

Collective Bargaining Agreement

Between



**UE Local 222, #81-4081
(Library Supervisors)**

And



The Town of Wethersfield

July 1, 2024 through June 30, 2027

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AGREEMENT

This Agreement is entered into effective July 1, 2024 by and between the Town of Wethersfield (hereinafter called the "Employer" or "Management") and UE Local 222, CIPU and its sub-local # 81-4081, affiliated with the United Electrical, Radio and Machine Workers of America (hereinafter called the "Union" or "UE").

This Agreement shall be binding upon the parties hereto, their administrators, executors and assignees. In the event the operation is sub-contracted in part or whole, or placed in receivership or bankruptcy, such operations shall be subject to the terms and conditions of this Agreement for the life thereof. The Employer shall give notice of the existence of this Agreement to any transferee, lessee, assignee, etc. of the operation covered by this Agreement or any part thereof. Such notice shall be in writing with a copy to the Union no later than the effective date of this change.

ARTICLE I – RECOGNITION

The Employer recognizes UE Local 222, CIPU and its sub-local #81, affiliated with the United Electrical, Radio and Machine Workers of America (UE) as the sole and exclusive bargaining agent for all full-time supervisory employees of the Library working twenty (20) hours or more per week including Department Managers, excluding the Library Director, for the purposes of collective bargaining with respect to wages, hours and other conditions of employment, in accordance with the Connecticut Labor Department Certification ME-25, 506.

ARTICLE II - UNION RIGHTS AND SECURITY

SECTION 1 - UNION SECURITY

- A. Membership is an agreement between the Union and Members. Should a bargaining unit member withdraw membership in accordance with applicable law, the member will notify the Union and the Town Manager and Library Director or their designees in writing.

SECTION 2 - UNION ACCESS

- A. The Union will provide the Library Director with the name and contact information of any Union Staff assigned to work with the Union Members. A Union Representative shall be able to visit the workplaces(s) during regular work hours in order to fulfill their representation responsibilities. Notice will be provided to the Library Director in advance of such visits. Such visits shall not unreasonably interrupt the work duties of the Union Members.
- B. The Library Director, based on public service desk work schedules, has the right to re-schedule such a visit based on mutual agreement. The Library Director will not unreasonably delay re-scheduling such visits.

SECTION 3 - UNION DUES AND DEDUCTIONS

A. During the term of this Agreement, the Town agrees to deduct regular Union dues on a bi-weekly basis, in accordance with the Constitution and Bylaws of the Local Union, from the wages of each employee who authorizes such deduction in writing in accordance with the following "Application for Membership/Check Off Authorization":

UE Local 222,
CIPU -
Application for
Membership-

I hereby request and accept membership in UE Local 222, CIPU a/v the United Electrical, Radio & Machine Workers of America (UE) and authorize it to represent me, and in my behalf to negotiate and conclude all agreements as to hours of labor, wages, and all other conditions of employment.

Employee Name (please print) _____
 Email: _____
 Home Address City & Zip _____
 Telephone # _____ Cell # _____ CILU # _____ CIPU # _____
 _____ Municipal Employer _____
 Written Signature of Employee _____ Date _____

UE LOCAL 222, CILU/CIPU
 RADIO & MACHINE WORKERS OF AMERICA (UE)
 PO Box 938, GLASTONBURY CT 06033
 PHONE: (860) 657-8113
 FAX: (860) 657-6221
Note: The top half goes to the Union and the bottom half goes to the employer

Check-off Authorization

to: _____
 Municipal Employer Effective Date _____
 I hereby authorize the above-named employer to deduct from my pay in accordance with the current practices, the amount certified as the regular dues and to remit such amounts to the employee organization in accordance with its arrangements with my employer. I further authorize any change in the amount to be deducted which is certified by the above-named employee organization as a uniform change in its dues structure.

 Employees Signature

UE LOCAL 222, CIPU
 RADIO & MACHINE WORKERS OF AMERICA (UE)

B. The Town shall remit the number of dues so deducted to the Financial Secretary-Treasurer of UE Local 222, Local # 81 on a monthly basis, along with a report listing the names of all individuals from whom it deducted dues.

C. The bi-weekly dues remittance to the Union will be accompanied by a list of names of employees from whose wages dues deductions have been made.

D. The obligation of the Town for funds actually deducted under this article terminates upon delivery of the deductions so made to the person authorized to receive such amounts from the Town. Neither any employee nor the Union shall have any claim against the Town for errors in the processing of deductions unless a claim of error is made in writing to the Town Finance Director within thirty (30) working days after the date such deductions were made or should have been made.

E. The Union agrees to indemnify and save harmless the Town for any sums which the Town incurs, such as but not limited to legal fees, as a result of a claim that the sums of money herein referred to have been illegally deducted or for any liabilities which may arise from the Town having complied with or enforced this provision.

SECTION 4 - BULLETIN BOARD

The Library shall provide a Bulletin Board for the exclusive use of the Union in the Library where bargaining unit employees work.

SECTION 5 - CONTRACT COPIES

The Town shall provide each bargaining unit member with a copy of this contract within thirty (30) days of the signing of this contract. The Town will provide new employees with a copy of this contract upon employment.

ARTICLE III - MANAGEMENT RIGHTS

SECTION 1 - MANAGEMENT RIGHTS

Except where such rights, powers and authority are specifically relinquished, abridged or limited by a specific term of this Agreement, the Library has and will continue to retain, whether exercised or not, all the rights, powers and authority heretofore had by it. Except where such rights, powers and authority are specifically relinquished, abridged or limited by a specific term of this Agreement, it shall have the sole and unquestioned right, responsibility and prerogative to manage the operations of the Library, to determine the methods, materials and personnel by which such operations are to be conducted and to direct the working forces, including, but not limited to the following:

- A. To determine the mission of the Library and its departments and the methods and means necessary to fulfill that mission.
- B. To determine the services to be offered by the Library.
- C. To establish or continue policies, practices and procedures for the conduct of Library business and, from time to time, to change or abolish such policies, practices or procedures.
- D. To determine the Library's organization and to reorganize as needed.

- E. To determine the selection, care, maintenance and operation of equipment and property used for and on behalf of the purposes of the library.
- F. To utilize fully its work force and equipment.
- G. To limit, curtail, or discontinue processes or to discontinue their performance by employees.
- H. To determine the number and types of employees required to perform the Library's operations.
- I. To determine the standards and qualifications of selection for Library employment and to select employees.
- J. To establish, implement, amend or change job descriptions, specifications and qualifications, and to assign other duties as needed.
- K. To transfer, promote or demote employees, or to layoff, terminate for just cause or otherwise relieve employees from duty for lack of work or other legitimate reasons when it shall be in the best interests of the Library.
- L. To prescribe and enforce reasonable rules and regulations for the maintenance of discipline and the performance of work in accordance with the requirements of the town, provided such rules and regulations are made known in a reasonable manner to the employees affected by them and to the Union.
- M. To establish contracts or sub-contracts for Library operations so long as such contracts are not established for the purposes of undermining the Union.
- N. To ensure that employees outside the bargaining units will continue to work with the members of these groups in the performance of their tasks as they have in the past to meet the needs of the Library.
- O. To fulfill all of its legal responsibilities as mandated through Local, State and Federal laws.

SECTION 2 - INHERENT RIGHTS

The above rights, responsibilities and prerogatives are inherent in the Library management by virtue of statutory and charter provisions and are not subject to delegation in whole or in part. The above rights, responsibilities and prerogatives may not be subject to any grievance or arbitration proceeding except as specifically provided for in this Agreement.

SECTION 3 - IMPACT BARGAINING

It is recognized by the parties that the Town of Wethersfield funds the wages and fringe benefits provided in accordance with the provisions of this Agreement and in the event that the funding by the Town becomes no longer available, the parties agree to meet and negotiate the impact any such loss of funding may have on the employees.

ARTICLE IV - NO STRIKE / NO LOCKOUT

In accordance with applicable law, the Union agrees that it will not conduct a strike. The Town agrees that it will not lock-out bargaining unit employees.

ARTICLE V - GRIEVANCE PROCEDURE

SECTION 1 - PURPOSE, DEFINITIONS, RIGHTS AND RESPONSIBILITIES

- A. Grievances are defined as disagreements arising out of the collective bargaining agreement between the Library and the Union.
- B. A good faith effort will be made by both management and the members of the bargaining unit to communicate concerns and resolve differences so that formal grievances are unnecessary. The purpose of the grievance procedure shall be to settle employee grievances at as low an administrative level as is possible and practicable, so as to insure efficiency, equity, fairness, and employee morale.
- C. The Library Director and a committee comprised of two (2) members of the bargaining unit shall meet periodically at a time mutually convenient for the purpose of discussing matters of mutual interest with the intent to avoid the necessity for individual recourse to the formal grievance procedure and to generally promote a satisfactory relationship.
- D. Probationary employees shall be subject to all provisions of this agreement, except they shall not have the right to the grievance procedure. Termination of employment during probation shall not be subject to the grievance or arbitration procedures.
- E. The Union shall be responsible for providing copies of grievances to their affected members, which will include the name of the employee filing the grievance, if applicable.
- F. In accordance with Section 7-468 (e) of Connecticut's Municipal Employee Relations Act, nothing contained herein shall prevent any bargaining unit employee from presenting his/her own grievance or requesting to have bargaining unit representation at any step of the grievance procedure. The Union, however, must receive a copy of all grievances and all employer decisions in response to grievances. No grievance settlement made as a result of an individually processed grievance shall contravene the provisions of this agreement.

- G. The bargaining unit shall designate one of its members for the purpose of adjusting grievances. This designated member may carry on the actual process of investigating grievances and of meeting with the Library Director or Town Manager during their normal working schedule without loss of pay. The person designated to adjust grievances and with the approval of the Library Director, shall be granted no more than two (2) working hours per week without loss of pay to investigate and process said grievance, when such activity takes place at a time when said members are scheduled to be on duty. Attendance at meetings by union members other than the grievant(s) shall be limited to when their testimony is needed.

SECTION 2 - TIME LIMITS

- A. In order to be valid, all grievances must be presented in writing within fifteen (15) calendar days of the date the employee and/or the Union knew, or by due diligence should have known of the situation, act, omission, or incident giving rise to the grievance, provided that this does not exceed thirty (30) calendar days after the alleged situation, act, omission, or incident occurred.
- B. A grievance shall be deemed forfeited, not grievable, and not arbitrable, if an employee and/or the Union fails to submit the grievance in writing to the Library Director within these time limits.
- C. Time extensions beyond those stipulated in this grievance procedure may be arrived at in writing by mutual agreement of both parties concerned. Absent an extension of time, failure at any step to appeal within the specified time limits shall forfeit the grievance. Failure by the Library Director or by the Town Manager to respond within the specified time limits to a grievance will be considered a denial.

SECTION 3 - STEP ONE (1) - LIBRARY DIRECTOR

- A. The employee by himself/herself and/or the Union shall present the grievance in writing to the Library Director within fifteen (15) calendar days of the date the situation, act, omission, or incident occurred, or when knowledge of such was gained, provided that this does not exceed thirty (30) calendar days after the alleged incident, act, or omission occurred. The Library Director shall provide a written decision to the employee within ten (10) calendar days of the date the grievance was presented.
- B. The grievance shall state:
 - 1. The grieving employee's name and job title;
 - 2. The specific portion of the agreement upon which the grievance is based;
 - 3. The alleged violation of the specific provision of the agreement;
 - 4. The corrective action that the employee seeks [or the remedy sought].

SECTION 4 - STEP TWO (2) - TOWN MANAGER

- A. If the aggrieved employee and/or Union is not satisfied with the decision that the Library Director made as a result of Step One, he/she and/or the Union may file the grievance with the Town Manager. Such step must be taken within ten (10) calendar days of the date on which the Library Director made known his/her decision under Step One.
- B. A conference under this step between the Town Manager or his/her designee and the employee and/or Union shall take place within ten (10) calendar days of the receipt of the grievance by the Town Manager. The Town manager shall provide a written decision to the employee and/or Union within thirty (30) calendar days of the conference.
- C. The Library Board has delegated to the Town Manager responsibility for final resolutions in the Grievance Procedure, with the recognition that the Library Board must approve any resolution involving the expenditure of funds from the Library budget.

SECTION 5 - STEP THREE (3) - MEDIATION AND ARBITRATION

- A. If the grievant(s) and/or the Union are not satisfied with the decision that the Town Manager made as a result of Step Two, either the Town or the Union, if mutually agreed by both parties, may submit the grievance for mediation prior to filing for arbitration. The dispute may be submitted for mediation to the Connecticut State Board of Mediation and Arbitration (hereafter referred to as CSBMA), or, where mutually agreed by both parties, to the American Arbitration Association (hereafter referred to as AAA). Such submission must be filed within thirty (30) calendar days of the issuance of the Step Two decision.
- B. If there is not mutual agreement to pursue mediation or if the dispute cannot be resolved through mediation, the Union, on its own and/or on behalf of the employee, may submit the dispute to arbitration by the CSBMA, or where mutually agreed by both parties, to the AAA. Such submission must be made within thirty (30) calendar days of the mediation meeting, or within thirty (30) calendar days of a refusal to mediate. The Union shall notify the Town Manager and the Library Director in writing of their intent to proceed to arbitration.
- C. When both parties do not mutually agree to submit a grievance to the AAA for mediation or arbitration, the Town Manager may elect to use the services of the American Arbitration Association instead of the CSBMA at the Town's sole expense.
- D. The Arbitrator or Arbitrators shall be limited to the terms of this Agreement and shall not have the power to modify, amend or delete any terms or provisions of this Agreement. The decision of the Arbitrator or Arbitrators shall be final and binding on the parties.
- E. The fee and expenses of the arbitrator (and/or mediator) under CSBMA rules shall be borne equally by the Union and the Town.

ARTICLE VI - HOURS OF WORK

SECTION 1 - WORK WEEK

- A. The Library workweek begins at 12:01 am on Monday and ends at midnight on the following Sunday.
- B. Employees hired on/after November 1, 2018, the regular workweek for full-time bargaining unit employees shall consist of thirty-seven and one-half (37.5) hours per week, divided over five (5) days, Monday through Saturday.

SECTION 2 - WORK DAY

- A. Beginning July 1, 2023, the normal workday shall usually consist of three (3) days of Monday – Friday 8:30 am – 5:00 pm, one (1) day of 9:30 am – 6:00 pm, and one (1) day of 12:30 pm – 9:00 pm, with a one (1) hour unpaid lunch and Saturday 9:00 am – 5:00 pm with a half-hour unpaid lunch.
- B. The hours shall generally begin not more than one (1) hour before the library opens nor end later than 15 (fifteen) minutes after the library closes, except when job responsibilities require attendance outside that time span.

SECTION 3 - ADDITIONAL HOURS AND COMPENSATORY TIME

- A. In order to meet the needs of the Library, a bargaining unit employee may be required to work hours in addition to his/her regular work schedule. Although the regular hours of employment each week for full-time supervisory staff is thirty-seven and one-half (37.5). Supervisory employees are paid on a salary basis and are generally expected to work the hours needed to fulfill their professional responsibilities.
- B. An exempt bargaining unit employee shall only be granted compensatory time for the following reasons:
 - 1. For hours worked on Sunday, per Section 4 below
 - 2. In an emergency situation, per this section
- C. Exempt bargaining unit employees shall be granted an additional three (3) personal leave days with pay in lieu of additional compensatory time.
- D. Expected extra work hours shall be approved by the Library Director and reflected in the weekly work schedule. Unexpected extra hours in excess of 40 hours shall be reported to the Library Director.
- E. When an employee is called into work outside of their regularly scheduled hours in an emergency situation (excluding desk coverage), he/she shall receive one (1) hour compensatory time for each hour of work, plus up to one (1) hour compensatory time for

travel.

- F. Any compensatory time earned shall be used within the fiscal year in which it is earned. There is no payment for compensatory time not used within this time period.

SECTION 4 – SCHEDULING

- A. The work schedule will be set according to the availability of funds and to meet the needs of the Wethersfield Library, including but not limited to staffing service desks, conducting programs, attending meetings and representing the Library in the community. In order to meet these needs work hours will include evening and weekend hours.
- B. Attendance at regularly scheduled board or commission meetings customarily required of the employee, at annual budget hearings or town meetings, meetings with the Town Manager and/or Town Council, conferences and workshops or other meetings the employee may be asked to attend relative to their management responsibilities are considered part of the staff member's job. Ordinarily notification of required attendance at such meetings shall be provided to the employee at least seven (7) working days in advance, with time provided in an employee's work schedule for preparation for such meetings.
- C. As a general rule, one department manager is scheduled to work each Saturday that the Library is open. If a department manager wishes to change the Saturday on which he/she is scheduled to work, he/she shall exchange Saturdays with another department manager, as well as assure coverage within her department.
- D. The Library will attempt to schedule Sunday hours with non-bargaining unit staff and/or part-time bargaining unit employees. Bargaining unit employees may be assigned to cover Sunday hours if needed when no non-bargaining unit employees and/or part-time bargaining unit employees are available. Bargaining unit employees who work Sunday hours shall receive one and one-half (1.5) hours of compensatory time for each hour worked.
- E. Except in extraordinary circumstances, bargaining unit employees are expected to follow their scheduled hours of work. Except in the case of emergency, requests to change hours must be submitted to the Library Director in writing at least one week before the Monday of the week in question. Such changes shall be approved in advance by the Library Director.
- F. As a general rule, schedules will not be adjusted to meet the personal needs of staff. Employees who wish to leave early on a given day may submit a request in writing at least one week before the Monday of the week in question to use part of their personal or vacation leave.

- G. An adjustment to an employee's ordinary schedule may be granted by the Director for a limited period at the discretion of the Director. The work week in such cases remains thirty-seven and one-half (37.5) hours.

SECTION 5 – BREAKS

- A. A bargaining unit employee who is normally scheduled to work a full seven and one-half (7.5) hour shift shall receive a one (1) hour unpaid meal break on weekdays. Federal law requires that anyone working 7.5 consecutive hours must take a meal break of at least thirty (30) consecutive minutes. On Saturdays the meal break is limited to thirty (30) minutes. Meal breaks will be scheduled taking into consideration the employee's requested time and the needs of the Library. All meal breaks shall be given at some time after the first two hours of work and before the last two hours. Meal breaks cannot be utilized during the first two hours or the last two hours of an employee's scheduled workday so as to permit an employee to skip their meal break in order to arrive at work later than scheduled or to depart from work earlier than scheduled.
- B. A rest period often (10) minutes in each half of the workday will be permitted when coverage is available but because of the requirements of public service it cannot be guaranteed. Rest periods may not be used to extend the length of a meal break or at the beginning or end of the workday.

SECTION 6 – ATTENDANCE

- A. When a bargaining unit employee is unable to come to work due to illness or an emergency, it shall be the responsibility of the employee to notify the Library Director. An employee shall notify the Director as early as practicable before the beginning of his/her normal workday but at least one (1) hour prior to the time set for beginning his or her daily duties, except in circumstance beyond the employee's control.
- B. All approved absences and early departures shall be covered by personal, vacation, sick leave or approved leave without pay, except in cases where a change in the employee's schedule has been approved by the Director in order to attend a work-related program or meeting.
- C. A bargaining unit employee who arrives late to work by fifteen (15) minutes or less will make up the missed time at the end of the workday. If that is not possible, the employee shall arrange with the Library Director to make up the time during the remainder of the pay period.
- D. Unapproved absences, repeated tardiness and early departures shall be grounds for disciplinary action. Employees shall not be paid for time lost due to unapproved absences, tardiness and early departures. Employees who have utilized forty (40) hours of paid sick leave in any year and who are absent for one (1) working day without notification to the Director may be subject to disciplinary action up to and including discharge.

ARTICLE VII - OUTSIDE EMPLOYMENT

SECTION 1 - PRINCIPLES AND RESPONSIBILITIES

- A. Bargaining unit employees who engage in additional employment outside the Library shall promptly notify the Library Director of such employment.
- B. Such employment shall be in accordance with the principles expressed in the Library's mission and values statements and shall not create a conflict of interest. As described in Library Personnel Rules a conflict of interest includes, but is not limited to, the following:
 - 1. Accepting employment with any consultant, contractor, organization, appraiser, or individual under contract or agreement with the Library;
 - 2. Having a financial interest, either directly or indirectly in any business, firm, or enterprise doing business with the Library that would constitute, or create the appearance of a conflict of interest;
 - 3. Soliciting or accepting any promise of future employment with such consultant, contractor, organization, appraiser, individual, business, firm or enterprise.
- C. Such outside employment shall not interfere with the employee's job performance, regular attendance, punctuality or availability for assignments as indicated in his/her job description.
- D. A bargaining unit employee who engages in employment outside of his/her regular working hours shall be subject to perform his/her assigned Library duties first and Library responsibilities shall take priority over other employment.
- E. Should a bargaining unit employee's additional employment interfere with the proper and effective performance of his/her library duties, such bargaining unit employee's performance will be addressed through established evaluation and disciplinary procedures.
- F. All bargaining unit employees shall abide by all worker's compensation laws and regulations related to outside employment under this article.

ARTICLE VIII - WAGES, COMPENSATION & CLASSIFICATIONS

SECTION 1 - WAGE AND COMPENSATION PLAN

The wages of all bargaining unit employees shall be in accordance with the schedules of minimum and maximum pay rates for each Grade and Classification as shown in the wage and salary Appendices of this Agreement.

SECTION 2 - STEP COMPENSATION PLAN

- A. New employees shall be hired at the minimum rate or Step One (1) of each relevant Grade or Classification. Appointment at a different rate or step may be made by the Library Director with notification to the Union.
- B. Any step pay increase shall be issued on the anniversary date of the employee's date of hire.
 - 1. Effective 7/1/2024, there shall be no step increases.
 - 2. Effective 7/1/2025, each employee who is not at the maximum step of their pay rate shall receive a one (1) step pay increase.
 - 3. Effective 7/1/2026, each employee who is not at the maximum step of their pay rate shall receive a one (1) step pay increase.

SECTION 3 - ANNUAL GROSS WAGE INCREASES (GWI'S)

- 1. Effective and retroactive to 7/1/2024, Placement on the new wage scale is in lieu of a GWI.
- 2. Effective 7/1/2025: 2.00% GWI.
- 3. Effective 7/1/2026: 2.00% GWI.

SECTION 4 - RECLASSIFICATION PROCESS

- A. Any member of the bargaining unit may request that his/her position be considered for reclassification following the steps outlined below:
 - 1. Submit a written request to the Library Director detailing information and documentation related to the criterion listed in this Article.
 - 2. All submitted reclassification requests shall be reviewed and recommended changes decided at a meeting with a representative of the Union and the Town Manager and the Library Director each contract year at a mutually agreed date and time. Each employee will be notified in writing about the meeting's results.
 - 3. Any recommended change in any position classification shall be negotiated with the Union and reviewed and considered by the Library Board of Directors before implementation. A three-person panel, one (1) union and one (1) management, and one (1) mutually agreed to by both parties shall be established to hear disputes and render recommendations to the Library Board, whose decision will be final.
- B. Criteria for reclassification will include, but not be limited to, additional work responsibilities and/or substantial increases in workload.
- C. Reclassification and related pay increase will take effect at the start of the next contract year following the Library Board's decision.

SECTION 5 - TRAVEL EXPENSES

- A. The Library will reimburse expenses for travel which are incurred by employees on approved Library business, at actual cost. Approved Library business requires that the employee obtain advance approval from the Library Director. Approval is subject to consideration of the budgetary limitations of the Library.

- B. Library business travel costs may include but not be limited to professional meetings, conferences, or conventions. Expenses may include meals, air, rail, or bus or automobile travel, accommodations, and telephone and other necessary business expenses. Prior approval is required and is subject to consideration of the budgetary limitations of the Library and the needs of other staff.

- C. If an employee's own car is used, travel reimbursement will be at the IRS established mileage rate, provided the employee has a valid driver's license and insurance. Staff must submit requests for reimbursement within one month of the travel.

SECTION 6 - WORKERS COMPENSATION

If a bargaining unit employee is absent from work due to a compensable injury, or illness, the Town shall pay the employee's regular pay through the employee's use of their sick leave until worker compensation benefits begin. Such absence will not be charged against an employee's accrued sick leave unless such absence is not recognized as compensable. In the event of a work-related absence for which the employee is absent for more than one (i.e., the date of the injury) but less than seven days, the Town agrees to credit the sick leave used by the employee for the second and (if applicable) third day of such absence. Upon receipt of worker compensation benefits, the employee may use any paid leave time available on a pro-rata basis to make up the difference between the employee's regular pay and the employee's worker compensation benefits. The Town shall provide reasonable accommodations/modifications to job duties so that an employee is able to return to work as soon as possible. The Town agrees not to discriminate against an employee because she/he has suffered a compensable injury, or illness.

ARTICLE IX-SENIORITY, TRANSFER, LAYOFF/RECALL, VACANCIES

SECTION 1 –SENIORITY

- A. Seniority shall be based upon length of service from the most recent date of hire. Earned seniority shall not be lost because of absence such as but not limited to family leave, medical leave, bereavement leave, jury duty, or any authorized leave, or while on layoff status eligible for recall.

- B. Additional seniority is not accrued during unpaid leave.

- C. The Library shall furnish the Union with an updated seniority list upon the effective date of the Agreement. The list shall be brought up to date at the beginning of each fiscal year or as requested by the Union. A copy will be delivered to the Secretary of the Local. An objection to the seniority list as provided by the Library, shall be recorded by the Union

within thirty (30) calendar days to the Library.

- D. An employee shall lose all seniority upon severance, discharge with just cause, or failure to respond within ten (10) calendar days to a return-to-work notice sent by registered, certified mail by the Library to the employee's last known address.

SECTION 2 – TRANSFERS

- A. A bargaining unit employee temporarily assigned to a classification higher than his/her own for a continuous period exceeding fourteen (14) calendar days shall be paid in accordance with said higher classification after the fourteenth (14th) day. The employee shall be placed on the first step of the higher classification which grants the increase in pay. This provision does not apply when one fills in for someone on vacation. During that period of coverage, an employee will receive his/her regular pay for the entire period of coverage.
- B. An employee who is temporarily assigned to a lower paid job shall retain his/her former rate of pay for the period of the temporary assignment. This procedure does not apply to situations covered in Layoff, Recall and Bumping provisions.

SECTION 3 - LAYOFF, RECALL AND BUMPING

- A. The Library Board, in its discretion, shall determine whether layoffs are necessary and which positions will constitute the layoff list.
- B. The term layoff means a reduction in the number of employees or hours of work due to lack of funds or work, elimination of a position, or other legitimate reason. However, no layoffs shall occur as a result of contracting out.
- C. The term bumping means the ability of a bargaining unit member with greater seniority affected by a layoff to displace another bargaining unit member with less seniority provided the member requesting to bump another member shall have the skills and qualifications and can do the work available without extensive retraining.
- D. In the event of anticipated layoff, the Library shall notify employees and the Union Representative at least thirty (30) days prior to the anticipated layoff date, provided such advanced notice shall not be required if the layoff has been brought about by unforeseen emergency circumstances. Management shall provide reasons for the layoff and a copy of the current seniority list to the Union along with the written layoff notice. Prior to any layoff taking effect, Library Management agrees to meet and confer with the Union to discuss alternatives to layoffs and/or the preferred means of achieving layoffs but shall not be required to accept such proposals or to negotiate concerning them.
- E. In the event of layoffs, employees' work schedules may be altered to provide public service coverage of the hours the library is open to the public. Such rescheduling shall be first done on a voluntary basis, according to qualifications. This shall not be subject to grievance.

- F. Layoffs will be scheduled based on inverse seniority as follows provided the remaining employees have the necessary skills and qualifications and can do the work without extensive retraining:
 - a. Probationary employees
 - b. Bargaining unit employees who voluntarily agree to lay-off
 - c. Full time bargaining unit employees
- G. A bargaining unit member with greater seniority who has been laid off may bump an employee with less seniority, provided he/she is able to perform the work without extensive retraining. A written request to bump must be sent to the Library Director no later than three (3) calendar days after the employee has received a layoff notice. The written request must list the desired position. The Library Director will respond to the request within two (2) calendar days after he/she has received the request.
- H. Employees who have been laid off shall be rehired on the basis of seniority as follows, provided they are able to perform the work available without extensive retraining:
 - a. Full-time bargaining unit employees including anyone who volunteered for layoff
 - b. Probationary employees
- I. An employee shall lose all seniority and return-to-work privileges for failure to respond within ten (10) calendar days to a return-to-work notice sent by registered certified mail by the Library to the employee's last known address.
- J. Employees who have been laid off shall be placed on a recall list and be entitled to recall for a period of eighteen (18) months from the date of layoff. Employees will be rehired in the inverse order of layoff within each position classification, provided he/she possesses the knowledge, skills and abilities, to do the job. No new full-time employees will be hired until all laid-off employees who are eligible for recall and who have the requisite knowledge, skill and ability to do the available work, have been given an opportunity to return to work.
- K. An employee on the re-employment/recall list has the right to refuse to return to a lower paying position without loss of position on the re-employment/recall list. An employee who agrees to be recalled to a reduced schedule or a lower paying position shall retain his/her position on the recall list for a position equivalent to that from which he/she was laid off.

SECTION 4 - SEPARATION FROM EMPLOYMENT

- A. An employee who is voluntarily leaving employment with the Library shall give the Library Director notice in writing, as much in advance as possible. The minimum amount of notice required for a separation in good standing is as follows:
 - 1. For exempt, professional employees, four (4) weeks.

SECTION 5 - BARGAINING UNIT WORK

- A. No non-bargaining unit employee shall perform work ordinarily and customarily performed by bargaining unit employees if such use results in lay-off of bargaining unit employees. Employees outside the bargaining unit will continue to work with members of this group in the performance of their tasks as they have in the past to meet the needs of the library.
- B. Library volunteers shall not be assigned work ordinarily and customarily performed by bargaining unit employees if such use results in layoffs of bargaining unit employees. Volunteers will continue to work with members of this group in the performance of their tasks as they have in the past to meet the needs of the library.

SECTION 6 - JOB VACANCIES

- A. All new jobs, positions, promotional opportunities and openings to be filled within the bargaining unit shall be posted in-house for a period of at least five (5) calendar days on the bulletin board provided for such purpose. The Union shall receive a copy of such postings in a timely manner. If there are no qualified internal candidates, such positions will be externally advertised at the end of that period. Current employees wishing to be considered for such openings must submit their application by the application deadline.
- B. The Library shall interview all qualified bargaining unit candidates. The first round of interviews will be conducted by a panel consisting of three (3) panelists from outside the Library who are knowledgeable about the nature of the work. The panel will prepare for and conduct the interview process. The second round of interviews will be conducted by a three (3) member panel which will include the Library Director or his/her designee. The Library will continue to strive to promote qualified candidates from within. However, if there are no qualified bargaining unit candidates, the Union shall be notified in a timely manner.

SECTION 7 - NEW POSITIONS

At the time new job titles or positions within the bargaining unit are created, the Library shall meet and confer with the Union to establish the appropriate pay grades prior to posting or advertising for the new job title or position. If any part-time job or position is increased to full-time hours, this shall be considered a new job vacancy.

SECTION 8 - JOB DESCRIPTIONS

Each employee is assigned to a job classification. The duties for each classification are described in the job description. In the event of any changes in duties during the term of this Agreement, the Union shall have the right to negotiate the impact of such changes.

ARTICLE X - CONTINUING EDUCATION

SECTION 1 - CONFERENCES AND WORKSHOPS

- A. It is mutually agreed that staff members are encouraged, and may be requested, to attend state and regional meetings and pertinent workshops. Staff members wishing to attend workshops shall make requests to the Library Director for approval. Such requests shall be submitted ten (10) days before the Monday of the week in question, except for reasons beyond the employee's control.
- B. The Director may approve an employee's attendance, with pay, at a workshop, conference or training seminar that is related to the employee's work for the Library. The Library will pay the employee's related registration fees and costs, subject to the availability of funds in the Library budget and the needs of other staff.
- C. Up to seven and one-half (7.5), hours per day at state and regional meetings and pertinent workshops, including travel time, is considered part of the staff member's scheduled work time. If attendance is mandated by the Library Director, time in excess of seven and one-half (7.5), hours will be considered comp time to be used within the same work week as the meeting or workshop. The employee's work schedule will be adjusted to accommodate attendance. Completion of related assignments and reports will be considered part of the staff member's work time.
- D. In the event the employee elects to attend a work-related workshop, conference or training seminar at his/her own expense, the Director may release the employee with pay for such an event. Such attendance must be approved in advance by the Library Director and be requested at least ten (10) days before the Monday of the week in question unless there is a reason for shorter notice.
- E. If the Director approves attendance at a workshop but funds are not available within the Library's budget to pay for a workshop or conference, the employee may still attend if the employee pays the fees. In such cases, attendance at the workshop would be with pay.

SECTION 2 - FORMAL EDUCATION

- A. According to the following provisions, all employees are eligible for tuition reimbursement at accredited educational institutions.
- B. The Library will set aside a tuition fund of \$2500 per fiscal year to be used by all employees to take approved courses pursuant to this Article.
- C. To be eligible for this reimbursement, the course must be approved in advance by the Library Director. Reimbursable courses must be directly applicable to the employee's job and/or the Library's needs as determined by the Library Director.
- D. Employees covered by this agreement shall be reimbursed by the Library up to a maximum of \$900 per semester for no more than one course per semester during each fiscal year of this contract upon successful completion of course work with a grade of "C"

or better.

- E. To receive approval and reimbursement employees must:
 - 1. Complete and submit to the Library Director the Library's "Request for Approval of Tuition Reimbursement" form, including the official course description from the academic institution's course catalog;
 - 2. Receive approval by the Library Director;
 - 3. Complete the course with a grade of "C" or better;
 - 4. Submit proof of course completion and tuition payment.

- F. In the event there are not enough funds to cover all eligible bargaining unit members who were approved by the Library Director for tuition reimbursement, then funds will be distributed on a first- come first-served basis, determined by the date the "Request for Approval of Tuition Reimbursement" form was submitted.

- G. Reasonable accommodations in employee work schedule and assignment will be made to facilitate use of this benefit as approved by the Library Director.

ARTICLE XI – INSURANCE

SECTION 1 - GROUP HEALTH INSURANCE

The Town shall provide and pay for the following insurance for all bargaining unit employees and their enrolled spouse and dependents as identified below and as further described in Appendix E:

- A. Dental: Full Service Dental coverage as outlined in Appendix D will be offered to employees, their spouse and eligible dependents. Employees receiving the HDHP shall be eligible to receive Dental Rider A with the Town paying 100% of the cost of Rider A. The Dental Rider A benefit shall become effective concurrent with the effective date of coverage under the HDHP. Riders B, C and D are available with the employee paying the full cost of the Riders.

- B. Anthem Vision Care plan is 100% employer-paid providing benefits as outlined in Appendix

- C. Employee premium cost share:
 - 1. Effective July 1, 2024: 17.50%.
 - 2. Effective July 1, 2025: 17.50%.
 - 3. Effective July 1, 2026: 17.50%.

- D. High Deductible Health Insurance Plan / Health Savings Account.

1. Effective July 1, 2017, the sole health insurance plan offered to all bargaining unit employees by the Town will be the Town's High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), except as maybe otherwise required by law. Said HDHP shall contain benefits as described and set forth herein.
2. The HDHP plan shall have the following plan year deductibles: Single \$2,000, Employee + 1 \$4,000, Family \$4,000 with the Town contributing fifty percent (50%) of the cost of the applicable annual deductible to the employee's account.
3. Following exhaustion of the applicable above deductible there shall be no further prescription drug co-payments.

E. Health Savings Account HSA Funding

1. The Town shall fund the following percentages to the employee's HSA as follows:

1. Effective July 1, 2024: 50.00%.
2. Effective July 1, 2025: 50.00%.
3. Effective July 1, 2026: 50.00%.

2. The Town will submit its contribution to the employee's Health Savings Account (HSA) for the deductible in two payments, one-half in July and one-half (in) January. Employees enrolling in the plan after the commencement of the plan year, will receive a pro-rated funding contribution based on the number of months in the plan upon establishment of their HSA, and then will fall into the schedule to receive the next funding in July or January. If an employee can demonstrate they have exhausted their HSA due to unanticipated circumstances or undue hardship, the Town will permit an advancement of some or all of the remaining Town contributions for that plan year to the employee.

F. The Town shall provide for employee contributions to health benefits to be made on a pre-tax basis in accordance with Section 125 of the IRS code.

G. The Town shall continue to provide paid health insurance, with applicable employee co-pay for workers on any type of disability benefit.

H. **Waiver of Health Insurance Coverage:** Any employee who is covered under alternate health insurance may voluntarily elect to waive in writing on a Town provided form, health insurance coverage and receive an additional annual compensation in lieu of said coverage. The amount of the annual compensation an employee may receive shall be \$3,000 for family coverage, \$2,000 for two (2) individuals, and \$1,000 for single employees. Payments to those employees waiving such coverage shall be made in equal payments during the months of July and January of each calendar year.

1. If an employee loses alternate health insurance coverage, the employee may enroll in Town provided health insurance coverage. Upon receipt of revocation of waiver,

insurance coverage shall be reinstated as soon as possible, subject however to any regulations or restrictions, including waiting periods, which may be required by the insurance carrier. Depending on the effective date of such reinstated coverage appropriate financial adjustments shall be made between the employee and the Town to ensure that the employee has been compensated, but not overcompensated for any waiver elected in this section.

2. Notice of intention to waive insurance coverage must be sent to the Town Manager not later than sixty (60) days after the signing of this negotiated Agreement. Thereafter, employees must submit an annual waiver no later than April 1 of each year to be effective on July 1.

I. Retiree Health Insurance (formerly second paragraph 1G):

Depending upon their date of hire, employees retiring from the Town shall be eligible to participate in the group medical health insurance outlined in Section 1 above or as modified in successor contracts pursuant to the conditions and restrictions in paragraphs 1-5 below.

1. For purposes of this Agreement, dependents shall be defined as an employee's spouse, and/or dependent child as required by state and/or federal law.
2. The Town reserves the right to change the group health insurance carriers/providers and/or plans provided that: (1) the change will not impact the percentage of the employee's premium cost sharing contribution; (2) the benefits and processing of claims are equivalent or better to those in effect during the period of this contract; and, (3) the Town provides the Union at least two (2) months' notice that the Town is considering a change in group health insurance carriers / providers and agrees to meet with the Union at least one (1) month prior to the implementation of the change.
3. Current employee on the payroll as of the effective date of the signing of the 2006-2009 Agreement shall have, at time of retirement, insurance and health benefits paid by the Town for themselves, spouse at the time of retirement and qualified dependents and step dependents at the time of retirement, with the retiree continuing to contribute their employee contribution percentage of the premium cost in effect at the time of their retirement. Post retirement spouse(s) and step dependent(s) are not eligible for coverage. Any individual in the HDHP plan during retirement will be responsible for any additional cost; except that the Town will fund 50% of the cost of the applicable annual deductible. A list of eligible employees and their dates of hire is included as Appendix B.
4. New employees hired after the effective date of the signing of the 2006-2009 agreement shall have, at the time of retirement, insurance and health benefits paid by the Town for themselves only, with the retiree continuing to contribute their employee contribution percentage of the premium cost in the effect at the time of their retirement. New employees hired after the effective date of the signing of the

2006-2009 agreement, may elect, at the time of retirement, to continue insurance and health benefits coverage for their spouse at the time of retirement and qualified dependents and step dependents at the time of retirement, provided the retiree contributes 100% of the premium cost in effect at time of retirement. Post retirement spouse(s) and step dependent(s) are not eligible for coverage. Any individual in the HDHP Plan during retirement will be responsible for any additional cost; except that the Town will fund 50% of the cost of the applicable annual deductibles for single coverage only. A list of eligible employees and their dates of hire is included as Appendix B

5. Employees hired after July 1, 2009 shall not be eligible for retiree health insurance for themselves or their dependents, nor shall they be required to contribute to the Other Post-Employment Benefits (OPEB) as described in Article XII (Pension and OPEB), Section 3. COBRA will be offered as may be required by law.

J. Wellness Program (formerly paragraph 1H):

As soon as practical after the issuance of the arbitration award in Case No. 2016-MBA-112 each of the health insurance plans set forth in this article shall include a wellness incentive program, designed to provide early diagnostic and appropriate information to patients so that they and their health care professionals can determine appropriate, timely courses of treatment as needed. Such program shall be agreed to by the parties before its implementation. The wellness program will include age-based preventive physical examinations and age-based preventative screenings. If an employee and / or the employee's enrolled dependents do not agree to participate in the wellness program and do not actually fulfill all applicable requirements of the wellness program plan for a plan year, the employee shall not receive the additional incentives as outlined in the wellness program agreement. (Quote from the Award – "The Town and the Union are both proposing a wellness program for the Library with the Town wanting it to be in place by July 1, 2017 and the Union proposing – "...as soon as practical after the issuance the arbitration award." Another difference is that for those not participating the Town is proposing a 2.5% increase in insurance coverage in the following year. The Union LBO says "...the employee shall not receive the additional incentives as outline in the wellness program agreement." The details of the program, including incentives, which may include a differential premium cost sharing structure, are still to be determined by further discussion by parties."

Each year members will be credited with one (1) personal day upon verification that the member has completed the wellness program's requirements from the wellness vendor. The personal day will expire on June 30th and is not cumulative.

SECTION 2 - LIFE INSURANCE AND AD&D

- A. The employer shall provide and pay for life insurance for all bargaining unit employees equal to 150% of the employee's annual salary or \$90,000, whichever is less. The amount of the life insurance shall be rounded up to the higher multiple of \$1,000 if not already a multiple of \$1,000

- B. The Town shall provide and pay for Accidental Death and Dismemberment (AD&D) for all members of the bargaining unit in the principle sum equal to one and one half (1.5) times the employee's annual wage or \$90,000, whichever is less.
- C. Bargaining unit employees may purchase at their own expense up to fifty (50) percent additional life insurance and AD&D coverage at group rates in increments of \$1000 with an enrollment held on each July 1.
- D. The Town shall provide and pay for a \$10,000 life insurance policy for bargaining unit employees retiring from Town service after July 1, 2012 (whether through early, normal or disability retirement as defined under the Wethersfield Town Pension Plan).

SECTION 3 - LONG TERM DISABILITY

- A. The Town/Library will provide and pay for Long Term Disability protection insurance for all bargaining unit employees. This plan provides coverage after ninety (90) days disability, at the rate of sixty percent (60%) of average monthly earnings with a monthly maximum of \$3000 and with offset for any disability income benefits to age 65. Details concerning eligibility and benefits are governed by the plan description.
- B. A bargaining unit employee who is receiving long-term disability payments may supplement those payments by using accumulated sick leave.

SECTION 4 – DEPENDENT CARE

The Town will establish a Flexible Spending Dependent Care benefit program effective July 1,2025

ARTICLE XII - PENSION PLANS AND OTHER POST EMPLOYMENT BENEFITS (OPEB)

SECTION 1 - I.R.C. SECTION 414(h)

With respect to all Library employees who are members of the bargaining unit as of the effective date of this agreement, and all bargaining unit members hired on or after the effective date of this Agreement, the Employer shall pick up the employee contributions required by this Article for all compensation earned on and after date of hire with approval of the Internal Revenue Service; and the contributions so picked up shall be treated as employer contributions in determining federal income tax treatment under the United States Internal Revenue Code; however, such employer shall continue to withhold federal income tax based upon these contributions until the Internal Revenue Services, or the federal courts, rule that, pursuant to Section 414(h) of the United States Internal Revenue Code (1986) as amended, these contributions shall not be included as gross income of the employee until such time as they are distributed or made available. Therefore, all contributions are pre-tax contributions. The employer shall pay the employee contributions from the same source of funds which is used in paying earnings to the employee. The employer may pick up these contributions by a reduction in the cash salary of the

employee.

SECTION 2 - ELIGIBILITY AND INCLUSION

The "Town of Wethersfield Pension Plan" shall include the bargaining unit members of UE Local 222, #81-4081 when reference is made to the employee.

SECTION 3 - CONTRIBUTIONS AND BENEFITS

A. Pension Plans

1. Defined Benefit Pension Plan. The monthly Normal Retirement Benefit to a Library employee and bargaining unit member who retires on his/her normal retirement date shall be equal to two percent (2%) of his/her Average Monthly Earnings multiplied by the number of his/her years of Credited Service. Effective July 1, 2012, the monthly Retirement Benefit payable to a Town employee who is a member of UE Local 222, No. 81-4081, and who retires on his/her Normal Retirement Date shall be equal to 2.25% of his/her Average Monthly Earnings multiplied by the number of his/her years of credited service, provided that the 2.25% multiplier shall only apply to years of service earned after July 1, 2012.
 - I. Library employee and bargaining unit member whose early retirement date occurs no earlier than the first day of the calendar month, coincident with or next following, the later of the date on which he/she has attained age fifty (50) and the sum of his/her years of age plus his/her years of Credited Service while working for the Town first equals at least eighty (80), shall be eligible to receive his/her Early Retirement Benefit without the reduction specified in Article V, Section 5.2(b) of the "Town of Wethersfield Pension Plan". All employees must have actively worked the number of years required to reach the eighty (80) threshold.
 - II. The Town agrees to appoint a representative from UE Local 222, #81-4081 to serve on the Town's Pension Plan Committee with the right to vote on matters involving members of UE Local 222, #81-4081. Each bargaining unit member will receive a copy of the Pension Plan upon hire or as amended.
2. Contributions: (all contributions are on a "pretax" basis).
 - a. Effective July 1, 2024 employees participating in the Defined Benefit Pension Plan the employee's contribution of his/her monthly earnings will be 6.00% to the Defined Benefit Pension Plan.
3. Defined Contribution Pension Plan: Employees hired after July 1, 2012 will not be eligible to participate in the Town of Wethersfield Defined Benefit Pension Plan but will participate in a Defined Contribution Plan with the Town and the employees each contributing the same percentage of the employee's gross salary to the Defined Contribution Plan as noted below.
 - Effective July 1, 2024 = 5.75%
 - Effective July 1, 2025 = 6.25%
 - Effective July 1, 2026 = 6.50%

B. Other Post Employment Benefit Fund (OPEB Fund)

1. Subject to the amount of money available in the fund, the Town shall have the discretion to determine the date upon which to commence using the monies to fund the cost of retiree health insurance benefits. The Town shall provide to the Union at least annually, a full accounting of the contributions to the fund, interest, and any expenses charged to the fund.
2. Contributions: (all contributions are “pre-tax” and are made in accordance with Section 414 H of the United States Internal Revenue Code (1986) as amended). For those employees eligible for retiree health benefits paid by the Town the employee’s contribution of his/her monthly earnings to the OPEB Fund shall be:

Effective 7/1/2024 the OPEB contribution shall be 4.00%

ARTICLE XIII - HOLIDAYS

SECTION 1 - PAID HOLIDAYS

- A. All full-time bargaining unit employees shall be granted time off with pay for 14 holidays of the year. Prior to September 1st of each year, the Library and Union shall mutually agree on the desired holiday schedule for the coming year. Part-time employees will be granted holiday pay on a pro-rated basis. Eleven of the holidays shall be chosen from the following days:

New Year’s Day	Columbus Day
Martin Luther King Jr Day	Veterans Day
Presidents’ Day	Thanksgiving Day
Good Friday	The Day after Christmas
Memorial Day	Christmas
Independence Day	The day before or after Christmas Day
Day before or after Independence Day	The day before New Year’s Day
Juneteenth	
Labor Day	

- B. If a holiday falls on a day that is the employee's regularly scheduled day off, the employee will be granted another day off in lieu of the holiday. This will be taken within the pay period directly preceding or directly following the actual holiday unless the Library Director determines that an extraordinary circumstance applies. The employee shall submit this request in writing at least one week before the Monday of the week in question, except for reasons beyond the employee's control.
- C. When a scheduled holiday occurs while a bargaining unit employee is on sick leave or other leave with pay, such day observed as a holiday shall not be charged against the employee's accumulation of leave time. Holiday leave does not otherwise accumulate.
- D. On, Christmas Eve day and New Year's Eve Day, all bargaining unit employees' schedules

will be adjusted so that no one will be required to work any later than 5:00 PM.

- E. Effective July 1, 2025, on Thanksgiving Eve day, all bargaining unit employees' schedules will be adjusted so that no one will be required to work any later than 1:00 PM.
- F. One (1) holiday in addition to the above listed will be granted at the discretion of the Library Director.

SECTION 2 - FLOATING HOLIDAYS

Two other days will be granted to full-time bargaining unit employees as floating holidays, to be used at the employee's discretion. Floating holidays must be used by the end of the calendar year. Floating holidays for new employees shall be pro-rated in the first year of employment. Requests to use floating holidays must be requested in writing at least one week before the Monday of the week in question, except for reasons beyond the employee's control.

ARTICLE XIV – VACATION SECTION 1 – ACCRUAL

- A. All bargaining unit employees shall earn annual vacation at their current rate of pay based upon length of service. Vacation shall be accrued biweekly throughout the year.
- B. A full-time bargaining unit employee shall be entitled to one-week (5 working days) of vacation leave for each six (6) months full-time service up to one (1) year, beginning with the date of employment. No vacation shall be taken until the employee has completed six (6) months of service.
- C. After 1 full year of service, bargaining unit employees shall accrue vacation at the following rates:

2 nd – 6 th Year	15 days
7 th & 8 th Year	16 day
9 th Years	17 days
10 th Year	20 days

- D. All bargaining unit employees may accrue up to twice their annual allowable vacation days. In extraordinary circumstances the Library Director may grant an exception in writing to allow additional accrual provided that the employee has made a special request in advance, in writing, to the Library Director, and the Library Director has granted the exception. The Library Director will not unreasonably deny such a request. If an exception is granted, the extra days must be used before the end of the fiscal year they are carried into.
- E. Any employee who has accumulated more than twice their annual allowable vacation days shall not lose the days already accumulated. All bargaining unit employees employed at the time of the 2006 - 2009 agreement shall continue to receive four (4)

weeks paid vacation.

SECTION 2 – REQUESTS

- A. Employees must submit requests for vacation in writing at least one week before the Monday of the week in question, except for reasons beyond the employee's control. The vacation request shall be replied to by the Library Director in writing within fourteen (14) calendar days.
- B. The Library reserves the right to limit the number of employees on vacation at any given time. Vacation requests will be approved in the order in which they are received and taking into account the needs of the library schedule.
- C. For the purpose of vacation, a "day" is defined as seven and one-half (7.5) hour day. Vacation may be taken in increments of no less than one half (1/2) hour.
- D. Normally, vacation leave may be taken in conjunction with a holiday not more than twice during the year, so that all have a fair opportunity to take time off near holidays. In reviewing the request, the Library Director shall take into consideration the desires of the employee, the Library's staffing needs and the schedules of other employees in the same work area.

SECTION 3 – SEPARATION

Employees who separate from the Library in good standing, or who are laid off for lack of work after employment of six (6) months or more, or who have retired from service, shall receive full payment for unused vacation leave, up to the maximum accrual permitted above. For the purposes of this section, to separate from the Library "in good standing," a non-exempt employee shall give the Library two (2) weeks' notice. Exempt employees shall give at least four (4) weeks' notice, unless the Library Director allows shorter notice. Said notice shall be in writing to the Library Director. In the event of an employee's death, such payment shall be made to his/her beneficiary.

ARTICLE XV - LEAVE SECTION 1 - SICK LEAVE

- A. All full-time employees shall earn sick leave on a bi-weekly basis. Sick leave accrual shall be as follows:
 - 1. From the commencement of their employment, up to five (5) years: will earn twelve (12) days a year.
 - 2. Five years or more employment, fifteen (15) days a year.
- B. For the purpose of earning sick leave, "day" is defined as a seven (7) or seven and one-half hour day, in accordance with Article VI, Section 1 C and D.
- C. An employee shall earn sick leave while on paid leave.
- D. Sick leave with pay for the first forty (40) hours accrued in any year may be used by any

full or part-time employee for any of the reasons contained in the Act. For sick leave accrued beyond forty (40) hours annually. Sick leave with pay may be used by a regular full-time employee who is unable to work due to personal illness or injury that is not covered by worker's compensation. Such an employee may also use sick leave for medical appointments that cannot be scheduled outside of working hours. Sick leave may be used for a reasonable period to make arrangements or care for a member of the employee's immediate family who is ill and requires the employee's care. For this purpose, "immediate family" means mother, father, spouse or child, or another relative of the employee who resides in the employee's household.

- E. Sick leave is to be used in no less than one (1) quarter hour increments.
- F. It shall be the responsibility of an employee to notify the Library Director or the Department Manager in advance of sick leave, whether paid or unpaid, except in an emergency. To be eligible for sick leave, an employee shall notify the Director or Department Manager as early as practicable before of his/her normal workday but at least one hour prior to the time set for beginning his or her daily duties expect for reasons beyond the employee's control.
- G. Bargaining unit employees may be required to file a medical note as to the disabling nature of the illness if the employee has been absent for more than three (3) consecutive days and the employee has already utilized forty (40) accrued hours of sick leave for the year.
- H. A medical note shall be required from employees who have used forty (40) or more hours of sick leave during the year after four (4) consecutive days of absence. Employees shall not be required to provide to the Town a medical note for the first ten (10) day absences in any fiscal year; however, thereafter a medical note shall be required from sickness or injury during such fiscal year regardless of the duration of such absence.
- I. All full-time bargaining unit employees may accumulate sick leave without limit.
- J. Employees shall choose one of the following options for use of accrued sick time upon separation in good standing:

Option A: For those employees who have already satisfied the Rule of 80 with the minimum age of 50, they may choose to have their accrued sick time added to their years of credited service for the purpose of computing pension benefits. Pension benefits will be based on the combined total of actual years of service plus accrued sick time in increments of full years only. For example, if an employee currently has accrued six (6) months of sick leave but needs only four (4) additional months combined to obtain a full year of credited service then the employee may utilize four (4) of the six (6) accrued months of sick leave to obtain the full year increment. The remaining two (2) months of accrued sick leave time will be lost.

Option B: For those employees who have not yet satisfied the Rule of 80, they may

choose to use sick leave to be added to their years of service to satisfy the Rule of 80 with the minimum of age of 50. Total credited service may be only calculated in increments of full years. For example, if an employee has twelve (12) months of accrued sick leave and needs eleven (11) months to satisfy the Rule of 80 with the minimum age of 50, the employee may elect to use eleven (11) of the twelve (12) months to satisfy the rule of 80. The remaining one (1) month of accrued sick leave will be lost

SECTION 2 - FAMILY AND MEDICAL LEAVE

- A. Per the Family and Medical Leave Act (FMLA), an employee who has worked for the Library for at least twelve (12) months, and who has worked 1,250 actual hours during the twelve (12) months immediately preceding the start of a leave, is eligible for unpaid leave for one of the following reasons:
 - 1. The birth or care of the employee's newborn child;
 - 2. The placement of a child with the employee for adoption or for foster care;
 - 3. Care of the employee's spouse, domestic partner, child, parent or any other individual for whom the employee is legally responsible for a serious medical condition; or
 - 4. Care of the employee's own serious medical condition including pregnancy.
- B. Accrued sick and/or vacation leave may be substituted for any unpaid portions of this leave taken for any reason.
- C. For additional information contact the Human Resources Manager.

SECTION 3 - BEREAVEMENT AND FUNERAL LEAVE

All bargaining unit employees shall be granted paid funeral leave when there is a death in the employee's immediate family. For the death of an employee's parent, sibling, child, spouse or domestic partner, mother-in-law, father-in-law, or any individual for whom the employee is legally responsible, five (5) days shall be granted. For the death of an grandparent, grandchild, aunt, uncle or nephew or niece or another relative of the employee who resides in the employee's household, up to three (3) days shall be granted.

SECTION 4 - PERSONAL LEAVE

- A. Each fiscal year, a full-time bargaining unit employee who has successfully completed the probationary period shall be granted up to three (3) days leave of absence with pay with no explanation required. Each fiscal year a part-time bargaining unit employee who has successfully completed the probationary period shall be granted a leave of absence with pay on a prorated basis with no explanation required.
- B. Employees who have worked less than one year will have personal leave pro-rated based on the length of time employed.
- C. Personal leave shall be taken and charged in increments of no less than one hour and shall

not accrue from year to year. There shall be no payment of personal leave upon termination of employment.

- D. Employees must submit request for personal leave in writing at least one week before the Monday of the week in question, except for reasons beyond the employee's control. Requests shall be granted by the employee's supervisor or his/her designee taking into consideration the staffing needs of the department and the Library.

SECTION 5 - JURY DUTY

All bargaining unit employees shall be granted leave for required jury duty necessitating appearance before a court. Such leave shall be only during the time in which appearance is required. Hours served on jury duty shall be considered regular work hours. Such employee shall receive that portion of his/her regular salary that together with the jury duty pay or fees equals his/her base salary for the same period. A copy of the Jury Notice to Serve and the Certificate of Juror Service shall be given to the Library Director.

SECTION 6 - MILITARY LEAVE

Per the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), an employee who voluntarily or involuntarily leaves Library employment to undertake military service or certain types of service in the National Disaster Medical System shall have the right to be reemployed in his/her position and receive the benefits the employee would have attained if he/she had not been absent due to military service. The Library shall not discriminate against past and present members of the uniformed services, and applicants to the uniformed services.

SECTION 7 - LEAVE WITHOUT PAY

- A. The Library Director may grant a leave of absence without pay to an employee for personal reasons for a maximum of six (6) months, provided that the leave will serve the interests of the Library and the position can either remain vacant or be filled by a temporary appointment until the expiration of such leave. No leave or other benefits shall accrue during a leave without pay.
- B. No more than one (1) bargaining unit employee shall be on such unpaid leave at the same time.
- C. An employee may request a leave of absence without pay for the purpose of professional development that is related to the employee's work for the Library. The Director may grant approval for such leave provided that the leave will not interfere with Library operations.
- D. In the event the reason for any leave ceases, the Library Director may immediately terminate any such leave with notice given to the employee and the Union.
- E. During the period of any such leave without pay, the employee shall not be credited with seniority.

- F. During the time of leave of absence without pay if the employee has worked at least twelve (12) months for the Library, the employee's health insurance coverage shall be continued and paid by the Library up to three (3) months from the date the leave of absence begins. The employee shall continue to pay their monthly share of the insurance premium.
- G. The employee's life insurance coverage may be continued by the Library up to three (3) months from the date the leave of absence begins, provided the employee continues to pay their full share of the life insurance premium, if any.
- H. After three (3) months has expired, the employee's health insurance and life insurance coverage may be continued by the Library, provided the employee makes full contribution towards such coverage.
- I. Any insurance arrangements must be made between the employee and the Library prior to the commencement of the leave, and any controversy concerning the employee's continuance of such health and life insurance during the leave shall not be subject to grievance.

SECTION 8 - UNION LEAVE

- A. No more than two (2) members of the bargaining unit shall be allowed work release time with pay for the purpose of contract negotiations. Meetings shall be scheduled on Town time subject to the following conditions: (1) meetings shall be scheduled so as to ensure adequate staffing at the library and so as not to disrupt the operations of the library; (2) scheduling of negotiations shall not result in the payment of overtime or compensatory time to any employees; and, (3) employees attending negotiations will not be paid for time at negotiations beyond their regularly scheduled work hours.
- B. One (1) member of the bargaining unit may be designated to process grievances and attend other hearings involving the administration or interpretations of the agreement with the approval of the Library Director or designee any such member and the grievant(s) shall be granted time without loss of pay to engage in investigating and processing said grievance or attend hearings when such activity takes place at a time when said members are scheduled to be on duty. Approval from the Library Director or her/his designee shall not be unreasonably withheld.
- C. One (1) member of the bargaining unit may be granted leave of absence from duty with pay to attend Union Annual Conventions, or Union business for which they have been designated as a Union delegate but said employee shall not be granted or entitled to reimbursement by the Library for any expenses incurred in travel or otherwise. Such leave shall not exceed four (4) days per year and shall be requested in writing to the Library Director at least ten (10) days before the Monday of the week in question. The Library Director may require that the employee furnish evidence of attendance at the Annual Convention or other Union business. The Library Director may only deny a request for paid leave submitted under this section if, in his/her opinion, the absence from duty of an

employee during the period requested would be detrimental to the work of the library.

- D. No Union meetings will be held on paid work time.
- E. Failure to obtain prior approval to conduct Union business on Library paid time shall be subject to discipline up to and including termination.

SECTION 9 - WEATHER/EMERGENCY LEAVE

- A. In the event that the Library closes early due to inclement weather or other emergency situation, bargaining unit employees must remain at work until the early closing time in order to receive full pay for all of their normally scheduled hours. If a bargaining unit employee leaves work prior to the early closing time, they must use accrued paid leave time to cover their hours of work through the early closing time.
- B. In the event that the Library opens late due to inclement weather or other emergency situation, bargaining unit employees must report to work at the delayed opening time in order to receive full pay for all of their normally scheduled hours for that day. If a bargaining unit employee reports to work later than the delayed opening time they must use accrued paid leave time to cover their hours of work from the delayed opening time until they arrive at work.
- C. In the event of pending inclement weather conditions, if a bargaining unit employee calls out prior to midnight (12:00 AM EST) and the Library has not yet been closed for the subsequent day, the employee must use accrued paid leave to be paid for the next day if the Library is subsequently closed (i.e., the Library does not open at all due to inclement weather conditions).
- D. In the event of pending inclement weather conditions, if a bargaining unit employee calls out after midnight (12:00 AM EST) and the Library is subsequently closed (i.e., the Library does not open at all due to inclement weather conditions), the employee shall be paid for all of their normally scheduled hours and shall not be required to use any accrued paid leave time.

ARTICLE XVI - PROBATION AND EVALUATION

SECTION 1 - PROBATION

- A. A newly hired employee shall be regarded as probationary for two hundred seventy (270) calendar days. The probationary period may be extended for an additional one hundred eighty (180) calendar days.
- B. Current employees promoted or moving to any new position shall undergo a probationary period of one hundred eighty (180) calendar days, which may be extended an additional

sixty (60) days. An employee may return to his/her former position provided the employee elects to do so within thirty (30) calendar days of beginning his/her new position.

- C. Probationary employment may be terminated as the Director shall determine. Termination of employment during probation shall not be subject to grievance or arbitration procedures.
- D. No later than ten (10) days prior to the expiration of an employee's probationary period, the employee and the Union shall be notified whether the employee's service is satisfactory or whether an extension is proposed by management.
- E. Current employees promoted or moving to any new position shall maintain all seniority rights during the probationary period as well as the accrual and use of all applicable benefits including but not limited to vacation time, holidays, sick leave and health insurance.
- F. Newly hired employees during the probationary period, shall be entitled to holidays and, following any applicable waiting period, health insurance and all other benefits.
- G. Upon successful completion of the probationary period for newly hired employees, time spent on probation shall be counted for computation of sick leave and vacation leave accumulation. Seniority shall also be retroactive to the commencement of employment.

SECTION 2 – EVALUATIONS

The job performance of each Department Manager shall be evaluated annually by the Library Director. Department Managers' performance appraisals are primarily designed to assess the Manager's performance in relation to the standards for the Manager's job, and the annual goals set by the Manager and the Director at the previous year's performance appraisal. Second, they are also designed to identify any professional development or training needs that exist. Third, as part of the evaluation process, the Manager and the Director set goals for the coming year, against which the Manager is evaluated in the next year.

A Department Manager who disagrees with the performance appraisal of the supervisor may submit a statement identifying the areas of disagreement and the reasons for the disagreement. This statement will be included in the employee's personnel file.

ARTICLE XVII - DISCIPLINE, CONDUCT AND PERSONNEL FILES

SECTION 1 – DISCIPLINE

- A. No employee covered by this agreement shall be disciplined except for just cause.
- B. Only the Director may take disciplinary action against a Department Manager.
- C. Only the Director may discharge an employee.
- D. Disciplinary action shall be progressive and constructive.

- E. Depending on the offense, disciplinary action shall follow the following order, unless, in the judgment of the Director, the infraction is of such severity that one or more of the steps should be omitted.
 - 1. Verbal Warnings (provided a note shall be placed in the employee's file indicating a verbal warning was given).
 - 2. Written Warnings
 - 3. Suspension without Pay
 - 4. Discharge
- F. The employee disciplined shall be furnished a copy of all written material placed in the employee's file relating to a disciplinary action. Any suspension or discharge shall be stated in writing, including the reason for such action and a copy given to the employee and the Union as soon as possible after such suspension or discharge.
- G. Warning letters or reports of verbal warning shall be permanently removed from an employee's personnel file on the second anniversary of the occasion giving rise to the discipline provided no additional disciplinary actions have occurred within the two-year period.
- H. All Loudermill and Weingarten Rights will be utilized in all disciplinary procedures.

SECTION 2 - WORKPLACE CONDUCT

- A. Employees are expected at all times to conduct themselves in a positive manner that promotes the principles expressed in the Library's mission and values statements. Such conduct includes, but is not limited to:
 - 1. Treating all customers and visitors with courtesy and respect under all circumstances;
 - 2. Treating all co-workers with courtesy and respect under all circumstances regardless of differences in order to maintain a positive work environment that encourages greater productivity and teamwork, and which translates into improved public service;
 - 3. Complying with the Library's policies and procedures that are not in conflict with specific provisions of this Collective Bargaining Agreement. Policies which apply include, but are not limited to the following:
 - a. Conflicts of interest
 - b. Violence in the Workplace;
 - c. Drug and alcohol abuse;
 - d. Smoking;
 - e. Electronic communications and Internet;
 - f. Standards of Dress;
 - g. Harassment.
- B. The Library and all bargaining unit employees agree to adhere to the American Library Association Code of Ethics and Library Bill of Rights as well as the Town's Code of Ethics

and their official interpretations in effect at the time this Agreement is signed.

- C. Employees are encouraged to report all actions that do not conform to these standards to the Library Director.

SECTION 3 - NAME TAGS

The wearing of name tags identifies Library employees to the general public. Such name tags shall be supplied and paid for by the Town. Employees may choose Ms., Miss, Mrs., or Mr. and a first and/or last name to be displayed on their name tag. Name tags will include job title. A list of all employees' name tag identifications shall be kept by the Library Administration. This is to ensure the employee's personal privacy and safety.

SECTION 4 - PERSONNEL FILES

- A. The Library will maintain a comprehensive personnel file for each employee, which includes but is not limited to information concerning the employee's employment history, attendance, performance and compensation. The file will be maintained in a locked cabinet under the control of the Library Director. An employee has the right to review his or her personnel file during regular working hours by submitting a written request to the Library Director. If an employee disagrees with information in the personnel file, the employee may file a rebuttal for inclusion.
- B. Copies of the personnel file shall be provided upon the request at no charge. No separate, active personnel file shall be maintained. Employees shall be given written copies of statements and evaluations before they are placed in the employee's personnel file. They shall be signed and dated by the employee.
- C. Payroll Benefits and Other Financial Records
 - 1. On behalf of the Library, the Finance Department of the Town of Wethersfield will maintain official payroll, tax and benefits records for Library employees. An employee may review such information by submitting a written request to the Town's Director of Finance.
- D. Health Records
 - 1. Employee Protected Health Information (PHI) will be kept in a separate locked file in the Human Resources Department. The Town's Human Resources Manager will serve as the Privacy Officer for PHI. Current employees will be furnished with a notice of privacy practices. New employees will be furnished a copy when they are hired. An account will be maintained of any disclosures made of an employee's PHI for the last six (6) years. Employees wishing to access their PHI will submit a written request to the town's Human Resources Manager. If an employee disagrees with information in his or her PHI file, the employee may file a rebuttal for inclusion in the file.

ARTICLE XVIII- DISCRIMINATION, EQUAL EMPLOYMENT, SAFETY

SECTION 1 - NO DISCRIMINATION

The Town and Union agree that there shall be no discrimination because of race, color, sex, age, marital status, religious or political belief, national origin, disability, gender identity or expression, immigration status, or membership or non-membership in the Union with respect to the application of any provision of this Agreement. The Town agrees to comply with all applicable state, federal, and municipal laws regarding discrimination including, but not limited to, the Connecticut Civil Unions legislation.

SECTION 2 - EQUAL EMPLOYMENT OPPORTUNITIES

- A. It is the continuing policy of the Town that all persons shall be given equal employment opportunity, in accordance with existing State and Federal laws, without regards to race, color, religious creed or political belief, national origin, sex, sexual orientation, gender identity or expression, age, veteran status, or mental or physical handicap as defined by law.
- B. Without limitation of the foregoing, it is the ongoing policy of the Town to take positive action to assure compliance with all applicable state, federal and municipal laws, including but not limited to Connecticut Civil Unions legislation, in the areas of equal employment opportunity and to support and apply its program of equal employment and advancement of qualified females, minorities, disabled persons, disabled veterans and veterans.

SECTION 3 - DISABLED EMPLOYEES

The Town and the Union agree to comply with the provisions of the Americans with Disabilities Act of 1990 (ADA). The Town shall take adequate steps to provide reasonable accommodations to disabled workers and applicants as required by the ADA. Nothing in this Agreement shall supersede an employee's statutory legal rights and/or remedies.

SECTION 4 - SAFE WORK ENVIRONMENT

- A. The Town agrees to provide each employee with safe and healthful conditions of work. The Town will enact any necessary policies and procedures to ensure the safety of all employees. The Town will at all times maintain adequate medical and first aid services. The Union agrees to give assistance and cooperation in the prevention, correction and elimination of all unhealthful and unsafe working conditions and practices.
- B. Non-supervisory bargaining unit employees will report safety concerns to their immediate supervisor and together they will prepare a written incident report on Town provided incident report forms. All supervisory bargaining unit employees will be trained by the Library Director in the use of written Incident Report forms. In the absence of their immediate supervisor, they will report to the senior supervisory employee on duty at the time of the incident. Supervisory bargaining unit employees will assist non-supervisory

bargaining unit employees to complete written incident reports. Supervisory unit employees will give completed incident reports to the Library Director as soon as they are completed.

- C. All incidents and accidents affecting staff safety should be reported immediately at the time of the incident to the person in charge of the Library at the time of the incident. That person will notify the Library Director of the incident as soon as possible. A written report will be completed within forty- eight (48) hours or within three (3) working days of the incident, which ever comes later unless there are mitigating circumstances. A copy of all incident reports regarding staff safety and the Library Director's responses will be kept on file in the Director's office and available upon request.
- D. Supervisory bargaining unit employees will report to the Library Director any safety concerns which they have or which their employees have reported to them including any action they have taken to address the concern and any recommendation they have for additional action to be taken. The Library Director will respond in writing within five (5) working days to the supervisor reporting the safety concern with a report on any action that has been taken. These Library Director responses will be kept on file in the Director's office and available upon request.
- E. The Union shall designate a fully authorized representative to participate as a full member in the Town Safety and Health Committee on paid work time.

ARTICLE XIX - FULL AGREEMENT SAVINGS CLAUSE

SECTION 1 - FULL AGREEMENT

This agreement and its appendices constitute the entire agreement between the parties; and concludes all collective bargaining negotiations, except as may be otherwise mutually agreed hereafter during the term of this agreement.

SECTION 2 - SAVINGS CLAUSE

If any section, sentence, clause or phrase of this Agreement shall be held for any reason to be inoperative, void or invalid by court of law or an Arbitrator, the validity of the remaining portions of the agreement shall not be affected. Should both parties to this agreement mutually agree that a court or arbitrator ruling impacts on parts of the agreement, they shall immediately negotiate a substitute for the invalidated article, section, sentence clause or phrase.

ARTICLE XX - DURATION


This Collective Bargaining Agreement shall be and remain in full force and effect from July 1, 2024 through and including June 30, 2027 and shall remain in full force and effect thereafter until either party serves timely notice of desire to renegotiate the Agreement in accordance with State law.


IN WITNESS THEREOF, the parties hereto set their hands at Wethersfield, Connecticut,


This 19th day of November, 2025.

FOR UE LOCAL, #81

ON BEHALF OF THE LIBRARY BOARD,
FOR THE TOWN OF WETHERSFIELD







Library Associate

	1	2	3	4	5	6	7	8	9	1.02
\$	52,104.62	\$ 54,694.19	\$ 56,986.76	\$ 59,279.33	\$ 61,571.90	\$ 63,864.47	\$ 66,157.04	\$ 68,449.61	\$ 70,742.18	7/1/2024
\$	53,146.71	\$ 55,788.07	\$ 58,126.50	\$ 60,464.92	\$ 62,803.34	\$ 65,141.76	\$ 67,480.18	\$ 69,818.60	\$ 72,157.02	7/1/2025
\$	54,209.65	\$ 56,903.84	\$ 59,289.03	\$ 61,674.21	\$ 64,059.40	\$ 66,444.59	\$ 68,829.78	\$ 71,214.97	\$ 73,600.16	7/1/2026

Librarian / Office Manager

	1	2	3	4	5	6	7	8	9	1.02
\$	66,879.33	\$ 69,805.27	\$ 72,731.21	\$ 75,657.14	\$ 78,583.08	\$ 81,509.05	\$ 84,435.01	\$ 87,360.98	\$ 90,286.94	7/1/2024
\$	68,216.92	\$ 71,201.38	\$ 74,185.83	\$ 77,170.28	\$ 80,154.74	\$ 83,139.23	\$ 86,123.71	\$ 89,108.20	\$ 92,092.68	7/1/2025
\$	69,581.25	\$ 72,625.40	\$ 75,669.55	\$ 78,713.69	\$ 81,757.84	\$ 84,802.02	\$ 87,846.18	\$ 90,890.36	\$ 93,934.53	7/1/2026

Library Department Manager

	1	2	3	4	5	6	7	8	9	1.02
\$	81,292.11	\$ 84,848.64	\$ 88,405.17	\$ 91,961.70	\$ 95,518.23	\$ 99,074.76	\$ 102,631.29	\$ 106,187.82	\$ 109,744.35	7/1/2024
\$	82,917.95	\$ 86,545.61	\$ 90,173.27	\$ 93,800.93	\$ 97,428.59	\$ 101,056.26	\$ 104,683.92	\$ 108,311.58	\$ 111,939.24	7/1/2025
\$	84,576.31	\$ 88,276.53	\$ 91,976.74	\$ 95,676.95	\$ 99,377.17	\$ 103,077.38	\$ 106,777.59	\$ 110,477.81	\$ 114,178.02	7/1/2026

APPENDIX B

Employee:

Date of Hire:

ALEKSANDRA VICIUS, REGINA

9/7/1999

KELLY, PAMELA

2/24/2000

CELIA ALLISON

9/5/2011

ELLEN HARZEWSKI

9/29/2003 Hired into UE
Local 222, CILU #81-4082,
3/1/2021 Promoted into UE
Local 222, CILU #81-4081

BENEFIT SUMMARY

Administered by - Cigna Health and Life Insurance Co.
 For - Wethersfield Town & Board of Education
 Choice Fund Open Access Plus HSA Plan
 TOWN - HSA2 Library Act and U65 Ret
 Effective - 07/01/2025



Selection of a Primary Care Provider - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Your coverage includes a health savings account that you can use to pay for eligible out-of-pocket expenses.

Employer Contribution

Employee - \$1,000
 Family - \$2,000

Plan Highlights

	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Plan Year Accumulation	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a contract year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.	
Plan Coinsurance	Plan pays 100%	Plan pays 80%
Maximum Reimbursable Charge	Not Applicable	200%
Plan Deductible	Individual - Employee Only: \$2,000 Family Maximum: \$4,000	Individual - Employee Only: \$2,000 Family Maximum: \$4,000
	<ul style="list-style-type: none"> • The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles. • Plan deductible always applies before any benefit copay/deductible or coinsurance. • Plan deductible does not apply to in-network preventive services. • All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied. • This plan includes a combined Medical/Pharmacy plan deductible. 	
	Note: Services where plan deductible applies are noted with a caret (^).	

07/01/2024

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - TOWN - HSA2 Library Act and U65 Ret

Plan Highlights

In-Network

Out-of-Network

Plan Out-of-Pocket Maximum

Individual - Employee Only: \$2,000
Family Maximum: \$4,000

Individual - Employee Only: \$5,000
Family Maximum: \$6,850

- The amount you pay for all covered expenses counts towards both your in-network and out-of-network out-of-pocket maximums.
- Plan deductible contributes towards your out-of-pocket maximum.
- All benefit copays/deductibles contribute towards your out-of-pocket maximum.
- Covered expenses that count towards your out-of-pocket maximum include coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum.
- All eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100%.
- This plan includes a combined Medical/Pharmacy out-of-pocket maximum.

Benefit

In-Network

Out-of-Network

Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

Physician Services - Office Visits

Primary Care Physician (PCP) Services/Office Visit

Plan pays 100% ^

Plan pays 80% ^

Specialty Care Physician Services/Office Visit

Plan pays 100% ^

Plan pays 80% ^

NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).

Surgery Performed in Physician's Office

Covered same as Physician Services - Office Visit

Covered same as Physician Services - Office Visit

Allergy Treatment/Injections and Allergy Serum

Allergy serum dispensed by the physician in the office

Covered same as Physician Services - Office Visit

Covered same as Physician Services - Office Visit

Virtual Care

Dedicated Virtual Providers - MDLIVE

MDLIVE Urgent Virtual Care Services

Plan pays 100% ^

Not Covered

MDLIVE Primary Care Services

Plan pays 100% ^

Not Covered

MDLIVE Specialty Care Services

Plan pays 100% ^

Not Covered

- Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care.
- For MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below).
- Lab services supporting a virtual visit must be obtained through dedicated labs.
- Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies.

07/01/2024

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - TOWN - HSA2 Library Act and U65 Ret

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Benefit	In-Network	Out-of-Network
<p>Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.</p>		
Virtual Physician Services - Office Visits		
Primary Care Physician (PCP) Services/Office Visit	Plan pays 100% ^	Plan pays 80% ^
Specialty Care Physician Services/Office Visit	Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services). Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting. <p>NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).</p>		
<p>Convenience Care Clinic</p>		
Convenience Care Clinic	Plan pays 100% ^	Plan pays 80% ^
<p>Preventive Care</p>		
Preventive Care	Plan pays 100%	PCP: Plan pays 80% ^ Specialist: Plan pays 80% ^
<ul style="list-style-type: none"> Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit. Annual Limit: Unlimited 		
<p>Immunizations</p>		
	Plan pays 100%	PCP: Plan pays 80% ^ Specialist: Plan pays 80% ^
<p>Mammogram, PAP, and PSA Tests</p>		
<ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Breast Ultrasounds are paid at 100% as preventive in cases where the mammogram is inconclusive due to dense breast. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on Place of Service. 		Covered same as other x-ray and lab services, based on Place of Service
<p>Inpatient</p>		
Inpatient Hospital Facility Services	Plan pays 100% ^	Plan pays 80% ^
<p>Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs</p>		
Inpatient Hospital Physician's Visit/Consultation	Plan pays 100% ^	Plan pays 80% ^
Inpatient Professional Services	Plan pays 100% ^	Plan pays 80% ^
<ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 		

07/01/2024

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - TOWN - HSA2 Library Act and U65 Ret

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Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.		
Outpatient		
Outpatient Facility Services	Plan pays 100% ^	Plan pays 80% ^
Outpatient Professional Services	Plan pays 100% ^	Plan pays 80% ^
• For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		
Emergency Services		
Emergency Room	Plan pays 100% ^	Plan pays 100% ^
• Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit.		
Urgent Care Facility	Plan pays 100% ^	Plan pays 80% ^
• Includes Professional, X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit.		
Ambulance	Plan pays 100% ^	Plan pays 100% ^
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.		
Inpatient Services at Other Health Care Facilities		
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities	Plan pays 100% ^	Plan pays 80% ^
• Annual Limit: 220 days		
Laboratory Services		
Physician's Services/Office Visit	Plan pays 100% ^	Plan pays 80% ^
Independent Lab	Plan pays 100% ^	Plan pays 80% ^
Outpatient Facility	Plan pays 100% ^	Plan pays 80% ^
Radiology Services		
Physician's Services/Office Visit	Plan pays 100% ^	Plan pays 80% ^
Outpatient Facility	Plan pays 100% ^	Plan pays 80% ^
Advanced Radiological Imaging (ARI)		
Outpatient Facility	Plan pays 100% ^	Plan pays 80% ^
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit

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Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.		
Outpatient Therapy Services		
Outpatient Therapy and Chiropractic Services	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limits:		
<ul style="list-style-type: none"> All Therapies Combined - Includes Chiropractic Care, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy - Unlimited days 		
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.		
Cardiac Rehabilitation Services	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limit:		
<ul style="list-style-type: none"> Cardiac Rehabilitation - 36 days 		
Hospice		
Inpatient Facilities	Plan pays 100% ^	Plan pays 80% ^
Outpatient Services	Plan pays 100% ^	Plan pays 80% ^
Note: Includes Bereavement counseling provided as part of a hospice program.		
Bereavement Counseling (for services not provided as part of a hospice program)		
Services Provided by a Mental Health Professional	Covered under Mental Health benefit	Covered under Mental Health benefit
Medical Pharmaceutical Drugs		
Outpatient Facility	Plan pays 100% ^	Plan pays 80% ^
Physician's Office	Plan pays 100% ^	Plan pays 80% ^
Home	Plan pays 100% ^	Plan pays 80% ^
Note: This benefit only applies to the cost of the Infusion Therapy drugs administered. This benefit does not cover the related Facility, Office Visit or Professional charges.		

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Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.		
Maternity		
Initial Visit to Confirm Pregnancy	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (Global Maternity Fee)	Plan pays 100% ^	Plan pays 80% ^
Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Delivery - Facility (Inpatient Hospital, Birthing Center)	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit
Abortion		
Abortion Services	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Note: Elective and non-elective procedures		
Family Planning		
Women's Services	Plan pays 100%	Coverage varies based on Place of Service
Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)		
Men's Services	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Includes surgical sterilization services, such as vasectomy (excludes reversals)		
Infertility		
Infertility Treatment	Coverage varies based on Place of Service	Not Covered
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.		
<ul style="list-style-type: none"> Lifetime Maximum: Unlimited 		
Outpatient Dialysis Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Home Dialysis	Covered same as plan's Home Health Care benefit	Covered same as plan's Home Health Care benefit
Outpatient Facility Services	Covered same as plan's Outpatient Facility Services benefit	Covered same as plan's Outpatient Facility Services benefit
Outpatient Professional Services	Covered same as plan's Outpatient Professional Services benefit	Covered same as plan's Outpatient Professional Services benefit

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Benefit

In-Network

Out-of-Network

Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

Other Health Care Facilities/Services

Home Health Care

- Annual Limit: Unlimited
- 16 hour maximum per day

Note: Includes outpatient private duty nursing when approved as medically necessary

Organ Transplants

Inpatient Hospital Facility Services

LifeSOURCE Facility

Non-LifeSOURCE Facility

Inpatient Professional Services

LifeSOURCE Facility

Non-LifeSOURCE Facility

- Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: After the plan deductible is met, \$10,000 maximum per Transplant

Durable Medical Equipment

- Annual Limit: Unlimited

Breast Feeding Equipment and Supplies

- Limited to the rental of one breast pump per birth as ordered or prescribed by a physician
- Includes related supplies

External Prosthetic Appliances (EPA)

- Annual Limit: Unlimited

Plan pays 100% ^

Plan pays 100% ^

Covered same as plan's Inpatient Hospital benefit

Plan pays 100% ^

Covered same as plan's Inpatient Professional benefit

Plan pays 100% ^

Plan pays 100%

Plan pays 100% ^

Plan pays 80% ^

Not Applicable

Covered same as plan's Inpatient Hospital benefit

Not Applicable

Covered same as plan's Inpatient Professional benefit

Plan pays 80% ^

Plan pays 80% ^

Plan pays 80% ^

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Benefit	In-Network	Out-of-Network
<p>Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.</p>	Coverage varies based on Place of Service	Coverage varies based on Place of Service
<p>Temporomandibular Joint Disorder (TMJ)</p> <ul style="list-style-type: none"> Unlimited lifetime maximum 	Coverage varies based on Place of Service	Coverage varies based on Place of Service
<p>Note: Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment.</p>	Coverage varies based on Place of Service	Not Covered
<p>Bariatric Surgery</p> <ul style="list-style-type: none"> Unlimited lifetime limit 	Coverage varies based on Place of Service	Not Covered
<p>Treatment of Clinically severe obesity, as defined by the body mass index (BMI) is covered. The following are excluded:</p> <ul style="list-style-type: none"> medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision 	Covered same as Physician Services - Office Visit	Not Covered
<p>Routine Foot Care</p> <ul style="list-style-type: none"> Annual Limit: \$1,000 	Covered same as Physician Services - Office Visit	Not Covered
<p>Note: Out-of-Network: Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.</p>	Plan pays 100%	Plan pays 100%
<p>Routine Eye Care</p>	Plan pays 100% ^	Not Covered
<p>Hearing Aids</p> <ul style="list-style-type: none"> Maximum of 2 devices per 24 months Includes testing and fitting of hearing aid devices at Physician Office Visit cost share 	Plan pays 100% ^	Plan pays 100% ^
<p>Acupuncture</p> <ul style="list-style-type: none"> Annual Limit: Unlimited 	Plan pays 100% ^	Plan pays 100% ^

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Benefit

In-Network

Out-of-Network

Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

Mental Health and Substance Use Disorder

Inpatient Mental Health	Plan pays 100% ^	Plan pays 80% ^
Outpatient Mental Health – Physician’s Office	Plan pays 100% ^	Plan pays 80% ^
Outpatient Mental Health - MDLIVE Behavioral Services	Plan pays 100% ^	Not Covered
Outpatient Mental Health – All Other Services	Plan pays 100% ^	Plan pays 80% ^
Inpatient Substance Use Disorder	Plan pays 100% ^	Plan pays 80% ^
Outpatient Substance Use Disorder – Physician’s Office	Plan pays 100% ^	Plan pays 80% ^
Outpatient Substance Use Disorder - MDLIVE Behavioral Services	Plan pays 100% ^	Not Covered
Outpatient Substance Use Disorder – All Other Services	Plan pays 100% ^	Plan pays 80% ^

Annual Limits:

- Unlimited maximum

Notes:

- Inpatient includes Acute Inpatient and Residential Treatment.
- Outpatient - Physician’s Office and MDLIVE Behavioral Services - may include Individual, family and group therapy, psychotherapy, medication management, etc.
- Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc.
- Services are paid at 100% after you reach your out-of-pocket maximum.

Important Note on Mental Health and Substance Use Disorder Coverage: Covered medical services listed above, which are received to diagnose or treat a Mental Health or Substance Use Disorder condition will be payable according to this section titled “Mental Health and Substance Use Disorder.”

Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs

Cigna Total Behavioral Health - Inpatient and Outpatient Management

- Inpatient utilization review and case management
- Outpatient utilization review and case management
- Partial Hospitalization
- Intensive outpatient programs
- Changing Lives by Integrating Mind and Body Program
- Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management.

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Pharmacy

Benefits not provided by Cigna.

Additional Information

Case Management

Coordinated by Cigna HealthCare. This is a service designated to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.

Cigna Diabetes Prevention Program in collaboration with Omada

Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

Health Advisor - A

Support for healthy and at-risk individuals to help them stay healthy

- Health Assessments
- Health and Wellness Coaching
- Gaps in Care Coaching
- Treatment Decision Support
- Educate and Refer

Included

Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (200%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Contract Year deductible and maximum reimbursable charge limitations.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

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Additional Information

Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

Multiple Surgical Reduction

Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.

One Guide

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

Pre-Certification - Continued Stay Review - Basic Care Low Management Inpatient - required for all inpatient admissions

In-Network: Coordinated by your physician

Out-of-Network: Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance.

- The lesser of 50% of covered expenses or \$500 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.
- Benefits are denied for any admission reviewed by Cigna Healthcare and not certified.
- Benefits are denied for any additional days not certified by Cigna Healthcare.

Pre-Existing Condition Limitation (PCL) does not apply.

Your Health First - 200

Individuals with one or more of the chronic conditions, identified on the right, may be eligible to receive the following type of support:

- Condition Management
- Medication adherence
- Risk factor management
- Lifestyle issues
- Health & Wellness issues
- Pre/post-admission
- Treatment decision support
- Gaps in care

Holistic health support for the following chronic health conditions:

- Heart Disease
- Coronary Artery Disease
- Angina
- Congestive Heart Failure
- Acute Myocardial Infarction
- Peripheral Arterial Disease
- Asthma
- Chronic Obstructive Pulmonary Disease (Emphysema and Chronic Bronchitis)
- Diabetes Type 1
- Diabetes Type 2
- Metabolic Syndrome/Weight Complications
- Osteoarthritis
- Low Back Pain
- Anxiety
- Bipolar Disorder
- Depression

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Definitions

Coinurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

Place of Service - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Prescription Drug List - The list of prescription brand and generic drugs covered by your pharmacy plan.

Professional Services - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Exclusions

What's Not Covered (not all-inclusive):

Your plan provides for most medically necessary services. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider or Pharmacy is or has waived, reduced, or forgiven any portion of its charges and/or any portion of Copayment, Deductible, and/or Coinsurance amount(s) you are required to pay for a Covered Expense (as shown on The Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Expense, or reduce the benefits in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts waived, forgiven or reduced, regardless of whether the provider or Pharmacy represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a non-Participating Provider who has agreed to charge you or charged you at an In-Network benefits level or some other benefits level not otherwise applicable to the services received.
- Charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug or Biologic therapies or devices that are determined by the utilization review Physician to be:
 - o not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed;
 - o not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which its use is proposed;

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Exclusions

- o the subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" sections of this plan; or
 - o the subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" sections of this plan.
- In determining whether any such technologies, supplies, treatments, drug or Biologic therapies or devices are experimental, investigational and/or unproven, the utilization review Physician may rely on the clinical coverage policies maintained by Cigna or the Review Organization. Clinical coverage policies may incorporate, without limitation and as applicable, criteria relating to U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature or guidelines.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem.
 - The following services are excluded from coverage regardless of clinical indications: macromastia or gynecomastia surgeries; abdominoplasty; panniculectomy; rhinoplasty; blepharoplasty; redundant skin surgery; removal of skin tags; acupuncture; craniocervical/occipital therapy; dance therapy; movement therapy; applied kinesiology; rolfing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
 - Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to teeth are covered provided a continuous course of dental treatment is started within six months of an accident.
 - Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
 - Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
 - Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
 - Reversal of male or female voluntary sterilization procedures.
 - Any services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation.
 - Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
 - Non-medical counseling and/or ancillary services including, but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, return to work services, work hardening programs and driver safety courses.
 - Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
 - Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
 - Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
 - Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary

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Exclusions

meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.

- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
- Aids or devices that assist with non-verbal communications, including but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Surgical treatment for the correction of a refractive error, including radial keratotomy.
- All non-injectable prescription drugs, unless Physician administration or oversight is required, injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under Covered Expenses.
- Massage therapy.

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation.

EHB State: CT

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Discrimination is against the law.

Medical coverage

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna Healthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of Iowa, Inc., Cigna HealthCare of Kansas, Inc., Cigna HealthCare of Kentucky, Inc., Cigna HealthCare of Louisiana, Inc., Cigna HealthCare of Maryland, Inc., Cigna HealthCare of Massachusetts, Inc., Cigna HealthCare of Michigan, Inc., Cigna HealthCare of Minnesota, Inc., Cigna HealthCare of Missouri, Inc., Cigna HealthCare of Montana, Inc., Cigna HealthCare of Nebraska, Inc., Cigna HealthCare of Nevada, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of New York, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of North Dakota, Inc., Cigna HealthCare of Ohio, Inc., Cigna HealthCare of Oklahoma, Inc., Cigna HealthCare of Oregon, Inc., Cigna HealthCare of Pennsylvania, Inc., Cigna HealthCare of Rhode Island, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of South Dakota, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCION: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna Healthcare
Nondiscrimination Complaint Coordinator
P.O. Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna Healthcare customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna Healthcare, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna Healthcare 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Danh cho khách hàng hiện tại của Cigna Healthcare, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna Healthcare 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna Healthcare, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna Healthcare, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna Healthcare الحاليين برجاء الاتصال بالرقم المدون علي بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna Healthcare yo, rele nimewo ki deyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna Healthcare, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna Healthcare atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna Healthcare mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCigna Healthcareのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711) まで、お電話にてご連絡ください。

Italian – ATENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna Healthcare attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna Healthcare-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می شود. برای مشتریان فعلی Cigna Healthcare لطفاً با شماره ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره گیری کنید).



Prescription Benefit Coverage

Town of Wethersfield, Board of Education | Administered by RxBenefits, Inc. and Express Scripts, Effective January 1, 2024

Note: Members may contact RxBenefits Member Services at 1.800.334.8134 or visit [express-scripts.com](https://www.express-scripts.com). If there are any additional questions, please contact your Human Resource Department.

Choice Fund 2

Retail Pharmacy Coverage (01-30 Day Supply)	In Network Pharmacy
Generic	\$0.00
Preferred Brand	\$0.00
Non-Preferred Brand	\$0.00

Mail Order Extended Supply (01-90 Day Supply)	In Network Pharmacy
Generic	\$0.00
Preferred Brand	\$0.00
Non-Preferred Brand	\$0.00

Accumulations

Deductible Non-Embedded	\$2,000.00 Individual/ \$4,000.00 Family
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Maximum Out of Pocket (MOOP) Non-Embedded	\$2,000.00 Individual/ \$4,000.00 Family
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The plan year Deductible applies to pharmacy and medical claims. One member or any combination of family members can meet the family Deductible. Once met, your covered prescriptions are subject to the copays above. The Deductible does apply to the Maximum Out of Pocket (MOOP).

The plan year MOOP applies to pharmacy and medical claims. One member or any combination of family members can meet the family MOOP. Once met, your covered prescriptions are paid at 100%.

Specialty Medications

Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications must be obtained through Accredo specialty pharmacy by calling Accredo at 1.800.803.2523. Some exceptions apply. These medications are limited to a 1-30 day supply. Specialty medications largely fall into the formulary brand category but could also fall into the biosimilar or generic specialty drug category. These medications are subject to the appropriate co-insurance as listed below. Accredo Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

Specialty Medication	Accredo
Specialty Generic	\$0.00
Specialty Preferred Brand	\$0.00
Specialty Non-Preferred Brand	\$0.00

Retail and Mail Order Pharmacies

Town of Wethersfield, Board of Education participates in the Express Scripts pharmacy network. Contact RxBenefits Member Services at 1.800.334.8134 to inquire about a specific pharmacy.

Preventive Medications

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles, maximum out of pockets, or other limitations such as annual caps or limits. You may contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at express-scripts.com to check drug costs and coverage.

Discount Program

Price Assure (ESI): Your employer is offering a seamless point of sale discount powered by GoodRx on non-specialty generic drugs at retail. If available for your medication, this discount will be applied with no action from you, and be captured as part of your benefit.

Compound Drugs

For compound drugs to be covered, they must satisfy certain requirements. In addition to being medically necessary and not experimental or investigative, compound drugs contain at least one ingredient which is a prescribed medication. Any denial of coverage of a compound drug may be appealed in the same manner as any other drug claim denial under this coverage.

Formulary

A list of Federal Drug Administration (FDA) approved Prescription Drugs and supplies developed by a Pharmacy and Therapeutics Committee, and/or customized by Express Scripts or RxBenefits. This list reflects the current clinical judgment of practicing health care practitioners based on a review of current data, medical journals, and research information. In your prescription drug coverage, the Formulary Drug list is used as a guide for determining your costs for each prescription. Drugs not listed on the National Preferred Formulary may not be covered. Your formulary is National Preferred.

The following lists are not all-inclusive, but rather are lists of the most commonly used prescription drugs. These lists are subject to change. The Express Scripts formulary provides an up-to-date list of medications that may be covered by the program. The Express Scripts formulary may be found online at express-scripts.com. You may also contact RxBenefits Member Services at 1.800.334.8134 to learn whether a specific drug is covered.

Covered Drugs and Supplies

The following examples of Covered Drugs and supplies may be available with your prescription benefit coverage. FDA-approved pharmaceuticals requiring a written prescription, issued by a licensed physician, dentist, osteopath, podiatrist, optometrist (licensed professionals) or licensed advance practice certified nurse and dispensed by a licensed pharmacist. Please contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at express-scripts.com to check coverage.

- Federal Legend Drugs
- Insulin
- OTC Diabetic Supplies
- Self Injectable Medications
- Specialty Medications
- Hemophilia Factors
- Impotency Drugs
- Fertility(Oral)
- Fertility(Injectable)
- Fertility(Intra-Vaginal)
- Addyi-HSDD Agents
- Anti-Obesity/Anorexiant
- Nutritional Supplements Rx Only
- Prescription Vitamins
- Inhaler Assisting Devices
- Non-Insulin Syringes
- Oral, Extended Cycle, Transdermal, Intravaginal, Contraceptives ACA
- Emergency Contraceptives
- Injectable Contraceptives
- Diaphragms & Cervical Caps
- IUDs
- Implantable Contraceptives
- OTC Contraceptives
- Smoking Cessation (Rx)
- Smoking Cessation (OTC)
- HCR/ACA Vaccines

The Appeal Process

If denied, the member may appeal the decision. Upon appeal, a second pharmacist reviewer will evaluate the prior authorization and make a decision (approved/denied). If denied a second time, a final appeal may be made, which is forwarded to an outside medical reviewer. If denied, there are no further appeals.

Your doctor may initiate the Prior Authorization, quantity limit, high dollar claim review or any other rejection process by calling RxBenefits at 1.800.334.8134.

Exclusions

Coverage is not provided for:

- OTC Products
- Standard OTC Equivalents
- Insulin Pumps
- Hair Growth Stimulants
- Medical Foods (Rx)
- Injectable/Implantable Medications
- Allergy Extracts

Pharmacy Identification Card (ID Card)

Your pharmacy ID card enables you to participate in the prescription drug card program. Present your combined medical and pharmacy ID card to the pharmacist when obtaining a prescription to ensure you get the benefit of the prescription drug card program. Please contact your medical insurance carrier for a replacement ID card.

Definitions:

Co-Insurance

The percentage of charges a Participant is required to pay for covered prescription drugs.

Copayment (Copay)

The specified charge you are required to pay for a Covered Drug.

Brand-Name

A Prescription Drug that is protected by a patent, supplied by a single company and marketed under the manufacturer's brand name.

Town of Wethersfield, Board of Education

Generic Drug

A generic drug is identical to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Although a generic drug is chemically identical to its branded counterpart, it is typically sold at substantial discounts from the branded drug's price.

Over-the-Counter Drug (OTC)

Any medical substance that can be purchased without a prescription. OTC medications are not covered by your plan unless otherwise stated.

Non-Preferred Brand

Non-Preferred Brand is a Brand Name prescription drug that does not appear on the formulary of Brand Name Drugs designated by Express Scripts as Preferred. Members may pay a higher cost for Non-Preferred Brand-Name Prescription Drugs than for Preferred Brand-Name prescription Drugs.

Preferred Brand Drug

Preferred Brand Drug is a prescription drug that appears on the formulary of Brand-Name Prescription Drugs designated by Express Scripts Preferred. This list is subject to periodic review and modifications by Express Scripts. Members may obtain a copy of this list by contacting RxBenefits Member Services at 1.800.334.8134 or by registering on express-scripts.com. Members pay a lower copay/co-insurance for Preferred Brand-Name Prescription Drugs than for Non-Preferred Brand-Name Prescription Drugs.

For More Information About the Prescription Benefit Coverage

Town of Wethersfield, Board of Education has partnered with Express Scripts and RxBenefits to provide prescription drug benefits. Express Scripts serves as the pharmacy benefit manager and RxBenefits administers the prescription drug program.

The website, express-scripts.com, is designed to help you explore ways to track your prescription benefits. You may use the site to locate pharmacies and compare prescription drug costs.

Questions?

Contact RxBenefits Member Services for information regarding the prescription drug program at 1.800.334.8134.

RxBenefits, Inc. does not provide legal advice. Nothing herein or in any other documents provided by RxBenefits, Inc. should be construed, or relied upon, as legal advice. It is the responsibility of the employer/plan sponsor and not RxBenefits, Inc. to determine the contents of its group health plan document and related summary plan description. The employer/plan sponsor should consult with its legal counsel regarding the contents of its group health plan and summary plan description, and the legal requirements that may be applicable thereto. For plan members with questions about plan coverage, please consult your HR Department.

FULL DENTAL PLAN

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

COVERED SERVICES INCLUDE:

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

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

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

ACCESSING BENEFITS:

Participating Dentists Benefits

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

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

Non-Participating Dentists Benefits

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

This is not a legal contract. It is only a general description of the Preventive Plus Dental Plan benefits, limitations and exclusions. A complete listing of benefits, limitations and exclusions can be found in the Master Group Policy or Description of Benefits.

Dental Amendatory Rider A Additional Basic Benefits

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

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

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

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

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

ACCESSING BENEFITS:

Participating Dentists Benefits

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

Non-Participating Dentists Benefits

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

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



DENTAL AMENDATORY RIDER B PROSTHODONTICS

The following prosthetic services are provided under Dental Amendatory Rider B:

- ◆ Denture, full and partial
- ◆ Bridges, fixed and removable
- ◆ Addition of teeth to partial dentures to replace extracted teeth

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

Anthem Blue Cross & Blue Shield of Connecticut will pay for standard procedures for prosthetic services as determined by us. For fixed bridges, we will pay for the replacement of missing teeth and for one tooth on either side or two teeth on one side of the replacement. We will not pay for a denture or bridge replacement, which is provided less than five years following a placement or replacement, which was covered under the contract. We also not pay for crowns splinted together for any reason.

ACCESSING BENEFITS:

Participating Dentists Benefits

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

Non-Participating Dentist Benefits

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

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

DENTAL AMENDATORY RIDER C PERIODONTICS

Periodontal services consisting of:

- ◆ Gingival curettage
- ◆ Gingivectomy and gingivoplasty
- ◆ Osseous surgery, including flap entry and closure
- ◆ Mucogingivoplastic surgery
- ◆ Management of acute infection and oral lesions

The maximum benefit we will provide for periodontal services per person per year is \$500.00.

ACCESSING BENEFITS:

Participating Dentists Benefits

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

Non-Participating Dentists Benefits

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

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



DENTAL AMENDATORY RIDER D ORTHODONTICS

The following Orthodontic services are provided:

Handicapping malocclusion for a member under age 19, consisting of the installation of orthodontic appliances and orthodontic treatments concerned with the reduction or elimination of an existing malocclusion through the correction of malposed teeth.

The maximum amount payable for orthodontic services is \$600.00 per member per lifetime.

ACCESSING BENEFITS:

Participating Dentists Benefits

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

Non-Participating Dentists Benefits

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

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



**Cigna Vision serviced by EyeMed
Wethersfield Town & Board of Education
C1 PPO Comprehensive Plan**

Welcome to Cigna Vision Schedule of Vision Coverage Effective Date: July 1, 2024			
Vision Services and Frequency	In-Network Plan Coverage**	In-Network Member Cost***	Out-of-Network Reimbursement
Exam and Professional Services: Frequency* : once per 12 month			
Eye Exam	100% after \$10 Copay	\$10 Copay	Up to \$60 Allowance
Retinal Screening	\$0	Up to \$39	Not Covered
Standard Eyeglass Lenses Allowances: Frequency* : one pair per 12 month			
Lenses:	Copay: \$20		
Single Vision	100%	\$20 Copay	Up to \$40 Allowance
Lined Bifocal	100%	\$20 Copay	Up to \$65 Allowance
Lined Trifocal	100%	\$20 Copay	Up to \$75 Allowance
Lenticular	100%	\$20 Copay	Up to \$100 Allowance
Lens Enhancements / Options:			
Oversize lenses	100%	\$0	Not Covered
Rose #1 and #2 Solid Tints	100%	\$0	Not Covered
Polycarbonate Lenses <19 years of age	100%	\$0	Not Covered
Standard Polycarbonate Lenses	\$0	\$40	Not Covered
Standard Progressives	\$0	\$65	Not Covered
Plastic Dye Tints	\$0	\$15	Not Covered
Photochromic – Glass or Plastic	\$0	\$75	Not Covered
Standard Scratch Coating	\$0	\$15	Not Covered
Standard Ultraviolet (UV) Coating	\$0	\$15	Not Covered
Standard Anti-Reflective (AR) Coating	\$0	\$45	Not Covered
Hi-Index Lenses	\$0	20% off retail	Not Covered
All other lens options, including Premium Tiers	\$0	20% off retail	Not Covered
Contact Lenses Retail Allowance: Frequency* : one pair or single purchase per 12 month			
Elective	100% up to \$100 Retail Allowance	Balance over \$100 Allowance	Up to \$87 Allowance
Therapeutic	100%	\$0	Up to \$210 Allowance
Frame Retail Allowance Frequency* : one per 12 month			
	100% up to \$110 Retail Allowance	20% off balance over \$110 Allowance	Up to \$61 Allowance
* Your Frequency Period begins on the 1st of your plan renewal month (Contract year basis)			
Definitions:			
Copay: the amount you pay towards your exam and/or materials, lenses and/or frames			
Coinsurance: the percentage of charges Cigna will pay. Customer is financially responsible for the balance.			
Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.			

In-Network Coverage Includes:**

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms) including Oversize, Rose #1 or #2 Solid Tint and Polycarbonate lenses < 19 years of age.
 - 20% savings on all additional lens enhancements/ option you choose for your lenses, not shown on the Schedule of Vision Coverage above.
- One pair of **Elective** conventional contact lenses or a single purchase of a supply of disposable contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year).
- Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Vision Coverage.
- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;

** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

*** Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.

What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses lens "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service



In-Network Value Added Savings

- Up to 40% off additional complete pairs of glasses (frame and lenses)
- 20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services

Interested in Laser Vision Correction service such as LASIK? Visit your MyCigna.com and search for Healthy Rewards® for details.

How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com, under "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision – serviced by EyeMed Directory.
2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select "Find A Doctor, Dentist or Facility", click on Cigna Vision serviced by EyeMed Directory, from the Additional Directories drop down listing.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna Vision serviced by EyeMed information at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

Send a completed Cigna Vision service by EyeMed claim form and itemized receipt to: Cigna Vision, Claims Dept. c/oFAA
PO Box 8504, Mason, OH 45040-7111

To get a Cigna Vision serviced by EyeMed claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms, select the Cigna Vision serviced by EyeMed form
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Read your plan carefully – this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request or a copy of the NH Vision Outline of Coverage is available and can be downloaded at [Health Insurance & Medical Forms for Customers | Cigna](#) under Vision Forms. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Healthy Rewards® - is a discount program, not an insured benefit.

Proficiency of Language Assistance Services

English - ATTENTION: Language assistance services, free of charge, are available to you. Call 1.888.353.2653 (TTY dial 711 for operator, then dial 1-844-230-6498).

Spanish - ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.888.353.2653 (TTY: marque 711 para hablar con un operador y luego marque 1-844-230-6498).

Chinese - 注意：我們可為您免費提供語言協助服務。請致電 1.888.353.2653（聽語障人士請撥打 711（聽語障專線）由操作人員為您服務。然後撥打 1-844-230-6498）。

Vietnamese - XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.888.353.2653 (TTY xin quay số 711 để kết nối với tổng đài, sau đó quay số 1-844-230-6498).

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.353.2653번으로 문의하십시오(TTY는 교환원 연결을 위해 711번으로 전화하신 후, 1-844-230-6498번으로 전화하십시오).

Tagalog - PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.888.353.2653 (Para sa TTY, i-dial ang 711 para sa operator, pagkatapos ay i-dial ang 1-844-230-6498).

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.353.2653 (линия TTY: наберите 711 для соединения с оператором, затем наберите 1-844-230-6498).

Arabic - ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.353.2653 (بنبغي لمستخدمي TTY الاتصال على الرقم 711 للتحدث إلى عامل الهاتف، ثم الاتصال على الرقم 1-844-230-6498).

French Creole - ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.888.353.2653 (TTY konpoze 711 pou pale ak yon operatè, apres a konpoze 1-844-230-6498).

French - ATTENTION : Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.888.353.2653 (ATS: composez le 711 pour joindre l'opérateur, puis composez le 1-844-230-6498).

Portuguese - ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.888.353.2653 (TTY: marque 711 para o telefonista e, em seguida, marque 1-844-230-6498).

Polish - UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.888.353.2653 (użytkownicy TTY powinni dzwonić pod numer 711, aby otrzymać połączenie z telefonistą, a następnie wybrać numer 1-844-230-6498).

Japanese - 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1.888.353.2653 にお電話ください (TTYをご利用の場合は、711 をダイヤルしてオペレーターに接続してから 1-844-230-6498 におかけください)。

Italian - ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.888.353.2653 (TTY: comporre il 711 per l'operatore, quindi comporre il numero 1-844-230-6498).

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Rufen Sie die Nummer 1.888.353.2653 an (TTY-Benutzer wählen 711 für die Vermittlung und dann 1-844-230-6498).

Persian (Farsi) - توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. با شماره 1.888.353.2653 تماس بگیرید (TTY شماره 711 را برای اپراتور گرفته و سپس 1-844-230-6498 را شماره گیری کنید)

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