recall list.

ARTICLE VIII -GRIEVANCE PROCEDURE

Section 8.01. Purpose. The purpose of the grievance procedure shall be to settle employee grievances on as low an administrative level as possible.

Section 8.02. Definitions.

(a) A "grievance" is any difference, dispute or disagreement arising out of the terms of this Agreement.

(b) A "grievant" is the aggrieved employee, employees, or union.

(c) "Days" shall mean working days.

Section 8.03. Procedure.

INFORMAL STEP

The employee and/or her Union representative may orally present the grievance to and discuss it with the employee's supervisor.

STEP #1.

Any grievance must be brought in writing within twenty (20) days after the employee or the Union knew or should have known of the event giving rise to the grievance or else the grievance is waived. The Human Resources Director or his/her designee will discuss the grievance with the employee and, if the latter requests, with the employee's Union representative within ten (10) days after receipt of the grievance. The Human Resources Director or his/her designee shall submit her decision in writing to the aggrieved employee and the Union within five (5) days of the meeting.

STEP #2.

If the employee or the Union is not satisfied with the decision rendered by the Human Resources Director, the employee or the Union shall submit the grievance in writing within ten (10) days after receiving such decision, to the First Selectman or his/her designee who shall render a decision within ten (10) days after receipt.

STEP #3.

If the Union is not satisfied with the decision rendered by the First Selectman, it may, within ten (10) days after receipt of that decision, submit the grievance to the Connecticut State Board of Mediation and Arbitration except, in cases of discharge of non-probationary employees, to the American Arbitration Association. The decision rendered by the Arbitrator shall be final and binding on both parties. The Arbitrator shall have no power to add to or subtract from or modify in any way the terms of this Agreement. The costs of arbitration shall be borne equally by the parties.

Section 8.04. Time limits applicable to the grievance procedure may be waived or extended by mutual agreement of the Town and the Union.

Section 8.05. Recording of Minutes or Testimony. Either party shall have the right to employ a public stenographer at any step in this procedure.

Section 8.06. One representative of the Union plus one grievant, and if mutually agreed between the Town and Union additional witnesses, shall be granted leave from duty with full pay for all meetings between the Town and the Union through arbitration for the purpose of processing grievances, when such meetings take place at a time during which such employees are scheduled to be on duty.

Section 8.07. Failure of the employee or the Union to appeal a grievance decision at any level within the required time period shall constitute acceptance of the decision at that level. Failure of the Town to render a decision within the stated timeframe, at any level, constitutes a denial entitling the grievant to proceed to the next step.

ARTICLE IX -NON-DISCRIMINATION & NON-HARRASSMENT

Section 9.01. The Town shall not harass or discriminate against any employee or group of employees because of sex, race, age, color, religious belief, national origin, physical disability, or marital status.

Section 9.02. The Town and its representatives, the Union and its representatives, and all employees shall treat each other with dignity and respect.

Section 9.03. Grievances brought under this Article are limited to the first two steps of the grievance procedure and shall not be subject to arbitration.

ARTICLE X -DISCIPLINARY ACTION

Section 10.01. The Town retains the right to discharge or otherwise discipline employees. Employees who have completed their probationary period shall not be discharged or otherwise disciplined except for just cause. The Town shall follow progressive discipline, however they retain its right to administer suspension, termination, and other forms of discipline based on the severity of the offense. Said discipline shall be subject to the Grievance Procedure as outlined in the collective bargaining agreement.

Less severe offenses will result in disciplinary action that will normally include a verbal warning for the first offense, written warning for the second offense, suspension for the third offense and discharge for the fourth offense. Nothing prevents the Town or manager from addressing a performance issue informally.

Section 10.02. The Union Representative and Unit President will be given a copy of all written warnings or notices of suspension or discharge.

ARTICLE XI -HOURS OF WORK AND OVERTIME

Section 11.01. All full-time employees shall work a minimum of thirty-five (35) hours per week, seven (7) hours per day, plus no less than one-half hour unpaid lunch. Part-time employees work less than thirty-five (35) hours as scheduled. Secretary/Records Administrator, and the Building Maintainer shall work forty (40) hours per week, eight (8) hours per day, plus no less than one-half (1/2) hour unpaid lunch. Dispatchers will work the schedule as outlined later in the agreement.

Section 11.02. Hours worked in excess of regularly scheduled hours to forty (40) hours in a week shall be paid at the straight time rate. All hours worked in excess of forty (40) hours-per week shall be paid at the rate of time and one-half the straight time rate. All leave except sick leave shall be counted as time worked in the computation of overtime.

Section 11.03. In lieu of overtime pay, an employee may request compensatory time off which, if granted, shall be given at the appropriate overtime rate. Compensatory time shall be taken within the pay period in which it is earned with the approval of the employee's supervisor, except that

an employee may accumulate up to thirty-five (35) hours of compensatory time. Accumulated compensatory time must be taken within three (3) months of the pay period in which it was earned. In situations where employees are unable to take the accrued compensatory time within the three-month period, the Town shall pay out the hours worked, unless the parties agree otherwise to extend the period by mutual agreement.

Section 11.04. The parties agree to continue the present work week and the present policy of flexible working hours to accommodate the needs of the Town, its employees, and the general public.

Section 11.05. Bargaining unit employees shall be given the first opportunity to perform overtime work in the same capacity as their current function, should an overtime opportunity be made available.

Section 11.06. Dispatcher Work Period. The Dispatcher Schedule below shall begin when the dispatchers are moved to a single location and shall consist of seven (7) days per week and twenty-four (24) hour per day coverage. Shifts are delineated below:

7 am to 7pm and 7 pm to 7 am Sunday through Saturday – 7 days per week

Full Time employees assigned to shifts will follow the Pitman rotating schedule which will have 2 days on, 2 days off, 3 days on, 2 days off, 2 days on, 3 days off rotating cycle with the start of the month varying depending on what schedule assigned. One week will be 36 hours and the next week will be 48 hours of work scheduled. This schedule will have some employees with every other Fri/Sat/Sun off, while the others with every other Sat/Sun/Mon off.

Lead Dispatchers shift shall be determined by the Town, and may be day shift or overnight shift, based on staffing and department needs. Once determined, a side letter between the Union and Town will codify the shift assignment.

All shifts include any lunch/dinner periods (when appropriate) and break periods when workflow permits, as all dispatchers will be expected to respond during these break periods.

Dispatchers will not be permitted to sleep during their work hours and consecutive work hours will be limited to eighteen (18) hours, with the exception of emergency coverage.

Section 11.07. Dispatcher Schedule. The schedule will be posted at least 1 month in advance for shift coverage. There may be available shifts on the monthly schedule open to PT dispatchers. This shift will be offered to the active part time dispatchers when the schedule is created, approximately a month prior. PT employees shall be offered these shifts and then available shifts will be offered to the Full-time employees based on a rotation overtime list as outlines in Section 11.09. If no one voluntarily fills a vacation shift, then the order-in list will take effect, as outlined in Section 11.09d.

Section 11.08. Dispatcher Mutual Exchange of Work Days. Each employee shall be granted leave with pay for any day or days on which he is able to secure another employee to work in his place provided:

- a. Such substitution does not impose any additional cost to the Town;
- b. The Chief or his designee are notified at least forty-eight (48) hours in advance;
- c. Employees are limited to eight (8) substitutions within a month
- d. Substitutions for less than half (1/2) days are not permitted, except that substitutions of 2 hours or less may be approved by the Chief or his designee.
- e. Full time employees must pay back their mutual exchange of workdays within the same pay period.
- f. Emergency swaps may be approved in emergency situations.

Swaps may be approved by the lead dispatcher, who will later notify the Chief or his designee of the swap.

Any substitution which does not comply with the above conditions shall not be permitted.

A dispatcher who agrees to a swap and then calls-out sick on the day they are scheduled to work the swap, will be charged sick time for the missed shift and may be denied future swaps if a pattern of behavior continues.

Like others sick days, order-in or hold-over policies will be used to fill the vacancy created by the swap and not require the person off due to the swap to return, unless an emergency situation exists.

Section 11.09. Dispatcher Overtime and Order-in Policy.

- (a) There shall be two lists maintained by the Department, an overtime list and an order-in list. The Dispatcher voluntary overtime list shall be a rotating list. All full-time dispatching personnel, starting with the most senior employee to most junior. If the person at the top does not accept the overtime, they will be moved to the bottom of the overtime list. An employee already on scheduled vacation or personal time for that day will not be moved to the bottom of the list for not accepting the overtime assignment. Fulltime employees cannot take the overtime shift if it will require them to work more than 18 hours in a single day. After each open shift assignment is completed, the names on the list shall rotate to reflect current activity. When a new employee is hired his/her name will be placed at the bottom of the rotating list. Part time dispatchers will have the ability for voluntary overtime after full-time dispatchers have been provided an opportunity and it will be on a rotating basis.
- (b) Open shifts will be Everbridged by a lead dispatcher or his/her designee and will be filled by approximately 1800 hours. Any open shift that needs to be filled within a 24- hour period shall be done as soon as possible.
- (c) All dispatchers may respond to the open by answering “yes” or “no” to the job or “no, move me” in which their name will then go to the bottom of the rotating open shift list.

- (d) Should the open shift not be filled in the above time frame, the full time Dispatcher at the top of the Order-in overtime list shall be ordered in for that particular shift. If the order-in would require the employee to work more than eighteen hours in a single day, the shift must be split with another full-time dispatcher. The order-in overtime time list has the most junior person at the top of the list, and the most senior at the bottom. Employees on scheduled vacation, personal time, or would go over eighteen consecutive hours in a 24-hour period, may reject the order-in but will remain at the top of the list for the next overtime assignment.
- (e) If a shift is available due to a sudden illness or call-out, the on-duty dispatching personnel who has the fewest number of order-ins will be required to stay for ½ of the shift not covered (six hours), and the dispatcher who is due in for the next shift would be required to come in six (6) hours early to split the abandoned shift. If the dispatcher who would be required to stay or come in early has a pre-approved vacation or personal day, the dispatcher order-in list would apply and the second dispatcher on-duty would stay until the replacement is found.

Section 11.10 – Dispatcher Shift Limits. Only under emergency circumstances may a dispatcher work more than eighteen (18) hours without an eight (8) hour break between shifts.

Section 11.11. Dispatcher Training Reimbursement. Any dispatcher who is required to train another dispatcher shall receive three (3) hours of additional pay at his/her hourly rate of pay for every eight (8) hours of training a probationary dispatcher. Any dispatcher who is required to train another dispatcher for a full 12-hr shift of training a probationary dispatcher shall receive four (4) hours of additional pay at his/her rate of pay.

Effective 7/1/26 the Town will increase the training pay to five (5) hours of additional pay at his/her rate of pay when a Public Safety Dispatcher is training a probationary dispatcher for a full 12-hr shift. In addition, if a single public safety dispatcher is training more than one trainee, for a 12-hr shift, they will be compensated eight (8) additional hours for that shift. If two new trainees are trained by two dispatchers simultaneously, each training dispatcher is entitled to five (5) hours of training pay. If a new employee is solely observing the dispatchers work, it is not considered “training” under this section of the agreement.

Section 11.12. Dispatchers – Availability to work. Full time and part time dispatchers, in the event of an emergency may be held-over, due to a need based on an unexpected illness of the oncoming employee or other unexpected vacancy. In the event this vacancy is determined to last the entire shift, the oncoming employee will be called-in early to fill in the second half of the shift, and relieve the held-over employee. The hold-over and call-in will be the most junior dispatcher being required to stay unless a dispatcher or lead voluntarily agrees to stay/come-in early.

Section 11.13 – Emergency coverage. If a dispatcher is at work and becomes ill or has an emergency while on the desk and must leave their post, a Police Officer will cover until such time as the order-in dispatcher arrives.

Section 11.14 – Dispatcher seniority. Lead dispatchers will have higher seniority when choosing vacation and personal time than dispatchers. Lead dispatchers will have seniority over the other based on their length of service in that role.

Section 11.15 - Dispatcher Differential. The Town will provide a \$1.00 per hour differential for all hours actually worked between 7 p.m. and 7 a.m.

Effective July 1, 2026, the differential for the overnight 7PM to 7AM shift will increase to \$1.25 per hour.

Effective July 1, 2027, the differential will be increased to \$1.75 per hour for the overnight 7PM to 7AM shift.

Section 11.16 – Staffing. The Staffing level of the dispatcher center will be determined by the Town. The UPSEU Dispatching staff currently employed at the signing of this agreement will be utilized to fill these positions if cleared by the Police Department via the legally required background check for those accessing the police dispatching and state systems. The intent is to have two (2) dispatching personnel on each shift. These two personnel will normally be a UPSEU lead dispatcher and a UPSEU dispatcher, or two dispatchers.

Section 11.17 – Working Beyond Shift. Any public safety dispatcher who is held past their normally scheduled shift without an eight (8) hour break shall be paid at the applicable overtime rate for all hours worked beyond the regular shift.

Section 11.18 – Translation Stipend. Effective July 1, 2026, any public safety dispatcher who demonstrates the ability to speak Spanish fluently, which contributes to a significant call or walk-in volume, will receive a \$500.00 stipend payable one-half (\$250) in each of the Holiday Pay paychecks. This stipend is limited to the first four (4) dispatchers, and they must be assigned to a normal shift schedule separate from the other designated Spanish translator dispatchers so as to best utilize their skillset. Those getting this stipend understand that if on duty, they will be required to assist when needed in situations when other officers or personnel may not be available or able to translate effectively. Should one of the four paid translation stipend employees leave, then another employee with the same skillset shall be offered the stipend and move to the alternate shift vacated. The stipend eligibility and shift will be determined by seniority.

Effective July 1, 2027 this stipend will be increased to \$1,000 per fiscal year and paid one-half (\$500) in the June Holiday paycheck and one-half (\$500) in the December holiday paycheck.

ARTICLE XII –HOLIDAYS

Section 12.01. The following days shall be observed as holidays:

New Year's Day	Columbus Day/Indigenous People's Day
Martin Luther King's Birthday	Veterans' Day
Presidents' Day	Thanksgiving Day
Good Friday	Day After Thanksgiving
Memorial Day	Day Before Christmas
Independence Day	Christmas Day
Labor Day	Juneteenth

Section 12.02. Holidays shall be celebrated as designated on the yearly calendar. Any holiday falling on a Saturday shall be celebrated on the preceding Friday. Any holiday falling on a Sunday shall be celebrated on the following Monday. For fulltime and part-time employees who work in an area that is open seven days per week and the employee does not work a traditional M-F schedule, holidays will be paid as follows:

FT employees will be entitled to 14 total holidays. For those Fulltime employees not working a Monday through Friday schedule, they will be given the day off that the actual holiday falls with pay, or they will be provided another day (either the closest day before or after the holiday) when they are normally scheduled to work as the paid day off.

For part-time employees, you will get paid for the actual day the holiday falls, if you are scheduled to work that day as part of your regular PT schedule, and aren't working the normal M-F workweek.

Section 12.03. Employees who are on paid or unpaid leave of absence shall not be entitled to holiday pay for those holidays which occur during their leave of absence.

Section 12.04. Whenever any said holiday falls within paid vacation time, said holiday shall not be charged against earned vacation. The employee shall be given another day off to compensate for said holiday at a time mutually agreeable to the employee and the Town.

Section 12.05. Part time employees shall receive holiday pay on a prorata basis when the holiday falls on a regularly scheduled work day. Employees on a flexible schedule will get paid a prorated amount of holidays, based on the numbers of hours scheduled to work in a workweek (five (5) day period).

Section 12.06. Employees will not be paid for a holiday if they are out sick their work-day before or their work-day following a holiday, unless a doctor's note is provided.

Section 12.07. Dispatcher Holidays. Part time dispatchers are entitled to the following holidays, with full pay, if they work on the day the holiday falls: New Year's Day, Martin Luther King Day, President's Day, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day/Indigenous People's Day, Veteran's Day, Thanksgiving Day, the day after

Thanksgiving, Day Before Christmas, Christmas Day. The Holiday pay is equal to the actual number of hours worked on the holiday.

Holidays, for all dispatchers regardless of part time or full-time status, occur on the day the holiday actually falls versus the UPSEU Holiday schedule.

Full time dispatchers shall receive Holiday pay and it shall be distributed twice each year as follows:

- (a) For those holidays occurring between December 1 and May 31 each year, payment shall be made in one sum on or before June 15 following the end of the six-month period.
- (b) For those holidays occurring between June 1 and November 30 each year, payment shall be made in one sum on or before December 15 following the end of the six-month period.
- (c) Employees absent with or without pay when a holiday occurs shall not earn holiday pay except in the following instances: (1) Employees on injury leave and receiving Workers' Compensation benefits due to work-related injury; (2) employees on vacation or funeral leave; and (3) employees on their regular day off.
- (d) Full-time dispatchers will be paid 8 hours for each holiday, and receive pay for all fourteen holidays whether they work or not.
- (f) Public Safety Dispatchers who physically work on Thanksgiving Day, Christmas Eve, Christmas Day, and New Year's Day will be paid ten (10) hours of holiday pay versus the eight (8) hours listed above in section 12.07d.

ARTICLE XIII –VACATIONS

Section 13.01. Vacations will be granted in accordance with the vacation policy of the Town as follows:

- (a) Vacation leave shall not be taken until an employee has completed his/her initial probationary period.
- (b) Employees with over six (6) months of town seniority but less than twelve (12) months of town seniority as of December 31st of any year will receive one (1) week of paid vacation leave in that calendar year.
- (c) Employees with over twelve (12) months of town seniority but less than five (5) years of town seniority as of December 31st of any year will receive two (2) weeks of paid vacation leave in that calendar year and thereafter.

- (d) Employees with over five (5) years of town seniority but less than ten (10) years of town seniority as of December 31st of any year will receive three (3) weeks of paid vacation leave in that calendar year and thereafter.
- (e) Effective January 1, 2023 the following vacation schedule will be applicable and the above vacation allotment will not be applicable:

<u>Length of Service as of December 31st</u>	<u>Vacation Eligibility That Calendar Year</u>
6 months – 12 months	5 days
1 year – 4 years	10 days
5 years – 10 years	15 days
11 years	16 days
12 years	17 days
13 years – 17 years	21 days
18 years	22days
19 years	23 days
20 years	24 days
21 years or more	25 days

Section 13.02. Upon voluntary termination provided the employee gives and works at least two (2) weeks' notice, the employee shall receive vacation pay for all unused vacation in accordance with the following schedule, unless otherwise approved by the First Selectman:

<u>VACATION ENTITLEMENT</u>	<u>VACATION PAY DUE FOR EACH FULL MONTH WORKED (LESS ANY VACATION TAKEN)</u>
5 days	1/2 day's pay up to five days
10 days	1 day's pay up to ten days
15 through 19 days	1-1/2 days' pay up to fifteen days
20 through 24 days	2 days' pay up to twenty days
25 days	2-1/2 days' pay up to twenty-five days

Vacation pay shall be at employees' regular straight time rate.

Section 13.03. Vacations may be scheduled throughout the calendar year, subject to the approval of the Department Head and/or the Human Resources Director. Vacations shall be granted on a department seniority basis.

Section 13.04. The vacation year shall be January 1 through December 31. Vacation must be used in the year in which it is earned, except that an employee may carry over no more than one (1) week into the next calendar year with manager's approval. Carried over vacation days are not payable under Section 13:02 above, unless the terminating employee gives and works a full two weeks' notice prior to their termination.

Section 13.05. Part-time employees are eligible for vacation in accordance with Section 13.01 except that vacation benefits shall be prorated based upon the number of hours normally worked per week. Effective for anyone hired after July 1, 2006, part time employees scheduled for under ten (10) hours of work per week shall not be eligible for paid vacation leave.

Section 13.06. Employees who accumulated continuous service on a regular part-time basis before becoming classified as regular full-time employees shall be granted credit for the years of regular part-time service in accordance with the definition of unit seniority.

Section 13.07. Selection of Dispatcher Vacation. Full time dispatch employees' vacation time is based on a 42-hour average work week and therefore "5 days' vacation" is the equivalent of 42-hours of time or 1 week. And 10 days' vacation is equivalent to 84 hours of time or 2 weeks. Time will be pro-rated to meet the 42-hour work week average versus by days as outlined above, as the above is based on a typical 5-day per week work cycle.

Employees will choose their vacation on a seniority basis and all vacation requests shall be submitted to the Chief or his designee on vacation request forms provided by the department and are not approved until the Chief or his designee has signed the request form. Ordinarily, vacation requests shall be made seven (7) days in advance. However, the Chief or his designee or his designee shall accept requests made with less than seven (7) days' notice under the following conditions:

- (a) There is at least forty-eight (48) hours' notice.
- (b) The request is not for a time when the employee is scheduled for training.
- (f) Only one full time employee will be approved for vacation on any shift.

Section 13.08. Dispatcher Training. The Town shall pay a minimum of four (4) hours to attend training if a Dispatcher is required to attend off shift, but may require the time to be work if needed.

ARTICLE XIV -SICK LEAVE

Section 14.01. Occasional Sick Leave.

A. An occasional leave for personal illness or non-job related injury shall mean any absence for such reason(s) of seven (7) or less consecutive calendar days.

B. The parties agree that, as a condition of employment, all employees are expected to report to work on their regularly scheduled shifts except as specifically provided otherwise in this Agreement. It is recognized, however, that on occasion employees will be rendered physically unable to perform assigned work due to non-job-related accidents or debilitating illness. The paid sick days provided in this Section are not to be considered as personal days off other than for purposes of any sickness or any injury other than job-related sickness or injury covered by Workers' Compensation.

C. For full-time employees with more than six (6) months of continuous service, occasional days of absence due to illness or non-job-related injury of the employee shall be paid up to an accumulated total of ten (10) days of paid absence in any calendar year. Dispatch personnel are entitled to 84 hours of sick time based on the average of 42 hours per week. Any absences in excess of ten (10) paid days shall only be paid if the Department Head and/or the Human Resources Director specifically requests such payment from the First Selectman and the First Selectman approves such payment. Employees shall have the ability to use sick time in one (1) hour increments. Such approval from the manager shall not be unreasonably denied.

D. For part-time employees with more than six (6) months of continuous service, occasional days of absence due to illness or non-job-related injury of the employee shall be paid up to the total number of days in their regularly scheduled two (2) week work period and shall be prorated to the number of hours regularly worked. Employees shall have the ability to use sick time in one (1) hour increments. Such approval from the manager shall not be unreasonably denied.

E. Employees with less than six (6) months of continuous service, may be paid for such absences only when the Department Head and/or HR Director specifically requests such payments from the First Selectman and the First Selectman approves such payments.

F. If the employee uses over ten (10) sick days during the year, he/she will be required to get a doctor's note for those days over ten (10).

G. Reporting Illness for Dispatchers. When an employee finds it necessary to be absent from duty on sick leave, he shall cause the fact to be reported to the duty dispatcher not later than four (4) hours prior to his schedule of duty, unless his knowledge of such sickness occurs after four hours prior to the tour of duty, in which case he shall report it as soon as is diligently possible.

Section 14.02. Income Protection Plan.

A. Disability benefits are designed to provide cash income to any employee who is totally disabled by a non-job-related injury or sickness or pregnancy, and is therefore prevented from performing the duties of his or her occupation. To be eligible for disability benefits, an employee must have completed six (6) months of continuous employment by the Town and must be a full-time employee and must present medical documentation substantiating the total disability.

B. Short Term Disability

- (1) Short term disability shall apply to any extended absence for sickness or non-job-related injury of more than seven (7) consecutive calendar days, starting with the first shift unable to be worked.
- (2) Weekly benefits will be paid in the amount of one hundred percent (100%) of normal weekly straight time earnings for a maximum duration of two weeks if approved by the Department Head and/or the Human Resources Director. If the Department Head and/or the Human Resources Director does not approve all or part of the two weeks, the employee, at his option, may use all or part of his unused occasional days for the unpaid portion of the two (2) weeks.
- (3) After the first two weeks of absence and for a maximum duration of twenty-six (26) weeks, weekly benefits will be paid in the amount of sixty-six and two-thirds percent (66-2/3%) of normal weekly straight time earnings at the time of disablement, provided the employee is under the care of a licensed physician.
- (4) Employees who are on Short Term Disability, are required to provide the Town written documentation from his/her physician that details the dates of disability. This note shall be provided upon leave and shall be updated upon each follow up visit or every thirty (30) days, whichever occurs more frequently.

C. Long Term Disability

Employees who, after twenty-six (26) weeks, are totally and permanently disabled and are unable to perform their own job or any other occupation or trade to which they are suited by reason of education or training shall be eligible to receive a long term disability benefit which shall be equal to fifty percent (50%) of their normal monthly straight time earnings at the time of their disablement less any payments for which they are eligible from Social Security and any other insurance or pension plan to which the Town has contributed. Employees shall be eligible for long-term disability benefits for the length of their disablement or as outlined by the disability insurance plan provisions.

Section 14.03. Job Related Sick Leave. If an employee qualifies for and is receiving temporary total disability benefits under the workers' compensation law, the Town shall pay the employee the difference between the amount of workers' compensation and his gross regular straight time pay at the time of disablement less F.I. C.A. and federal income tax withholding. This differential shall be paid until such time as the employee is able to return to his regular duties or until he has reached maximum improvement, but in no event for more than one year from the date of disablement.

Section 14.04. Duration of Job-Related and Non-Job-Related Sick Leave. If any illness or injury results in a disability of more than twelve (12) months duration, the Town shall have the right to terminate the employee if the medical prognosis indicates the employee will not be able to return to and fully perform the position the employee held prior to the injury or illness. For the purpose of this Section, date of disability is the first day the employee was unable to report to work due to the disabling illness or injury. Successive periods of disability separated by less than three

(3) calendar months are considered as the same disability when the illness or injury rendering the employee disabled remains the same. An employee who is absent due to job-related or non-job related illness or injury must keep the Town advised of the status of the disability by providing periodic medical documentation including, but not limited to, the diagnosis, treatment, and expected duration of the disability, dates of treatment, and prognosis for return to work, including whether or not the employee has reached maximum medical improvement and whether or not the employee is expected to recover to the extent that he will be able to fully perform the duties of the position he held on the date of disability. The Town may refer the employee for a medical evaluation by a second physician selected and paid by the Town. When there is a conflict between the opinion of the employee's physician and the opinion of the physician selected by the Town, a third medical opinion shall be obtained from a physician with the appropriate medical specialty. Said physician shall be mutually selected by the first two physicians. Any portion of the third medical examination not covered by the employee's health insurance shall be paid by the Town. The third medical opinion shall prevail. In the event an employee refuses to provide medical documentation or to report for the required medical evaluations described above, the employee's status shall be changed to termination as of the date of the refusal. Termination of employment under this Section shall not affect the employee's eligibility for long term disability benefits under the terms of the applicable insurance plan or for workers' compensation as provided by state law.

Section 14.05. Sick Leave. Unused Sick time shall be banked at the end of each calendar year without limit. One-half (1/2) of each year's individual sick bank will be recorded by Human Resources and shall be used to supplement any short-term disability payments as described in section 14.02B(3). This unused sick bank shall have no dollar value if not used for disability payments. The other one-half (1/2) of each year's individual sick bank will be converted into the equivalent dollar value based on current salary as of December 31st of the calendar year in which the sick time is received and deposited into a 401(a) as set up by the Town of Ridgefield on the employee's behalf. The funds deposited into the 401(a) will be fully vested at the time of the deposit.

Section 14.06. Family Medical Leave Act (FMLA). The Family Medical Leave Act of 1993 (FMLA) entitles eligible employees, as defined by the FMLA, to take up to twelve (12) weeks of unpaid job protected leave in a 12-month period for specific family and medical reasons, including pregnancy. Notwithstanding the above, the employer shall continue health care benefits in the same manner as before the start of FMLA leave. The Town may require at its sole discretion that accumulated sick days, personal days, or other paid time off be substituted and/or used concurrently with a leave of absence under FMLA.

ARTICLE XV -OTHER LEAVE

Section 15.01. Leave for Full-Time Employees.

A. Bereavement Leave. Upon the death of a member of the immediate family of an employee, an employee may receive time off with pay in accordance with the following schedule:

(1) Up to five (5) days commencing with the date of death in the event of the death of a spouse, child, mother, father, sister, or brother.

(2) Up to three (3) days commencing with the date of death of a mother-in-law, father-in-law, grandparents, grandchildren, and any relation of an employee in immediate residence with such employee.

(3) One (1) day in the event of the death of a sister-in-law, brother-in-law, aunt or uncle, niece or nephew, or non-relation permanently residing with such employee.

(4) Additional days of funeral leave may be granted at the sole discretion of the First Selectman or designee.

(5) As with other leaves, dispatch personnel time is pro-rated to equate to 42 hours per week, therefore 5 days equals 42 hrs, 3 days equals 24 hrs, and 1 day equals 12 hrs.

B. Jury Duty Leave. Any employee called to jury duty shall be paid the difference between the employee's regular base rate of pay and the fee received for serving as a juror. An employee called to jury duty shall furnish the Town with a notice to serve and evidence of attendance.

C. Personal Leave Day. Effective January 1, 2026 each employee shall be granted, with the approval of the Department Head four (4) personal days per year. Full-time Dispatching personnel are entitled to three (3) 12-hour personal days (which is the equivalent of 4, 8-hr personal days). There is no compensation for an unused personal leave day, and such day is non-cumulative. To obtain approval, the employee must give a satisfactory explanation to the Department Head so as to enable them to determine that the personal business cannot be conducted outside of working hours. Approval of personal leave days shall not unreasonably be denied. Personal leave may be taken in one-hour increments with the approval of the Supervisor. Part-time employees working between 20 hours to 34.99 hours per week shall be eligible for 2 pro-rated personal days per year, provided the use does not incur overtime in the coverage of their day off. Said personal day will be subject to the same approval as full-time personal days.

D. Leave of Absence Without Pay.

(1) The Town recognizes that circumstances may develop which require an employee to take an unpaid leave of absence. An employee may request an unpaid leave of absence of up to six (6) months. Such request may be granted or denied at the sole discretion of the First Selectman or designee

(2) Unless otherwise provided by law, benefits shall be continued at no cost to the employee until the first of the second month following the month in which the leave began. The employee may continue benefits thereafter by reimbursing the cost to the Town by monthly payment in advance.

Section 15.02. Leave for Part-Time Employees

A. Bereavement Leave. Part-time employees shall be eligible for bereavement leave in accordance with the schedule set forth in Section 15.01, provided that the funeral leave day(s) is (are) a regularly scheduled workday(s). Said bereavement leave shall be pro-rated based upon number of hours normally worked.

B. Jury Duty Leave. Part-time employees shall be eligible for jury duty leave as set forth in Section 15.01, provided that the jury duty occurs on a regularly scheduled workday.

ARTICLE XVI -INSURANCES AND PENSION

Section 16.01. The Town shall provide for the term of this Agreement the following group health and dental insurance programs for all full-time employees and their eligible dependents.

a. Health-Insurance.

Eligible employees shall enroll in the following health plans:

The Town will offer a co-pay plan similar to the CT State Partnership plan with Co-pays between \$0 to \$15 for regular in-network services and \$250 for Emergency Room Services, and a \$5, \$25, \$40 co-pay prescription drug plan. The plan outline is in the Appendices. The plan will run through June 30, 2026.

The Town will offer a High-Deductible Health Plan (HDHP) starting July 1, 2026. The deductible for the fiscal year starting 7/1/26 will be \$2,000 for single coverage and \$4,000 for two-person or family coverage. The Town will offer an HRA or HSA to supplement the deductible.

The Town shall contribute each July 1st, starting in July 2026, to an employee's HSA or HRA in the amount of 50% of the applicable deductible in that Plan Year.

The funding of the HSA/HRA will be pro-rated (in whole months) for those who commence employment after July 1. The funding of the HSA/HRA will be adjusted on a pro-rated basis (in whole months) for those who have a family status change during the Plan Year, which results in any change of coverage level (single, two-person or family). Such an adjustment shall be made effective on the first day of the month following the change, as long as the employee provides documentation of the family status change to the Human Resources Director within 30 days of the event that gave rise to the change.

The Town shall maintain an IRC Section 125 Plan to allow employees to pay premium share contributions on a pre-tax basis.

b. Dental Insurance.

The Town shall provide an 80%-20% Co-Pay Dental Plan for full-time employees and their eligible dependents with a seventy-five (\$75) dollar annual deductible for individual and the following co-insurance schedule:

- Preventive -100% of reasonable and customary charges;
- Routine -80% of reasonable and customary charges;
- Major -50% of reasonable and customary charges;
- Individual Calendar Year Maximum Amount -\$1,500

a. Premium Cost Sharing.

Employee premium cost sharing for the Medical, Dental and Vision plans shall be as follows:

- Effective July 1, 2025 – 7.0%
- Effective July 1, 2026 – 8.0%
- Effective July 1, 2027 – 9.0%
- Effective July 1, 2028 – 9.5%
-

The Town shall maintain an IRC Section 125 Plan to allow employees to pay premium share contributions on a pre-tax basis.

d. Waiver of Insurance.

Notwithstanding the above, the employees may elect to waive all medical, dental and vision insurance coverage and in lieu thereof, to receive a payment of \$3,600. Payment to those employees waiving coverage will be made on a pro-rated basis each month during the year.

Section 16.02. Life and Accidental Death and Dismemberment Insurance in the amount of \$50,000 (fifty thousand dollars). Employees age 70 and over are entitled to one-half (1/2) the benefit as described herein.

Section 16.03. Nothing in this Agreement shall prevent the Town from changing insurance carriers, provided the levels of benefits are at least equal to those provided for under this Agreement.

Section 16.04. The Town may implement cost containment provisions of the medical Insurance carrier.

Section 16.05. Part-time employees who work thirty (30) hours or more shall also be eligible for the insurance benefits listed in Section 16.01 above.

Section 16.06. For employees hired prior to January 1, 2012, the Town agrees to continue in full force the Town of Ridgefield Employee Pension Plan in effect at the time this Agreement and as Amended for July 1, 2006. Effective July 1, 2006, employees scheduled for twenty (20) hours per week or more are eligible for a 2% multiplier for service years July 1, 2006 forward. Effective July

1, 2006, employees scheduled for twenty (20) hours per week or more required to contribute 3% of their base salary subject to section 125 of the IRS code.

Employees hired on or after January 1, 2012 shall be enrolled in the Defined Contribution Pension Plan, the principal features of which are set forth in Appendix C. The parties agree that the Pension Agreement referred to as “Town of Ridgefield Employee Pension Plan” and set forth in Section 16.06 as a defined benefit plan, will no longer be a subject of bargaining between the parties during any future contract negotiations or otherwise. Any proposal by either party in the future related to the pension Agreement can be ignored by the other party and shall not be submitted to arbitration and shall not form the basis for either party declaring impasse in any future contract negotiations. All employees currently participating in the defined benefit plan set forth in the Pension Agreement will continue to participate and be eligible for the benefits set forth in the pension Agreement pursuant to that agreement, and those benefits will not be subject of bargaining between the parties. Duration of the Pension Agreement shall automatically be updated during all future contract negotiations to match the dates of the successor Collective Bargaining Agreements.

Section 16.07. Any employee hired before January 1, 2012, whose age and years of service totals at least seventy-five (75) shall, upon early retirement, be allowed to purchase health insurance for eighteen (18) months for themselves and any eligible dependents, and thereafter receive whatever COBRA entitlement that is available.

Section 16.08. The Town offers bargaining unit members the opportunity to enroll in a Dependent Care Assistance Plan with such limitations on contributions as set by law and/or IRS regulations.

ARTICLE XVII – WAGES

Section 17.01. All jobs within the bargaining unit are assigned a job classification in accordance with the designations found in Appendix A. If and when during the course of this Agreement, the Town creates a new job which is to be included in the bargaining unit or revises an existing job which is designated in Appendix A, then the Town, at its sole discretion, shall designate the job classification of the new or revised job. Whenever the Town creates a new job which is to be included in the bargaining unit but which has not been designated by the Town as within any of the existing job classification groups and salary ranges established by the collective bargaining agreement, then the Town shall meet with the Union to negotiate the rate for the new position.

Section 17.02 – All employees will move through the step grid each July 1 for the duration of this agreement, through Max Step.

The Ranges will remain stagnant. Any steps which fall below minimum wage during the course of the contract will be removed and the employees will be brought up to minimum wage at that time.

All salary changes are effective for active employees at the signing of this agreement only. No employees who have left or retired will be eligible for these adjustments.

Effective retroactively to 7/1/25, the salary grid will be changed, eliminating Steps 1 through 5, in all grade levels. Anyone who receives the 7/1/25 increase and still falls below the new first step, will be moved into the new step 1 of their grade. If after receiving the 2.75% increase the employee is now above the new Step 1 of their grade but below Step 2, that employee will be moved to Step 2 of their grade retro to July 1, 2025.

Effective retroactively to 7/1/25, the following positions will be moved within the salary schedule:

- a) P&R Custodian – From Grade 3 to Grade 4
- b) Switchboard Operator (now Information Office Clerk) from Grade 4 to Grade 5
- c) Member Services Clerk- from Grade 4 to Grade 6

The employees in these positions will be moved to Step 1 in the new salary schedule instead of a general wage increase. If the move to the new grade level step 1 is less than the 7/1/25 increase of 2.75%, the employee will be moved to Step 2 in the new grade.

Except as outlined in the two paragraphs above, retroactively to 7/1/25, the remaining employees will move to their next step. If the step increase is below 2.75%, the employee will be given a 2.75% increase, not the step increase. If an employee is at max step, then a 2.75% increase will be provided.

Effective 7/1/26, if the step increase is below 3%, the employee will be given a 3% increase, not the step increase. If an employee is at max step, then a 3% increase will be provided.

Effective 7/1/27, if the step increase is below 3.25%, the employee will be given a 3.25% increase, not the step increase. If an employee is at max step, then a 3.25% increase will be provided.

Effective 7/1/28, if the step increase is below 3.5%, the employee will be given a 3.5% increase, not the step increase. If an employee is at max step, then a 3.5% increase will be provided.

Section 17.03. New Hires. The Town will place newly hired employees in a step based on their experience, education and qualifications, provided however, that the newly hired employees shall not receive more than two a steps higher than the step held by current lowest paid incumbents in the same job. In order to be eligible for salary increases thereafter, newly hired employees must have three (3) months of continuous service as of the regularly scheduled salary increase date.

Section 17.04. Promotions. An employee who is promoted to a higher job classification shall be placed in the wage range of the new classification at the discretion of the Town, provided that the employee shall receive a minimum five percent (5%) promotional increase. In order to be eligible for additional salary increases thereafter, promoted employees must have completed one (1) months of continuous service in the new classification as of the regularly scheduled increase date. Promotions from entry level clerk shall be upon the recommendation of the Department Head that the full scope of the job has been learned and is being performed satisfactorily by the employee at all times.

Section 17.05. Employees shall be paid bi-weekly. All wage increases shall be implemented on the first day of the next pay period following the effective date of the increase. All employees must enroll in direct deposit of their entire paychecks. No separate checks or live checks will be provided.

Section 17.06. Longevity Pay. Full-time employees who have completed the stated years of continuous service shall be entitled to longevity pay as follows:

- A. Ten (10) years through fourteen (14) years of continuous service - \$450.
- B. Fifteen (15) years through nineteen (19) years of continuous service - \$600.
- C. Twenty (20) years through twenty-four (24) years of continuous service - \$750.
- D. Twenty-five (25) years or more of continuous service - \$900.

Said longevity pay shall be non-accumulative and shall be paid to the employee in the pay period next following the employee's anniversary date.

Section 17.07. When an employee is assigned to a higher paying classification because the job is vacant and such assignment is temporary in nature but for a minimum of more than two (2) weeks, the employee shall be paid at least the minimum wages of the salary range for the job.

ARTICLE XVIII - TUITION ASSISTANCE

Section 18.01. The Town shall provide the following assistance to full-time employees in reimbursement for the expense of tuition and required textbooks incurred by employees enrolled in job-related educational courses:

A maximum of one thousand five hundred dollars (\$1,500) each calendar year per employee.

This tuition assistance is subject to the following limitations:

- A. Courses must be sponsored by a recognized educational institution.
- B. Correspondence courses are excluded.
- C. Courses must be completed with a passing grade.
- D. The employee must obtain approval from her immediate supervisor and from the First Selectman or designee before enrolling in the course. Certification by the immediate supervisor that the course is job-related is required.
- E. Upon completion of the course, the employee must forward a transcript of grades and invoices for the cost of tuition and/or required textbooks to the Human Resources Office.

ARTICLE XIX -MISCELLANEOUS PROVISIONS

Section 19.01. The Town shall provide a copy of this Agreement to each employee presently employed and to each new employee upon employment.

Section 19.02. Each employee shall receive a copy of the employee's job description upon hire, whenever the written job description changes and at any other time upon the employee's request.

Section 19.03. If an Article or Section of the Agreement is declared invalid by a court of competent jurisdiction, said invalidity shall not affect the balance of this Agreement.

Section 19.04. Whenever used in this Agreement personal pronouns shall include reference to both genders.

Section 19.05. The Town shall provide a bulletin board in a central location 'easily accessible to the majority of bargaining unit members which the Union may use to post official notices.

Section 19.06. Job vacancies within the bargaining unit shall be posted for five (5) days in each building where bargaining unit employees' work, including being sent to an UPSEU representative in the Parks and Recreation building for posting on the UPSEU bulletin board. Preference shall be given to bargaining unit applicants' qualifications unless an external applicants' qualifications significantly exceed those of a bargaining unit position. Where two or more bargaining unit applicants have equal qualifications, seniority shall prevail. Grievances brought under this Section are limited to the first two steps of the grievance procedure and shall not be subject to arbitration.

Section 19.07. The Town may close its offices in cases of extreme weather or other hazardous conditions. Employees shall receive their normal compensation for those days that the Town offices are closed due to these conditions if they were scheduled to be at work. Should severe weather or other conditions develop during working hours, the Town may make the decision to close its offices with no loss of pay to employee leave time for those employees who were at their work station at the time of closing. In the absence of a Town decision to release employees early or to close its offices, non-emergency personnel may elect to use personal leave time, compensatory time or vacation time, with the approval from their supervisors. Approval shall not unreasonably be denied. In such cases, no less than one-half day of vacation or personal leave will be charged to the employee.

Section 19.08. Miscellaneous. Not more than three (3) employees shall be granted time off without loss of pay for negotiations with the Town, provided that no two (2) employees shall be from the same office. Meetings for negotiations for an agreement to succeed this agreement shall begin alternately at 10:00 a.m., and 4:00 p.m., unless the parties mutually agree to an alternate schedule.

Section 19.09. This Agreement constitutes the entire agreement between the parties and concludes collective bargaining for its term.

No amendment, alteration, or variation of the terms of this Agreement shall bind the parties hereto unless made and agreed to in writing by both parties.

Upon taking effect, this Agreement cancels, terminates and supersedes any and all other understandings and agreements which the parties may have previously entered into orally or in writing unless such understandings or agreements are expressly incorporated herein.

Section 19.10. The Town will offer or send dispatchers to required training. Failure for the Dispatcher to maintain their certification will lead to disciplinary action up to and including termination. The Town shall offer the training program, but should a Dispatcher not attend, the Dispatcher must attend another training to maintain their certification, approved by the Chief or his designee. The Town will pay the cost associated with the training program.

Section 19.11. The Town agrees to make every reasonable effort to provide safe and healthy work conditions for its employees.

ARTICLE XX - DRESS CODE

Section 20.01. Each employee's dress should be appropriate to the work situation. Employees are expected at all times to present a professional, businesslike image to customers, prospects, and the public. Acceptable personal appearance is an ongoing requirement of employment with the Town.

Office workers who have regular contact with the public must comply with the following personal appearance standards:

1) Employees are expected to dress in a manner that is normally acceptable in similar business establishments. Examples of acceptable attire include but are not limited to: Dresses, Slacks, Dress Pants, Skirts, Shirts, Blouses, Sweaters, Sports Jackets, Business Suits, Ties, and dress shoes/sandals. Examples of unacceptable attire include but are not limited to: jeans/denim of any color, athletic clothing, stretch pants, suggestive attire, tank tops, tee shirts, shorts, short skirts more than 2 inches above the knee, spaghetti straps, halter tops, crop tops, tank tops, sweatshirts (that are not part of the dispatcher uniform), sneakers, flip-flops and similar items of casual attire that do not present a businesslike appearance.

2) Employees who do not regularly meet with the public should follow basic requirements of safety and comfort but should still be as neat and businesslike as working conditions permit.

3) Any employee who does not meet the standards of this policy will be required to take corrective action, which may include leaving the premises. Employees will not be compensated for any work missed because of failure to comply with this policy. Violations of this policy also will result in disciplinary action.

Section 20.02. Dispatcher Uniforms. Upon the commencement of employment, the Town will provide such new employee with the uniforms and equipment needed in his position in accordance with an established department list. The employee will be required to wear a Town issued shirt/sweater along with casual pants and appropriate shoes as outlined in the dress code.

Section 20.03. Clothing Allowance, Dispatching Personnel Only. In addition to any dress code and uniform provided by the Town to its dispatching personnel, on the payday closest to but after July 1st, each dispatching employee shall receive a clothing allowance in the following amount: Two hundred fifty dollars (\$250.00), subject to any applicable taxes.

ARTICLE XXI –DURATION

Section 21.01. This Agreement shall be in full force and effect as of July 1, 2021 and shall remain in effect through June 30, 2025. Only those provisions for which an effective date is specified shall have retroactive effect.

ARTICLE XXII - SUBSTANCE ABUSE PREVENTION

Section 22.01. Dispatching Policy. The Town and the Union recognize that the critical mission of fire and medical emergency response requires that all Dispatchers refrain from the possession or use of illegal substances at all times, from the unauthorized use of legal drugs, and from the possession, use or being under the influence of alcoholic beverages or drugs at the Town's work sites and/or while a Dispatcher is on duty. Failure to so refrain is just cause for discipline in accordance with the procedures described in this Article.

Section 22.02. Dispatching Employee Testing. Reasonable Suspicion Testing. Dispatchers shall be subject to medical testing involving urine or blood or other similar or related tests for the purpose of discovering possible drug or alcohol abuse upon reasonable suspicion that a Dispatcher's work performance is impaired due to such drug or alcohol abuse. Testing shall be conducted at the office of a physician designated by the Town or, in the case of a breath analysis test, at any police department. The Dispatcher may request union representation during the administration of any and all tests and such representation will be provided if a union official is available without unreasonable delay.

In situations where the Town feels such representation would provide an unreasonable delay, a third-party employee at the worksite or able to arrive within a reasonable time, of mutual consent, may be requested.

Section 22.03. Dispatching Drug Testing. The urine sample shall be produced under the procedures of the medical facility to which the Dispatcher is referred. Such procedures shall not include direct observation. The Dispatcher shall be interviewed concerning recent food, beverage and prescription drug intake which could affect the test outcome. If a Dispatcher is unable or unwilling to give a specimen at the time of the test, the Dispatcher shall remain under observation until a specimen is obtained. The Dispatcher may be required to consume reasonable amounts of

water during the waiting period. The laboratory selected by the Town to conduct the analysis of the urine specimen shall be certified and shall be experienced and capable of quality control, documentation, chain of custody, technical expertise, and demonstrated proficiency in urinalysis. A written chain of custody (with signatures, dates and times) shall be maintained concerning each Dispatcher's urine sample. Drug testing methodology shall include procedures to confirm any positive test result. The urine sample shall be divided into three portions. If the first portion tests positive for an illegal substance, a confirming test shall be conducted using the second portion. The Dispatcher may request that the third portion be submitted directly to another comparable lab for testing.

Section 22.04. Dispatching Alcohol Testing. Dispatchers may be required to submit to a physical examination and/or to any testing, including but not limited to, a urinalysis and either a blood test or a breath analysis by intoximeter. The urinalysis and/or the blood test shall be administered by a physician designated by the Town. The breath analysis shall be administered by qualified police department personnel. Urinalysis shall be conducted in accordance with the procedures for drug testing.

Section 22.05. Dispatching Testing Program Costs. The Town shall pay for all costs involving drug and alcohol testing except for any costs associated with the Dispatcher's submission of the third sample to a comparable laboratory for testing in which case the Dispatcher shall bear the expense of the third test.

Section 22.06. Dispatcher Rehabilitation. In the event there is confirmed evidence of drug or alcohol abuse, in the first instance, the Dispatcher shall be immediately placed on a non-job-related disability leave and shall be required to commence a rehabilitation program acceptable to the Town. Reinstatement to employment shall be contingent upon the Dispatcher's satisfactory completion of the rehabilitation program and the employee's continuing participation in any prescribed follow up program. Upon reinstatement, a Dispatcher with previous drug dependency shall submit to random drug testing at least once every two (2) months for the first twelve (12) months and at least once per quarter for the next twenty-four (24) months.

In the event a Dispatcher is found distributing, possessing or using an illegal substance while on duty or refuses to submit to a drug or alcohol test, the Dispatcher shall be discharged and said discharge shall be deemed to be for just cause. Any disciplinary action shall be subject to the grievance procedure of this agreement. A Dispatcher who voluntarily comes forward and asks for assistance to deal with an alcohol or drug problem shall not be disciplined unless the Dispatcher refuses any appropriate testing, refuses an opportunity for rehabilitation, fails to complete the rehabilitation program successfully or again tests positive for drugs or alcohol within five (5) years of completing an appropriate rehabilitation program. A disclosure of a drug or alcohol dependency problem by a Dispatcher upon notice from the Town that he is to be scheduled for drug or alcohol testing is not a voluntary disclosure.

Section 22.07. Dispatching Records. Test results obtained as a result of the procedures described in this Article shall be maintained in the Dispatcher's medical file, with a copy given to the Dispatcher. Departmental reports shall be amended where necessary to conform to the test results.

Documentation of any disciplinary action taken or commitments made during the rehabilitation program shall be maintained in the Dispatcher's personnel file.

ARTICLE XXIII –DURATION

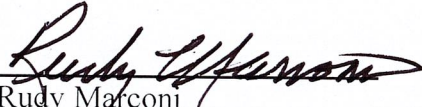
Section 23.01. This Agreement shall be in full force and effect as of July 1, 2025 and shall remain in effect through June 30, 2029. Only those provisions for which an effective date is specified shall have retroactive effect.

IN WITNESS WHEREOF, the parties hereto cause this instrument to be executed and


Signed by their mutually authorized officers or representatives on the 17th day of December, 2025.

TOWN OF RIDGEFIELD

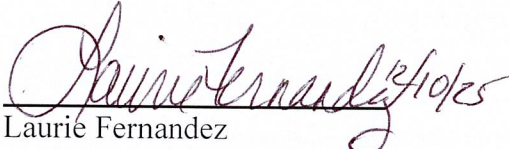
UPSEU, Unit 82



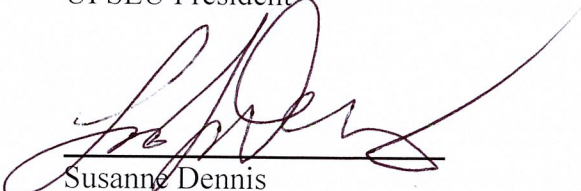
Rudy Marconi
First Selectman



Kevin Boyle, Jr
UPSEU President



Laurie Fernandez
Director of Human Resources



Susanne Dennis
Unit President

APPENDIX A
Chart attached separately

LEFT BLANK INTENTIONALLY, SALARY CHART TO IMMEDIATELY FOLLOW

**Town of Ridgfield - UPSEU
Appendix A**

DEPT.	TITLE	GRADE	1	2	3	4	5	6	7	8
**Central Dispatch	Lead Dispatcher	18	33.07	34.02	34.97	35.91	36.86	37.80	38.75	39.70
VACANT	N/A	17	31.50	32.40	33.30	34.20	35.10	36.00	36.90	37.81
**Central Dispatch	Dispatcher	16	30.00	30.86	31.71	32.57	33.43	34.29	35.15	36.01
Tax	Assistant Tax Collector	15	28.57	29.39	30.20	31.02	31.84	32.66	33.47	34.29
Town Clerk	Deputy Town Clerk	15	28.57	29.39	30.20	31.02	31.84	32.66	33.47	34.29
P&R	Administrative Office Manager	15	28.57	29.39	30.20	31.02	31.84	32.66	33.47	34.29
P&R	Information Coordinator	15	28.57	29.39	30.20	31.02	31.84	32.66	33.47	34.29
VACANT	N/A	14	27.26	27.95	28.64	29.34	30.02	30.71	31.41	32.10
Assessor	Assessment Administrator	13	25.96	26.62	27.28	27.94	28.59	29.25	29.91	30.57
Finance	Municipal Accountant	13	25.96	26.62	27.28	27.94	28.59	29.25	29.91	30.57
Town Clerk	Clerk Administrator	13	25.96	26.62	27.28	27.94	28.59	29.25	29.91	30.57
Police	Sec/Records Administrator	12	24.72	25.34	25.97	26.60	27.23	27.86	28.48	29.11
Assessor	Assessment Clerk 3	12	24.72	25.34	25.97	26.60	27.23	27.86	28.48	29.11
P&R	Program and Facilities Assistant/System Administrator	12	24.72	25.34	25.97	26.60	27.23	27.85	28.48	29.11
Health	Health Department Administrator	12	24.72	25.34	25.97	26.60	27.23	27.85	28.48	29.11
Fire	Fire Department Administrator	12	24.72	25.34	25.97	26.60	27.23	27.85	28.48	29.11
Town Clerk	Assistant Town Clerk 3	12	24.72	25.34	25.97	26.60	27.23	27.85	28.48	29.11
P & Z	Office Administrator	11	23.51	24.11	24.71	25.31	25.91	26.51	27.11	27.71
Public Services	Office Administrator	11	23.51	24.11	24.71	25.31	25.91	26.51	27.11	27.71
Health	Office Administrator	11	23.51	24.11	24.71	25.31	25.91	26.51	27.11	27.71
P & R	Office Administrator	11	23.51	24.11	24.71	25.31	25.91	26.51	27.11	27.71
Assessor	Assessment Clerk 2	11	23.51	24.11	24.71	25.31	25.91	26.51	27.11	27.71
Fire	Office Administrator	11	23.51	24.11	24.71	25.31	25.91	26.51	27.11	27.71
Town Clerk	Assistant Town Clerk 2	11	23.51	24.11	24.71	25.31	25.91	26.51	27.11	27.71
Building	Office Administrator	11	23.51	24.11	24.71	25.31	25.91	26.51	27.11	27.71
Tax	Administrative Clerk	11	23.51	24.11	24.71	25.31	25.91	26.51	27.11	27.71
P & R	Scheduling Coordinator	10	22.38	22.95	23.52	24.09	24.66	25.23	25.80	26.37
Tax	Revenue Clerk	9	21.31	21.85	22.39	22.93	23.47	24.01	24.55	25.08
Town Clerk	Assistant Town Clerk	9	21.31	21.85	22.39	22.93	23.47	24.01	24.55	25.08
Assessor	Assessment Clerk 1	9	21.31	21.85	22.39	22.93	23.47	24.01	24.55	25.08
Town Clerk	Assistant Town Clerk 1	9	21.31	21.85	22.39	22.93	23.47	24.01	24.55	25.08
Police	Accounting Clerk	8	20.27	20.79	21.30	21.81	22.33	22.84	23.36	23.87
P&R	Member Services Coordinator	8	20.27	20.79	21.30	21.81	22.33	22.84	23.36	23.87
Public Services	Clerk	6	18.42	18.83	19.24	19.65	20.06	20.47	20.88	21.29
Police	Records Clerk	6	18.42	18.83	19.24	19.65	20.06	20.47	20.88	21.29
P&R	Program and Facilities Assistant	6	18.42	18.83	19.24	19.65	20.06	20.47	20.88	21.29
P & R	Member Services Clerk	6	18.42	18.83	19.24	19.65	20.03	20.47	20.88	21.29
Engineering	Custodian II	5	17.54	17.93	18.33	18.72	19.11	19.50	19.89	20.28
P & R	Facilities Scheduler	5	17.54	17.93	18.33	18.72	19.11	19.50	19.89	20.28
Police	Custodian II	5	17.54	17.93	18.33	18.72	19.11	19.50	19.89	20.28
Central Admin.	Information Office Clerk	5	17.54	17.93	18.33	18.72	19.11	19.50	19.89	20.28
Tax Collector	Revenue Data Entry Clerk	4	16.70	17.08	17.45	17.82	18.19	18.56	18.94	19.31
P&R	Custodian I	4	16.70	17.08	17.45	17.82	18.19	18.56	18.94	19.31

* As minimum wage increases, steps below minimum wage will be eliminated.

APPENDIX B
HEALTH INSURANCE PLANS

LEFT BLANK INTENTIONALLY, SUMMARY OF BENEFITS PAGES TO IMMEDIATELY FOLLOW

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Century Preferred PPO Choice CSV PCP\$0/SPEC\$0/\$0/\$250/\$0 Rx \$5/\$35/\$40

Your Network: Century Preferred Tiered

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge
Mental Health & Substance Use Disorder Services	No charge
Specialist care	No charge

Covered Medical Benefits	Cost if you use a Value Tier 1 In-Network (INET) Provider	Cost if you use a Participating Tier 2 In-Network (INET) Provider	Cost if you use an Out-of-Network (OON) Provider
Overall Deductible	\$0 person / \$0 family		\$300 person / \$900 family
Overall Out-of-Pocket Limit	\$2,000 person / \$4,000 family		\$2,000 person / \$4,000 family

The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).

In-Network and Non-Network out-of-pocket limit amounts are separate and do not accumulate toward each other.

The out-of-pocket limits for Value Tier 1 In-Network (INET) and Participating Tier 2 In-Network (INET) cross apply, meaning satisfying one helps satisfy the other.

Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*

Primary Care (PCP) <i>virtual and office</i>	No charge	\$15 copay per visit	20% coinsurance after deductible is met
Mental Health and Substance Use Disorder Services <i>virtual and office</i>	No charge	\$15 copay per visit	20% coinsurance after deductible is met
Specialist Care <i>virtual and office</i>	No charge	\$15 copay per visit	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Value Tier 1 In-Network (INET) Provider	Cost if you use a Participating Tier 2 In-Network (INET) Provider	Cost if you use an Out-of-Network (OON) Provider
<u>Other Practitioner Visits</u>			
Routine Maternity Care (Prenatal and Postnatal)	No charge	No charge	20% coinsurance after deductible is met
Retail Health Clinic for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.	No charge	No charge	20% coinsurance after deductible is met
Manipulation Therapy Coverage is unlimited per benefit period for in network visits and limited to 30 visits per benefit period for non-network visits.	No charge	No charge	20% coinsurance after deductible is met
Acupuncture Coverage is limited to services provided for pain management. Coverage is limited to 20 visits per benefit period.	No charge	No charge	20% coinsurance after deductible is met
<u>Other Services in an Office</u>			
Allergy Testing	No charge [‡]	\$15 copay per visit [‡]	20% coinsurance after deductible is met
Prescription Drugs Dispensed in the office	No charge [‡]	\$15 copay per visit [‡]	20% coinsurance after deductible is met
Surgery	No charge [‡]	\$15 copay per visit [‡]	20% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	No charge	20% coinsurance after deductible is met
Preventive Care for Chronic Conditions per IRS guidelines	No charge	No charge	20% coinsurance after deductible is met
<u>Diagnostic Services</u>			
Lab			
Office	No charge [‡]	\$15 copay per visit [‡]	20% coinsurance after deductible is met
Freestanding/Site of Service Lab	No charge	20% coinsurance deductible does not apply	20% coinsurance after deductible is met
Outpatient Hospital	No charge	20% coinsurance deductible does not apply	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Value Tier 1 In-Network (INET) Provider	Cost if you use a Participating Tier 2 In-Network (INET) Provider	Cost if you use an Out-of-Network (OON) Provider
X-Ray			
Office	No charge [‡]	\$15 copay per visit [‡]	20% coinsurance after deductible is met
Freestanding/Site of Service Radiology Center	No charge	No charge	20% coinsurance after deductible is met
Outpatient Hospital	No charge	No charge	20% coinsurance after deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i> <i>Member cost share will not exceed \$375 copayment maximum for MRI, MRA, CAT, CTA, PET, and SPECT scans, per member per benefit period.</i>			
Office	No charge [‡]	No charge	20% coinsurance after deductible is met
Freestanding/Site of Service Radiology Center	No charge	No charge	20% coinsurance after deductible is met
Outpatient Hospital	No charge	No charge	20% coinsurance after deductible is met
<u>Emergency and Urgent Care</u>			
Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	\$15 copay per visit	\$15 copay per visit	20% coinsurance after deductible is met
Emergency Room Facility Services <i>Your copay will be waived if admitted.</i>	\$250 copay per visit	\$250 copay per visit	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	No charge	Covered as In-Network
Ambulance <i>Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	No charge	No charge	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility			
Facility Fees	\$15 copay per visit	\$15 copay per visit	20% coinsurance after deductible is met
Doctor Services	No charge	No charge	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Value Tier 1 In-Network (INET) Provider	Cost if you use a Participating Tier 2 In-Network (INET) Provider	Cost if you use an Out-of-Network (OON) Provider
<u>Outpatient Surgery</u> Facility Fees Hospital Ambulatory Surgical Center/Site of Service Provider Physician and other services including surgeon fees Hospital Ambulatory Surgical Center/Site of Service Provider	 No charge No charge No charge No charge	 No charge No charge No charge No charge	 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
<u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u> <i>If readmitted within 72 hours for the same condition, no additional facility copay is required. If transferred between facilities, only one copay will apply.</i> Facility Fees Physician and other services including surgeon fees	 No charge No charge	 No charge No charge	 20% coinsurance after deductible is met 20% coinsurance after deductible is met
Home Health Care <i>Coverage is limited to 200 visits per benefit period. Limits are combined for all home health services.</i>	No charge	No charge	20% coinsurance after deductible is met
Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical, occupational and speech therapies is unlimited per benefit period for in network visits and limited to 30 visits per therapy per benefit period for non-network visits.</i> Office Outpatient Hospital	 No charge No charge	 No charge No charge	 20% coinsurance after deductible is met 20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Value Tier 1 In-Network (INET) Provider	Cost if you use a Participating Tier 2 In-Network (INET) Provider	Cost if you use an Out-of-Network (OON) Provider
Pulmonary rehabilitation			
Office	No charge	No charge	20% coinsurance after deductible is met
Outpatient Hospital	No charge	No charge	20% coinsurance after deductible is met
Cardiac rehabilitation office and outpatient hospital <i>Coverage is limited to 36 visits per benefit period.</i>	No charge	No charge	20% coinsurance after deductible is met
Dialysis/Hemodialysis			
Office	No charge [†]	No charge	20% coinsurance after deductible is met
Outpatient Hospital	No charge	No charge	20% coinsurance after deductible is met
Chemo/Radiation Therapy			
Office	No charge [†]	No charge	20% coinsurance after deductible is met
Outpatient Hospital	No charge	No charge	20% coinsurance after deductible is met
Skilled Nursing Care (facility) <i>Coverage is unlimited per benefit period for in network visits and limited to 60 visits per benefit period for non-network visits.</i>	No charge	No charge	20% coinsurance after deductible is met
Inpatient Hospice	No charge	No charge	20% coinsurance after deductible is met
Durable Medical Equipment	No charge	No charge	20% coinsurance after deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge	No charge	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Value Tier 1 In-Network (INET) Provider	Cost if you use a Participating Tier 2 In-Network (INET) Provider	Cost if you use an Out-of-Network (OON) Provider
Hearing Aids <i>Coverage is limited to 1 item per ear every 24 months.</i>	No charge	No charge	20% coinsurance after deductible is met
Bariatric Surgery	Coverage is based on place of service	Coverage is based on place of service	20% coinsurance after deductible is met
Temporomandibular Joint (TMJ) Services	Coverage is based on place of service	Coverage is based on place of service	20% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	\$4,600 person / \$9,200 family	\$4,600 person / \$9,200 family
Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>Essential</i>		
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
Tier 1 - Typically Generic	\$5 copay per prescription (retail) and \$5 copay per prescription (home delivery)	20% coinsurance (retail and home delivery)
Tier 2 – Typically Preferred Brand	\$25 copay per prescription (retail) and \$25 copay per prescription (home delivery)	20% coinsurance (retail and home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Tier 3 - Typically Non-Preferred Brand	\$40 copay per prescription (retail) and \$40 copay per prescription (home delivery)	20% coinsurance (retail and home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. Adult and children's vision services count towards your out-of-pocket limit.</i>		
Child Vision exam <i>Limited to 1 exam every 2 benefit periods.</i>	No charge	20% coinsurance after deductible is met
Adult Vision exam <i>Limited to 1 exam every 2 benefit periods.</i>	No charge	20% coinsurance after deductible is met
Vision Therapy <i>Unlimited visits per benefit periods.</i>	No charge	20% coinsurance after deductible is met

Notes:

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- Certain screening and diagnostic testing for the detection of ovarian and breast cancer are covered in full as required by state mandate.
- Screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, 3D mammography, breast ultrasounds and MRIs are covered in full as required by state mandate.
- Breast biopsies, prophylactic mastectomies, and breast reconstructive surgery are covered in full as required by state mandate.
- The first two office visits for Mental Health or Substance Use Disorder services are covered in full.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- ‡ You will pay the PCP's office visit copay when services are provided in their office.
- The representations of benefits in this document are subject to CT Department of Insurance (CT DOI) approval and are subject to change.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Questions: (833) 899-7070 or visit us at www.anthem.com

Intentionally Left Blank

Language Access Services:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 899-7070

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 899-7070

Armenian (հայերեն): Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով (833) 899-7070:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 899-7070。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره تماس بگیرید. (833) 899-7070

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 899-7070.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 899-7070.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 899-7070.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 899-7070 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 899-7070로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'ídiikidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj bee nii hodoonih t'áadoo bááh ilínígóó. Ata' halne'ígíí la' bich'i' hadeesdzh níningo koj' hodiilnih (833) 899-7070.

Language Access Services:

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 899-7070.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 899-7070 'ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 899-7070.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 899-7070.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 899-7070.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 899-7070.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Century Preferred PPO HSA PS CSV \$2000/0%/\$2000 NE Rx 0%/0%/0%

Your Network: Century Preferred

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	No charge after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$2,000 person / \$4,000 family	\$2,000 person / \$4,000 family
Overall Out-of-Pocket Limit	\$2,000 person / \$4,000 family	\$4,000 person / \$8,000 family

The family deductible and out-of-pocket limit are non-embedded, meaning the cost shares of all family members apply to one family deductible and one family out-of-pocket limit. The per person deductible and per person out-of-pocket limit apply to individuals enrolled under single-only coverage.

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).

The In-Network and Non-Network deductibles are combined and accumulate toward each other. The In-Network and Non-Network out-of-pocket limit amounts accumulate toward each other.

Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*

Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i>	No charge after deductible is met	30% coinsurance after deductible is met
Specialist Care <i>virtual and office</i>	No charge after deductible is met	30% coinsurance after deductible is met
<u>Other Practitioner Visits</u>		
Routine Maternity Care (Prenatal and Postnatal)	No charge	30% coinsurance after deductible is met
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Manipulation Therapy <i>Coverage is unlimited per benefit period for in network visits and limited to 30 visits per benefit period for non-network visits.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Acupuncture <i>Coverage is limited to services provided for pain management. Coverage is limited to 20 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
<u>Other Services in an Office</u> Allergy Testing Prescription Drugs <i>Dispensed in the office</i> Surgery	No charge after deductible is met No charge after deductible is met No charge after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	30% coinsurance after deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	30% coinsurance after deductible is met
<u>Diagnostic Services</u> Lab Office Freestanding/Site of Service Lab Outpatient Hospital	No charge after deductible is met No charge after deductible is met No charge after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met
X-Ray Office Freestanding/Site of Service Radiology Center Outpatient Hospital	No charge after deductible is met No charge after deductible is met No charge after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i> Office Freestanding/Site of Service Radiology Center Outpatient Hospital	No charge after deductible is met No charge after deductible is met No charge after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met
<u>Emergency and Urgent Care</u> Urgent Care Emergency Room Facility Services Emergency Room Doctor and Other Services Ambulance <i>Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	No charge after deductible is met No charge after deductible is met No charge after deductible is met No charge after deductible is met	Covered as In-Network Covered as In-Network Covered as In-Network Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility Facility Fees Doctor Services	No charge after deductible is met No charge after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met
<u>Outpatient Surgery</u> Facility Fees Hospital Ambulatory Surgical Center/Site of Service Provider Physician and other services <i>including surgeon fees</i> Hospital Ambulatory Surgical Center/Site of Service Provider	No charge after deductible is met No charge after deductible is met No charge after deductible is met No charge after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u> Facility Fees Physician and other services <i>including surgeon fees</i>	 No charge after deductible is met No charge after deductible is met	 30% coinsurance after deductible is met 30% coinsurance after deductible is met
Home Health Care <i>Coverage is limited to 200 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical, occupational and speech therapies is unlimited per benefit period for in network visits and limited to 30 visits per therapy per benefit period for non-network visits.</i> Office Outpatient Hospital	 No charge after deductible is met No charge after deductible is met	 30% coinsurance after deductible is met 30% coinsurance after deductible is met
Pulmonary rehabilitation <i>office and outpatient hospital</i>	No charge after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation <i>office and outpatient hospital</i>	No charge after deductible is met	30% coinsurance after deductible is met
Dialysis/Hemodialysis <i>office and outpatient hospital</i>	No charge after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy <i>office and outpatient hospital</i>	No charge after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (facility) <i>Coverage is unlimited per benefit period for in network visits and limited to 60 visits per benefit period for non-network visits.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Inpatient Hospice	No charge after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	No charge after deductible is met	30% coinsurance after deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Hearing Aids <i>Coverage is limited to 1 item per ear every 24 months.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Bariatric Surgery	Coverage is based on place of service	30% coinsurance after deductible is met
Temporomandibular Joint (TMJ) Services	Coverage is based on place of service	30% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>Essential</i>		
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
Tier 1 - Typically Generic	0% coinsurance after deductible is met (retail and home delivery)	0% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	0% coinsurance after deductible is met (retail and home delivery)	0% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	0% coinsurance after deductible is met (retail and home delivery)	0% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. Adult and children's vision services count towards your out-of-pocket limit.</i>		
Child Vision exam <i>Limited to 1 exam per benefit period.</i>	No charge	30% coinsurance after deductible is met
Adult Vision exam <i>Limited to 1 exam per benefit period.</i>	No charge	30% coinsurance after deductible is met
Vision Therapy <i>Unlimited visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Notes:

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Questions: (833) 899-7070 or visit us at www.anthem.com

Intentionally Left Blank

Language Access Services:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 899-7070

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 899-7070

Armenian (հայերեն): Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար գանգահարեք հետևյալ հեռախոսահամարով՝ (833) 899-7070:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 899-7070。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره تماس بگیرید. (833) 899-7070

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 899-7070.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 899-7070.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 899-7070.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 899-7070 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 899-7070로 문의하십시오.

Navajo (Diné): Díí naaltsoos biká'ígíí łahgo bina'idiłkidgo ná bohónéedzǎ dóó bee ahóót'í' t'áá ni nizaad k'ehj bee nił hodoonih t'áadoo bááh ilínígóó. Ata' halne'ígíí ła' bich'í' hadeesdzih nínízingo koǵ' hodíilnih (833) 899-7070.

Language Access Services:

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 899-7070.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 899-7070 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 899-7070.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 899-7070.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 899-7070.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 899-7070.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Century Preferred PPO HRA PS CSV \$2000/0%/\$2000 NE Rx 0%/0%/0%

Your Network: Century Preferred

This is a health-based medical plan with a health reimbursement account. You can use this account to help you pay for eligible medical costs. Visit our mobile app or website for more information and to check your account balance.

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	No charge after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$2,000 person / \$4,000 family	\$2,000 person / \$4,000 family
Overall Out-of-Pocket Limit	\$2,000 person / \$4,000 family	\$4,000 person / \$8,000 family

The family deductible and out-of-pocket limit are non-embedded, meaning the cost shares of all family members apply to one family deductible and one family out-of-pocket limit. The per person deductible and per person out-of-pocket limit apply to individuals enrolled under single-only coverage.

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).

The In-Network and Non-Network deductibles are combined and accumulate toward each other. The In-Network and Non-Network out-of-pocket limit amounts accumulate toward each other.

Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*

Primary Care (PCP) and Mental Health and Substance Use Disorder Services *virtual and office*

No charge after deductible is met

30% coinsurance after deductible is met

Specialist Care *virtual and office*

No charge after deductible is met

30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Other Practitioner Visits</u>		
Routine Maternity Care (Prenatal and Postnatal)	No charge	30% coinsurance after deductible is met
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Manipulation Therapy <i>Coverage is unlimited per benefit period for in network visits and limited to 30 visits per benefit period for non-network visits.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Acupuncture <i>Coverage is limited to services provided for pain management. Coverage is limited to 20 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
<u>Other Services in an Office</u>		
Allergy Testing	No charge after deductible is met	30% coinsurance after deductible is met
Prescription Drugs <i>Dispensed in the office</i>	No charge after deductible is met	30% coinsurance after deductible is met
Surgery	No charge after deductible is met	30% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	30% coinsurance after deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	30% coinsurance after deductible is met
<u>Diagnostic Services</u>		
Lab		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Freestanding/Site of Service Lab	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
X-Ray		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Freestanding/Site of Service Radiology Center	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Freestanding/Site of Service Radiology Center	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
<u>Emergency and Urgent Care</u>		
Urgent Care	No charge after deductible is met	Covered as In-Network
Emergency Room Facility Services	No charge after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	No charge after deductible is met	Covered as In-Network
Ambulance <i>Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	No charge after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	No charge after deductible is met	30% coinsurance after deductible is met
Doctor Services	No charge after deductible is met	30% coinsurance after deductible is met
<u>Outpatient Surgery</u>		
Facility Fees		
Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Ambulatory Surgical Center/Site of Service Provider	No charge after deductible is met	30% coinsurance after deductible is met
Physician and other services <i>including surgeon fees</i>		
Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Ambulatory Surgical Center/Site of Service Provider	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u> Facility Fees Physician and other services <i>including surgeon fees</i>	 No charge after deductible is met No charge after deductible is met	 30% coinsurance after deductible is met 30% coinsurance after deductible is met
Home Health Care <i>Coverage is limited to 200 visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical, occupational and speech therapies is unlimited per benefit period for in network visits and limited to 30 visits per therapy per benefit period for non-network visits.</i> Office Outpatient Hospital	 No charge after deductible is met No charge after deductible is met	 30% coinsurance after deductible is met 30% coinsurance after deductible is met
Pulmonary rehabilitation <i>office and outpatient hospital</i>	No charge after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation <i>office and outpatient hospital</i>	No charge after deductible is met	30% coinsurance after deductible is met
Dialysis/Hemodialysis <i>office and outpatient hospital</i>	No charge after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy <i>office and outpatient hospital</i>	No charge after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (facility) <i>Coverage is unlimited per benefit period for in network visits and limited to 60 visits per benefit period for non-network visits.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Inpatient Hospice	No charge after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	No charge after deductible is met	30% coinsurance after deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Hearing Aids <i>Coverage is limited to 1 item per ear every 24 months.</i>	No charge after deductible is met	30% coinsurance after deductible is met
Bariatric Surgery	Coverage is based on place of service	30% coinsurance after deductible is met
Temporomandibular Joint (TMJ) Services	Coverage is based on place of service	30% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage Network: <i>Base Network</i> Drug List: <i>Essential</i>		
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.		
Tier 1 - Typically Generic	0% coinsurance after deductible is met (retail and home delivery)	0% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	0% coinsurance after deductible is met (retail and home delivery)	0% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	0% coinsurance after deductible is met (retail and home delivery)	0% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. Adult and children's vision services count towards your out-of-pocket limit.</i>		
Child Vision exam <i>Limited to 1 exam per benefit period.</i>	No charge	30% coinsurance after deductible is met
Adult Vision exam <i>Limited to 1 exam per benefit period.</i>	No charge	30% coinsurance after deductible is met
Vision Therapy <i>Unlimited visits per benefit period.</i>	No charge after deductible is met	30% coinsurance after deductible is met

Notes:

- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Questions: (833) 899-7070 or visit us at www.anthem.com

Intentionally Left Blank

Language Access Services:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 899-7070

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 899-7070

Armenian (հայերեն): Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար գանգահարեք հետևյալ հեռախոսահամարով (833) 899-7070:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 899-7070。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 899-7070 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 899-7070.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 899-7070.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 899-7070.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 899-7070 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 899-7070로 문의하십시오.

Navajo (Diné): Díí naaltsoos biká'ígíí lahgo bína'idílkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj'í bee níl hodoonih t'áadoo bááh ilínígóó. Ata' halne'ígíí la' bich'i'í hadeesdzhí nínízingo koj'í hodíilnih (833) 899-7070.

Language Access Services:

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 899-7070.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 899-7070 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 899-7070.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 899-7070.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 899-7070.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 899-7070.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

APPENDIX C

DEFINED CONTRIBUTION PENSION PLAN

RIDGEFIELD DEFINED CONTRIBUTION RETIREMENT SAVINGS PLAN

1. Effective Date. Employees appointed to positions in the bargaining unit on or after July 1, 2011 shall be ineligible for participation in the defined benefit pension plan.
2. Mandatory Participation. An employee covered by this Agreement shall be required to participate in the Defined Contribution Retirement Savings Plan (the "DC Plan") as set forth in this Section, effective on date of appointment.
3. Mandatory Contributions. Immediately upon commencing participation in the DC Plan, each participant shall contribute five percent (5%) of his or her base pay to the DC Plan, and the Town shall contribute an additional five percent (5%) of the participant's base pay to the DC Plan.
4. Vesting. Each participant is always 100% vested in his or her employee contributions to his or her account in the DC Plan. Town contributions to the participant's DC Plan account shall be vested in accordance with the following scheduled:
 - 20% after 1 full years of service
 - 40% after 2 full years of service
 - 60% after 3 full years of service
 - 80% after 4 full years of service
 - 100% after 5 full years of service
5. Discretionary Employee Contributions. To the extent permitted by applicable law and regulations, each participant shall be permitted to defer amounts (in addition to the mandatory 5% employee contribution described in (2) above) to the DC Plan, on a pre-tax or after-tax basis, subject to Internal Revenue Code limitations.
6. Other. The Town shall be responsible for establishing and administering the DC Plan and may retain vendors, carriers, firms or agents for this purpose. Without limiting the generality of the foregoing, the Town shall (a) determine investment alternatives that are available under the DC Plan, and (b) amend the DC Plan, from time-to-time, in order to maintain its qualified status under the Internal Revenue Code. Each Participant shall direct the investment of his or her own account to one or more of the investment alternatives available.