

AGREEMENT

Between the

BRIDGEPORT BUILDING TRADES COUNCIL

and the

**CITY OF BRIDGEPORT
BOARD OF EDUCATION**

**Contract to Cover
8/1/2008 to 7/31/2011**

August 1, 2011 - July 31, 2015

INDEX

| ARTICLE | TITLE | PAGE |
|------------------------------------------|--------------------------------------------------------------|-------------|
| I. The Union and Union Security | | |
| | Preamble..... | 01 |
| | Article 1 - Recognition..... | 01 |
| | Article 2 - Union Security..... | 02 |
| | Article 3 - Manpower..... | 02 |
| | Article 4 - Union Stewards..... | 03 |
| | Article 5 - Visits By Union Representative..... | 03 |
| II. Management and the Work Place | | |
| | Article 6 - Management Rights | 03 |
| | Article 7 - Work Week Schedule and Overtime..... | 04 |
| | Article 8 - Grievance and Arbitration Procedure..... | 05 |
| | Article 9 - Drug and Alcohol Testing..... | 07 |
| III. Monetary Payments | | |
| | Article 10 - Wages..... | 07 |
| | Article 11- Longevity..... | 08 |
| IV. Benefits | | |
| | Article 12 - Insurance..... | 08 |
| V. Holidays and Leaves | | |
| | Article 13 - Holidays..... | 13 |
| | Article 14 - Sick Leave..... | 14 |
| | Article 15 - Bereavement and Personal Leave..... | 15 |
| | Article 16 - Vacations..... | 16 |
| | Article 17 - Jury Duty..... | 17 |
| | Article 18 - Maximum Leave..... | 17 |
| | Article 19 - Workers' Compensation and Modified Duty..... | 18 |

VI. Miscellaneous

| | |
|---------------------------------------------------------|----|
| Article 20 - Nondiscrimination..... | 18 |
| Article 21 - Affirmative Action..... | 18 |
| Article 22 - Duration..... | 19 |
| Signature Page | 19 |
| Appendix A - Fairfield Building Trades Seniority List . | 20 |
| Appendix B - Medical Plan..... | 21 |
| Appendix C - Vision Plan | 32 |

I. THE UNION AND UNION SECURITY

PREAMBLE

The following agreement entered into by and between the City of Bridgeport and the City of Bridgeport Board of Education, hereinafter referred to as "the City", and the Bridgeport Building Trades Council, AFL-CIO, on behalf of its affiliated Unions:

Bricklayer's Local No. 2
Carpenter's Local No. 210
Electrical Local No. 488
Glaziers Local No. 1274
Laborers Local No. 665
Masons Local No. 4
Painters Local No. 1719
Plumbers and Steamfitters
Local No. 777
Roofers Local No. 12
Asbestos Workers Local No. 33

Hereinafter referred to as "the Union", is designed to maintain and promote a harmonious relationship between the City and such of its employees who are covered by this agreement.

ARTICLE 1 RECOGNITION

1.1 The City hereby recognizes the Union as the exclusive bargaining agent for the bargaining unit consisting of all regular full-time building construction tradesmen employed by the City, but excluding temporary and special situation tradesmen employed on temporary or term basis.

ARTICLE 2 UNION SECURITY

2.1 All employees, as a condition of employment, and as a condition of continued employment, must be and remain members in good standing of their respective Unions by the paying of regular monthly fees or dues as may be assessed by such Union, provided that before any employee is discharged by the City for violation of this Article, the respective Union shall furnish a qualified replacement who is acceptable to the City. The Union agrees to indemnify, defend and hold harmless, the City against any claims or suits arising from the operation of this Article.

2.2 The City will deduct from the pay of all employees covered by this Agreement, who authorize such deductions from their wages in writing, such membership dues and initiation fees as may be uniformly assessed by the Union. When an employee does not have sufficient money due him/her, after deductions have been made for Pension or other deductions required by law, Union dues for such deduction period shall be deducted in a pay period in which the employee has sufficient funds due him/her. Neither any employee nor the Union shall have any claim against the City for errors in the processing of deductions unless a claim of error is made in writing to the City within sixty (60) days after the date such deductions were or should have been made. It is also agreed that the obligation of the City for funds actually deducted under this Section terminates upon the delivery of the deductions so made to the person authorized by the Union to receive such funds from the City.

ARTICLE 3 MANPOWER

3.1 The City agrees to hire only qualified Union tradesmen or apprentice to fill newly created positions, and only qualified Union tradesmen or apprentices to fill vacancies, the City plans to fill provided that before employee is hired pursuant to this Article, the respective Union shall refer a qualified tradesman or apprentice who is acceptable to the City.

3.2 **Apprentices:** The City, at its option, may hire apprentices per maintenance department (i.e. Board of Education and Public Works) in accordance with the following ratio.

- 1 apprentice to 3 Journeymen
- 2 apprentice to 4 Journeymen
- 2 apprentice to 5 Journeymen
- 2 apprentice to 6 Journeymen
- 3 apprentice to 7 Journeymen,
etc.

All apprentices shall be required to meet all applicable Trades standards for applicable apprenticeship.

**ARTICLE 4
UNION STEWARDS**

There shall be one (1) Steward for the City of Bridgeport and one (1) Steward for the Board of Education.

Should any problem arise in connection with the employee covered by this Agreement, the Steward shall report the matter to his/her superior. If the matter cannot be resolved, the Steward shall then call the respective Union office to resolve the problem.

There shall be no loss of time when the Steward is doing his/her duty as Steward.

**ARTICLE 5
VISITS BY UNION REPRESENTATIVE**

Accredited Representatives of the Bridgeport Building Trades Council shall have access the premises of the Employer, at reasonable times, provided he/she notifies the supervisor in the work area of his/her presence when he/she arrives and his/her presence will not disrupt the orderly routine of the Department.

II. MANAGEMENT AND THE WORK PLACE

**ARTICLE 6
MANAGEMENT RIGHTS**

Except as specifically modified or restricted by any provisions of this Agreement, all statutory and inherent managerial rights, prerogatives and functions are retained and vested solely in the City, including, but not limited to, the rights, in accordance with its sole and exclusive judgment and discretion, to: direct, train, promote, discipline, transfer,

assign, layoff and discharge personnel; recruit and select subject to the provisions of Article 3; determine the number and types of positions, organizational structure and technology required to provide City services; define the duties and responsibilities of each position and function; determine, acquire and maintain essential equipment and facilities requires for services and functions; contract for services and material with other units of government and/or private contractors; take any necessary measures to establish and maintain the efficiency of governmental operations; determine the methods, means and personnel by which the City's operations are to be conducted; establish and revise or discontinue policies, programs, rules and procedures regarding employee standards of conduct and the manner which work is to be performed; perform the tasks and exercise the authority granted by statue, charter and ordinance to the City in fulfillment of its legal responsibilities.

The City's failure to exercise any right prerogative or function hereby reserved to it, or the City's exercise of any such right, prerogative, or function in any particular way, shall not be considered a waiver of the City's capacity or ability to exercise such right, prerogative or function or preclude if from exercising the same in any other way not in conflict with the express provisions of this agreement.

The above rights, responsibilities and prerogatives are inherent in the City Council of the City of Bridgeport and it's Mayor, by virtue of statutory, ordinance or charter provisions and this Agreement, and may be subject to grievance or arbitration proceedings only as specifically provided for in this Agreement.

**ARTICLE 7
WORK WEEK SCHEDULE AND OVERTIME**

7.1 The work week shall be forty (40) hours per week.

7.2 All employees covered by this agreement will be paid time an one-half for work done in excess of the scheduled work day.

7.3 Work hours for the day shift shall be from 7:30 a.m. to 4:00 p.m. for the BOE and 8:00 a.m. to 4:30 p.m. for Public Facilities. Work hours for the 2nd shift shall be 2:00 p.m. to 10:00 p.m. Monday through Friday. The work hours for a shift shall be subject to the right of the City to adjust such hours no more than 2 hours either way with not less than 2 business days notice to the Union.

7.4 The day shift shall have a one-half hour unpaid lunch. A paid lunch for the 2nd shift shall be from 6:00 p.m. to 6:30 p.m.

7.5 Shift preference shall be on the basis of seniority by job classification based upon job postings as openings occur. Employees shall have ten (10) business days to exercise shift preference rights from the date a job opening is posted. If no preference is indicated then the City may assign as needed. The City may temporarily reassign an employee between shifts for coverage purposes for not more than one shift or upon not less than two (2) business days notice. For purposes of this section only, seniority shall be determined in accordance with the Fairfield Building Trades seniority listed attached as Appendix A.

7.6 During winter and summer vacation for the Board of Education when school(s) may be closed the City may assign employees, upon not less than two (2) business days notice, from the 2nd shift to the day shift if possible subject to the needs of the Board as determined by management.

7.7 A shift differential shall be paid to employees assigned to the 2nd shift which shall be calculated by paying eight (8) hours pay for seven and one half (7 ½) hours work based upon the hours in Section 7.3 and the one-half hour paid lunch provided for under Section 7.4.

7.8 An employee will work overtime when requested to do so by supervisor. Employees shall be notified of such assignment as soon as practicable. In the event that all employees refuse, or are not available, to work overtime, the least senior employee in the classification, shift, department, and area affected by the overtime work must work such overtime. In the event of an emergency, when asked to work overtime, the employee must not be told to take another day off without pay.

7.9 Overtime will be divided equally among the workers where there is more than one (1) worker in that craft. Employees who decline to work overtime when notified will be charged as if they had worked it.

ARTICLE 8

GRIEVANCE AND ARBITRATION PROCEDURE

8.1 Any grievance or dispute which may arise between the parties, concerning the application, meaning or interpretation of this Agreement, shall be settled only in the following manner:

Step I - The employee or the Building Trades Representative, with or without the employee, shall take up the grievance or dispute with the employee's Department Head within ten (10) days of the date of the grievance or the employee's knowledge of its occurrence, whichever is later. The Department head shall arrange to meet with the employee or the Building Trades Representative, with or without the employee, to attempt to adjust the matter and shall respond in writing to the Union within seven (7) working day.

Step II - If the grievance still remained unadjusted, it shall be presented by the Building Trades Representative to the City's Labor Relations Officer, in writing, ten (10) days after the response of the Department Head is due. Within one week after submission, a meeting shall be held between the Building Trades Representative and the Labor Relations Officer for the purpose of adjusting the grievance. The City's Labor Relations Officer shall respond in writing to the Building Trades Representative, at the meeting or within fifteen (15) days afterwards. If the grievance is still unsettled, either party may, within fifteen (15) days after the reply of the Labor Relations Office is due, by written notice to the other, request arbitration. The parties agree to submit all grievances to American Arbitration Association (AAA) unless otherwise agreed. The arbitrator(s) shall limit its decision strictly to applications, meaning or interpretation of the provisions of this Agreement. The arbitrator(s) shall not add to, nor subtract from, the term of this Agreement as written. The arbitration award shall be in writing and shall set forth the opinion and conclusions on only the issue submitted.

The decision of the Arbitrator shall be final and binding on the parties, and the American Arbitration Association shall be requested to issue its decision within (30) days after the conclusion of testimony and argument.

8.2 Each party shall be responsible for compensating its own Representatives and witnesses. If either party desires a verbatim record of the proceedings, it may cause such a record to be made, providing it pays for the record and makes copies available without charge to the other party and to the arbitrator(s).

8.3 Grievances initiated by the Employer shall be processed in this same manner, but they may be initiated at Step II. Upon mutual agreement by the City and the Association, any of the time limits in this Article may be waived.

8.4 The City and the Building Trades agree that every attempt shall be made to schedule arbitration hearings in discharge cases within one hundred and twenty (120) days of the filing date for arbitration.

ARTICLE 9
DRUG AND ALCOHOL TESTING

The City reserves the right to conduct drug and alcohol testing as provided in Connecticut General Statutes Sections 31-51t through Sections 31-51bb inclusive, excluding section 31-51v. The drug and alcohol testing policy for those employees required to have a CDL shall be incorporated by reference.

III. MONETARY PAYMENTS

ARTICLE 10
WAGES

10.1 4.1 The City shall pay hourly wages representing base hourly wages only and such wages do not include any amounts paid by outside contractors and designated as fringe benefits, welfare contributions, industry funds, pension funds, annuity funds, or similar such payments.

A) **Journeyman Wages** - All Journeymen shall be paid one-hundred percent (100%) of the prevailing negotiated base hourly rate paid to his/her respective Trades in private (non-public) construction. The City will meet and confer with the Building Trades Council regarding any changes.

B) **Apprentice Wages** - Effective August 1, 1986, apprentices base hourly wages shall be according to the following formula:

| | |
|----------------------------|---------------------------------------------------------------------------------------------------|
| First Year apprentice rate | 1 st 6 months 40% of Journeyman's 2 nd 6 months 45% of Journeyman's |
| Second year apprentice | 1 st 6 months 50% of Journeyman's rate 2 nd 6 months 55% of Journeyman's |
| Third year apprentice | 1 st 6 months 60% of Journeyman's rate 2 nd 6 months 65% of Journeyman's |
| Fourth year apprentice | 1 st 6 months 70% of Journeyman's rate 2 nd 6 months 75% of Journeyman's |

10.2 When new wage rates are negotiated and agreed to on an area wide basis, each Union will notify, in writing, the Labor Relations Office of the new rate, and the City shall place such rates in effect on the first day of the month, following the date the specific notice from the Union is received by the City.

ARTICLE 11
LONGEVITY

11.1 Effective July 1, 1994, employees with five (5) years of continuous service shall receive sixty dollars (\$60) x years of service. Such payments shall not exceed one thousand five hundred (\$1,500) dollars.

11.2 Eligible employees must be on the payroll as of August first of each year to be eligible to receive longevity payments, and the years of continuous service is computed as of August first of each year.

11.3 Effective August 1, 2006, employees hired after July 1, 1992, shall be eligible for longevity after ten (10) years of continuous municipal service.

IV. BENEFITS

ARTICLE 12
INSURANCE

12.1 The City shall provide and pay for Health Benefits for all employees and their enrolled dependents as follows:

A) "Medical Benefits" in accordance with the City of Bridgeport/Bridgeport Board of Education Medical Plan (including Section V- Schedule of Benefits, Revision 7/1/06), a copy of which is annexed to the originals of this Contract and is on file with the City and the Union (see Appendix B "Medical Plan").

B) Drug prescription family plan (covering all approved medications and with mandatory generic substitution) with an annual maximum of \$1,000 per plan year. For additional prescription drug charges, 80% is paid by the City and 20% is paid by the employee. The co-payment shall be five dollars (\$5.00) for generic drugs, ten (\$10.00) dollars for brand name drugs on the preferred list maintained by the City's Pharmacy

Manager and twenty-five dollar (\$25.00) for all other drugs (the "Prescription Drug Plan"). Prescriptions shall be limited to a thirty (30) day supply at retail. For refills

beyond the third, mail order must be utilized for maintenance drugs on the list maintained by the City's pharmacy benefits manager or the co-payments and employee payment provided above shall double at retail.

C) The twenty-five (\$25.00) dollar deductible CIGNA Dental Plan, or its equivalent, excluding orthodontia (the "Dental Plan").

D) The VSP Vision Plan, or its equivalent, as outlined and attached hereto as Appendix C.

12.2 The City shall provide and pay for the cost of a Group Life Insurance Policy the amount of twenty thousand (\$20,000) dollars with accidental death and dismemberment for all employees.

12.3 Retirees prior to the first day of this Agreement, and employees hired prior to August 1, 2013 who subsequently retire, and their enrolled eligible spouses at the time of retirement, will receive benefits for health care as defined in the plans in existence under the contract which governed their retirement (or such alternative coverage as they have accepted) and shall pay a twenty-five percent (25%) contribution of the annual premium cost, or equivalent cost as determined by the City, for this coverage.

An employee hired on or after 8/1/2013 who subsequently retires, and his/her enrolled eligible spouse at the time of retirement, will receive benefits for health care as defined in the plans in existence under the contract which governed their retirement (or such alternative coverage as they have accepted) and make percentage contributions for coverage, equal to the percentage contribution they were making at the time of retirement.

12.4 For employees, and their enrolled eligible spouse at the time of retirement, who retire subsequent to the first day of this Agreement, the City will provide and pay for benefits under the Medical Plan or a supplemental plan to Medicare part B offering benefits equal to the Medical Plan and the Prescription Drug Plan, as provided for active employees, as the same may be modified from time to time under this or any future collective bargaining agreement. Coverage for surviving spouses shall terminate upon remarriage. Retired employees and their enrolled spouses must accept Medicare Part B if eligible.

For purpose of this Article "retiree" shall mean"

A. For employees hired prior to 8/1/2013 a retiree is an employee who is eligible to receive full pension benefits in accordance with the requirements of Connecticut Municipal employees Retirement System (CMERS) and who (a) has not less than fifteen (15) years of municipal service and is not less than fifty-five (55) years of age upon retirement; or (b) has not less than twenty-five (25) years of municipal service regardless of age. Benefits shall be as set forth or as said benefits may be changed by agreement of the City and the Union. Such retirees, and their surviving spouses, shall make contributions for coverage equal to twenty-five (25%) of the annual premium cost, or equivalent cost as determined by the City, for this coverage.

B. For employees hired on or after 8/1/2013, a retiree is an employee who is eligible to receive full pension benefits in accordance with the requirements of Connecticut Municipal Employees Retirement System (CMERS) and who has not less than twenty-five (25) years of municipal service. Benefits shall be as set forth or as said benefits may be changed by agreement of the City and the Union. Such retirees, and their enrolled eligible spouses at the time of retirement, shall make percent contributions for coverage equal to the percent contribution they were making at the time of retirement.

12.5 The City may offer the privilege of choosing an alternative health care carrier and/or administrator and/or plans in lieu of the City's Plans as set forth in Section 12.1 of this Article. Enrollment periods shall be annually in May of each year. For employees electing the alternative, the City shall remit monthly to the Plans in an amount up to but not to exceed that which the City pay for the City's Plans as specified in Section 12.1 of this Article. If the cost for the alternative is greater than the amount the City would have paid or contributed had the employee not elected such plan, then the City agreed to deduct from the employee's pay, upon receipt of a written authorization from the employee, the additional amount required for full payment of the alternative premium.

12.6 The City shall be permitted to substitute insurance or benefits arrangements from any source for the Plans provided for in Section 12.1 of this Article. Such substitutions shall be permitted if the substituted coverage offers benefits and methods of administration, processing and payment of claims at least equal to those specifically provided for in Section 12.1 of this Article. Before the City may substitute, it must negotiate the substitution with the Union. If the Union does not agree to the substitution, the City must claim the matter for arbitration in accordance with single

member panel rules of the American Arbitration Association. The Arbitrator will order the substitution, if after weighing the total benefits and methods of administration, processing and payment of claims offered by the City's proposal against the total benefits and methods of administration, processing and payment of claims offered by the Plan specified in Section 12.1 of this Article, he/she finds that the average bargaining unit member will, on an overall basis, benefit at least as well under the proposed substituted coverage. Nothing herein shall require the City to propose total substitutions for the coverage provided in Section 12.1 of this Article and substitution may be proposed for any one or more of the specified coverages.

12.7 Effective January 1, 2013, for a benefits eligible employee waiving health benefits coverage in any benefit year, the City shall increase its payment in lieu of health benefits to one thousand five hundred dollars (\$1,500) per benefit year. This amount shall be paid in two (2) equal installments: fifty percent (50%) in June, and fifty percent (50%) in December.

12.8 The City, at its option, may change carriers for the insurance or the method of providing the health benefits in this Article, provided the benefits are equal to or better than, in all benefits, in the manner of payments, services and procedures for payments.

The parties shall continue to work through the Labor Management Cooperative Committee on health care, which may modify but not substantially change the health benefits as provided herein.

12.9 A) For members hired as regular full-time employees prior to 8/1/2013, healthcare Premium Cost Share (PCS) contributions for active employees shall be increased according to the following schedule:

| Contract Dates | Healthcare PCS |
|------------------------|----------------|
| 9/1/2012 to 07/31/2013 | 20% |
| 8/1/2013 to 07/31/2014 | 22% |
| 8/1/2014 | 25% |

For these employees the PCS will be capped at 25%. This PCS cap is guaranteed to remain intact during the individual employee's employment period and entire period of retirement.

B) Regardless of start date, any new bargaining unit member hired on or after August 1, 2013 shall pay a health care premium cost share (PCS) for the above named insurances, which shall be payroll deducted weekly according to the following schedule:

| One year period bargaining | PCS Rate |
|------------------------------------------------------------------------------------------------------------------------------------|----------|
| August 1, 2013 | 25% |
| August 1, 2014 | 26% |
| August 1, 2015 | 27% |
| PCS contributions shall increase by 1% per year on August 1 st of each year thereafter, until a copy of 50% is reached. | |

12.10 A) The City has implemented and shall maintain a cafeteria plan pursuant to Section 125 of the Internal Revenue Code for all active employees so as to facilitate deduction of the amounts contributed for health benefits and for child care from the gross income of the employee for tax purposes.

B) As an alternative to the current health and/or insurance benefits, the City may offer an employee benefits cafeteria plan which allows the employee to select from a specific list of benefits up to a yearly dollar amount as agreed; the details of which shall be subject to reopen negotiations at the request of either party.

12.11 - A) For employees who retire on or after June 30, 2001 and their surviving spouses, if any, the City shall provide and pay for the same benefits for medical care (excluding vision and dental coverage) as provided for the active employees as the same may, from time to time, be modified under future collective bargaining agreements or if appropriate due to age, a supplemental plan to Medicare Part B providing benefits equal to the Medical Plan, to the extent needed. Retired employee contributions shall be equal to the amount of such contributions at retirement plus an increase or decrease in such contributions as such increase or decrease may exist from time to time in accordance with the provisions of subsections 3 and 4 of this article.

B) If any employee who retires on or after June 30, 1999 shall have available coverage for Medical Benefits through subsequent employment of the retiree or through the retiree's spouse ("Alternative Coverage"), such retiree shall apply for and, if eligible, obtain such Alternative Coverage provided that the Alternative Coverage shall not exceed in premium cost and/or contribution by the retiree the cost which the retiree

would have paid to the City for Medical Benefits coverage except as provided below. The retiree shall not take advantage of any buy-out program in lieu of Alternative Coverage. The Retiree and the retiree's spouse shall remain in the City's Plan even if Alternative Coverage is obtained, but the City's Plan shall remain secondary to the Alternative Coverage so long as it is available. In the event the retiree shall not be eligible for alternate coverage or the retirees' premium cost and/or contribution would be more than the retiree's payment for the City's Plan and the City shall not have exercised an option to reimburse the retiree or surviving spouse for such additional cost, the Medical Benefits provided by the City of Bridgeport shall become primary for the retiree and the retiree's spouse.

12.11 Divorced employees or retirees must notify the City within thirty (30) days of the divorce or repay the City by payroll or pension reduction for the cost of any benefits improperly paid as a result of such failure.

12.12 Any employee who leaves City employment and returns to City employment in a manner conforming to Section 210 – "Re-employment Lists" of the Charter of the City of Bridgeport shall, for the purposes of contributions to health care insurance premiums, return to the employee group to which they were formerly assigned as determined by their original date of hire, and shall not be considered a new hire.

V. HOLIDAYS AND LEAVES

ARTICLE 13 HOLIDAYS

13.1 All employees covered by this agreement shall be paid and have the following days off as holidays:

- New Year's Day
- Martin Luther King's Birthday
- President's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day;

and any Holidays officially proclaimed as such by the President of the United States, the Governor of the State of Connecticut, and the Mayor of the City of Bridgeport.

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

13.3 If an employee, in case of an emergency, is required to work on a Holiday, he/she shall be paid double time.

13.4 Except for previously scheduled vacation and personal days, employees must work the full work day before and after a holiday in order to be paid for the holiday.

ARTICLE 14 SICK LEAVE

14.1 **Sick Leave Allowance:** Employees shall receive ten (10) sick days per year, granted five (5) days on July 1st, and five (5) days on January 1st. New hires shall receive a pro rata number projected through either July 1st, or January 1st, based upon full months.

14.2 **Sick Leave Accumulation:** Sick leave shall continue to accumulate during leaves of absence with pay and during the time an employee is on authorized sick leave or vacation time.

A medical certificate, acceptable to the appointing authority, may be required for any absence consisting of four (4) or more consecutive working days.

14.3 **Sick Leave Accumulated at Retirement or Death:**

A) Upon retirement, an employee shall be credited for the period of time corresponding to the amount of the sick leave accumulated. Said credit shall be paid on a lump sum basis of fifty percent (50%) of all unused sick leave up to a limit of 215 days within fifteen (15) days of retirement date, except as modified by paragraph C.

B) Upon the death of the employee, the amount of sick leave time credit to the employee shall be payable to his beneficiary, as designated by the employee, under the terms of the Connecticut Municipal Employee Retirement Fund (M.E.R.F.).

All sick leave accumulated as of July 1, 1992 shall be paid, if unused upon retirement, at eighty-five (85%) of accumulation at the salary dollar value effective on July 1, 1992.

14.4 Administration:

A) The City shall determine the method of administration of these provisions, subject to the authority of the Mayor and the Director of Personnel when so authorized by the Mayor.

B) The City shall maintain a record for each employee of all sick time taken and accumulated. These records shall be subject to periodic reports to be submitted to him/her.

C) During the effective period of this agreement, a satisfactory method of informing individual employees of accumulated sick leave shall be established. Such procedure shall include either of the following.

1. A record of an employee's accumulated sick leave shall be submitted to him/her upon request annually.

2. A record of an employee's accumulated sick leave shall be indicated on the employee's wage stub at established periodic intervals to be determined by the City but not to be less than once annually as soon as the computer system is fully operational.

ARTICLE 15

BEREAVEMENT AND PERSONAL LEAVE

15.1 Each employee shall be granted leave with pay in the event of a death in their immediate family. Such leave shall start on the day of death and continue through the day of the burial, except that in no event shall such leave be more than three (3) days commencing with the day of death. For the purposes of this Article, the term "immediate Family" shall mean and include the following: mother, father, spouse, mother-in-law, father-in-law, sister, brother, child, grandparents, grandchildren, and foster parents.

15.2 Up to three (3) days personal leave with pay shall be granted to any employee on request for personal business in any contract year. Such request will not be unreasonably denied.

ARTICLE 16
VACATIONS

16.1 The vacations of employees covered by this contract shall be in accordance with the ordinances of the City of Bridgeport which are now in effect and which provide for such vacations.

16.2 Employees with continuous municipal service of less than one shall be submitted to him upon request at least twice vacation with pay for each month of continuous service, but not to exceed one (1) calendar week in the contract year, such service is rendered. In each contract year, any employee with one (1) or more years of municipal service, but less than five (5) years of such service shall receive two (2) weeks vacation with pay. In each contract year, any employee with (5) or more years of continuous municipal service, but less than ten (10) years of such service, shall receive three (3) weeks of vacation with pay. In each contract year, any employee with ten (10) or more years of continuous municipal service shall receive four (4) weeks of vacation with pay.

16.3 Employees with two (2) weeks vacation may exercise the option of carrying over only one (1) week of unused vacation time from one (1) contract year/vacation year to the next contract year/vacation year, but are not eligible for the option of payout for unused vacation time.

16.4 Employees with three (3) or more week vacation may exercise the option of carrying over up to a maximum of two (2) weeks of unused vacation time from one (1) contract year/vacation year to the next contract year/vacation year, but are not eligible for the option of payout for unused vacation time.

16.5 The parties agree that those individuals who had five(5) weeks vacation at the time the vacation was reduced from five (5) to four (4) weeks, shall be grandfathered so that they retain five (5) weeks of vacation.

ARTICLE 17
JURY DUTY

The City will reimburse employees who are summoned and required to serve on a jury in the Superior Court or United States District Court (in the absence of solicitation by the employee to be listed as a prospective juror) for the difference in the compensation received from the court and the pay which said employee would have received had the employee worked those hours that the City would have scheduled for the employee's services during the same time period subject to the following provisions:

1. Employees shall be eligible for this payment after presentation to the City of a statement by the appropriate Clerk of the Court setting forth the dates on which the employee was actually present in Court pursuant to the jury duty summons and the amount paid by the Court as the result of the performance of such jury duty.
2. No employee shall be eligible for the City reimbursement provided herein for jury duty more often than once in a fiscal year.

ARTICLE 18
MAXIMUM LEAVE

- 18.1 The maximum leave granted to any employee for any reason shall not exceed twelve (12) months.
- 18.2 The Director of Labor Relations, or his/her designee, may extend this period, at his/her discretion, when there are extenuating circumstances and the anticipated return date is within a specified time not to exceed sixty (60) days of the end of the leave.
- 18.3 Leave of absences shall be granted in accordance with the Family and Medical Leave Act and the City's Family and Medical Leave Policy.
- 18.4 All leaves of absence shall be submitted to the Director of Labor Relations for approval.

ARTICLE 19
WORKERS' COMPENSATION AND MODIFIED DUTY

- 19.1 If an employee on workers' compensation has a modified or restricted work capacity, the City may, in its discretion, request the employee return to a modified duty position. Such work shall be within the restrictions outlined by the treating medical provider. This work is intended to be transitional and temporary in nature and will normally not exceed three (3) months. The City reserves the right to limit the number of positions available.
- 19.2 Employees on workers' compensation shall be granted a leave until they have reached maximum medical recovery, unless otherwise provided under this Agreement.
- 19.3 Each employee injured or disabled as provided under this Article must choose from the list of health care providers for the City of Bridgeport Workers' Compensation Managed Care Plan, as such may be modified from time to time by the Plan Administrator.

VI. MISCELLANEOUS

ARTICLE 20
NONDISCRIMINATION

The provisions of this agreement shall be applied equally to all employees in the bargaining unit without discrimination because of age, sex, sexual orientation, marital status, race, color, creed, national origin, handicap, political affiliation or union membership. Any claimed violation of this Article over which the Connecticut Commission on Human Rights and Opportunities and/or Federal Equal Employment Opportunities Commission would have jurisdiction may be processed through the grievance procedure to the last step prior to arbitration; thereafter, any such claimed violation may be arbitrated only if so agree by both parties.

ARTICLE 21
AFFIRMATIVE ACTION

The City of Bridgeport and the Building Trades Council agree to hire qualified minorities as tradesmen and apprentices in keeping with the Affirmative Action plan endorsed by the Mayor.

ARTICLE 22
DURATION

This agreement will be effective when signed by all parties and approved in accordance with current applicable State Statutes, for the period of August 1, 2011 and shall expire July 31, 2015.

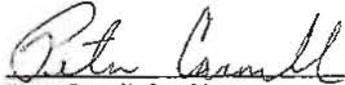
In witness there on this 1st day of June
20 15, the parties hereto set their hands.

FOR THE CITY

FOR THE UNION



Bill Finch, Mayor



Peter Carroll, President
Building Trades



Lawrence E. Osborne
Director of Labor Relations



Witness

Appendix A

| Original Hire Date | Last Name | First Name | Middle Initial | Job Class Desc | Work Location Desc |
|--------------------|-------------|------------|----------------|---------------------|------------------------|
| 03/14/1980 | ALVES | CARLOS | M | GLAZIER | BOE GARAGE |
| 03/02/1981 | PAGAN | JOSE | M | CARPENTER | BOE GARAGE |
| 03/09/1981 | LOMBARDI | JOHN | | CARPENTER | FACILITIES MAINTENANCE |
| 08/25/1983 | ZIOBO | JOHN | | ELECTRICIAN | FACILITIES MAINTENANCE |
| 04/27/1987 | MONKS | KEVIN | G | PAINTER | FACILITIES MAINTENANCE |
| 07/17/1991 | GOMBAS | GERALD | J | CARPENTER | BOE GARAGE |
| 02/03/1994 | GRAY | DAVID | | PLUMBER | BOE GARAGE |
| 08/29/1994 | RIZZITELLI | GARY | M | MASON | BOE GARAGE |
| 09/13/1994 | LOPEZ | RAMON | | MASON | BOE GARAGE |
| 11/29/1994 | CASERIA | PHILLIP | R | PLUMBER | FACILITIES MAINTENANCE |
| 09/18/1995 | SAMATULSKI | LEONARD | M | GLAZIER | BOE GARAGE |
| 07/05/1996 | TRISTINE | JOHN | W | PLUMBER | FACILITIES MAINTENANCE |
| 04/03/2000 | PIETRANGELI | JACK | | ELECTRICIAN | BOE GARAGE |
| 01/27/2003 | DELEON | WILLIAM | | ROOFER | BOE GARAGE |
| 10/31/2003 | MCBRIDE | JERMAINE | L | ELECTRICIAN | BOE GARAGE |
| 03/23/2004 | AMBROSE | MARK | A | MASON | BOE GARAGE |
| 08/30/2004 | PAZ | RICHARD | W | STEAMFITTER | BOE GARAGE |
| 10/09/2007 | PAZ | MATTHEW | L | STEAMFITTER | BOE GARAGE |
| 12/03/2007 | GERALD | TRAVIS | E | ELECTRICIAN | FACILITIES MAINTENANCE |
| 02/05/2008 | MILLER | ROBERT | C | PLUMBER | FACILITIES MAINTENANCE |
| 12/29/2008 | SALANTO | GEORGE | A | ELECTRICIAN | FACILITIES MAINTENANCE |
| 04/27/2009 | ALVES | DANIEL | P | MASON | FACILITIES MAINTENANCE |
| 10/28/2009 | JACHIMSKI | DANIEL | M | STEAMFITTER | BOE GARAGE |
| 08/22/2011 | HENDERSON | LISA | M | PAINTER | BOE GARAGE |
| 09/12/2011 | SPORTINI | JOHN | J | ELECTRICIAN | BOE GARAGE |
| 10/24/2011 | GILHULY | DANIEL | J | ASBESTOS SPECIALIST | BOE GARAGE |
| 07/23/2012 | HINE | BRIAN | E | STEAMFITTER | BOE GARAGE |
| 8/20/2012 | MCCARTHY | EDMUND | | CARPENTER | BOE GARAGE |
| 08/27/2012 | MATURO | ROBERT | | PAINTER | FACILITIES MAINTENANCE |
| 09/24/2012 | DELANEY | WILLIAM | J | CARPENTER | FACILITIES MAINTENANCE |
| 09/08/2014 | STEVENS | CARL | | ELECTRICIAN | BOE GARAGE |
| 11/06/2014 | PADILLA | GREGORY | | ELECTRICIAN | FACILITIES MAINTENANCE |

APPENDIX B

SUMMARY OF BENEFITS

**Bridgeport City and Board of Education
BS9 - \$20/ \$40/ \$75/ \$200/ 80 - 20 Copay Plan
OAP Copay – July 1, 2014**



| Annual deductibles and maximums | In-network | Out-of-network |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Lifetime maximum | Unlimited per individual | |
| Coinsurance | You pay 0% Plan pays 100% | You pay 20% Plan pays 80% |
| Maximum Reimbursable Charge <ul style="list-style-type: none"> • Determined based on the lesser of: <ul style="list-style-type: none"> • the health care professional's normal charge for a similar service; or • a percentage of a fee schedule 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 determined based on the lesser of: <ul style="list-style-type: none"> • the health care professional's normal charge for a similar service or supply; or • the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. • Out-of-network services are subject to a calendar year deductible and maximum reimbursable charge limitations. | N/A | 200% |
| Calendar year deductible | Individual None Family None | Individual None Family None |
| Calendar year out-of-pocket maximum | Individual None Family None | Individual \$1,000 Family \$2,000 |
| Benefits | In-network | Out-of-network |
| Physician services | | |
| Office visit | Primary care physician You pay \$20per visit Specialist You pay \$40 per visit | You pay 20% Plan pays 80% |



| Annual deductibles and maximums | In-network | Out-of-network |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| OBGYN visit | You pay \$20 per visit | You pay 20% Plan pays 80% |
| Physician services (hospital) <ul style="list-style-type: none"> In hospital visits and consultations Inpatient Outpatient | Inpatient services No Charge Outpatient services No Charge | You pay 20% Plan pays 80% |
| Surgery (in a physician's office) | Primary care physician You pay \$20 per visit Specialist You pay \$40 per visit | You pay 20% Plan pays 80% |
| Allergy Services | Primary care physician You pay \$20 per visit Specialist You pay \$40 per visit | You pay 20% Plan pays 80% |
| Preventive care | | |
| Children (through age 2) <ul style="list-style-type: none"> Immunizations are covered at no charge. | No charge | You pay 20% Plan pays 80% |
| Adults and children (age 3 and older) <ul style="list-style-type: none"> Immunizations are covered at no charge. | No charge | You pay 20% Plan pays 80% |
| Mammogram, PSA, Pap Smear <ul style="list-style-type: none"> Associated wellness exam subject to the office visit copay. | No Charge | You pay 20% Plan pays 80% |
| Hearing Exams to age 18 | Primary care physician You pay \$20 per visit Specialist You pay \$40 per visit | You pay 20% Plan pays 80% |
| Routine Eye Exam Limited to one per calendar year Excludes refractions | You pay \$40 per visit | You pay 20% Plan pays 80% |
| Inpatient hospital facility services | | |
| Semi-private room and board and other non-physician services <ul style="list-style-type: none"> Inpatient room and board, pharmacy, x-ray, lab, operating room, surgery, etc. | \$200 copay per admission | \$200 deductible, then you pay 20%, Plan pays 80% |
| Inpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists | No Charge | You pay 20% Plan pays 80% |



| Annual deductibles and maximums | In-network | Out-of-network |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------|
| Outpatient services | | |
| Outpatient surgery (facility charges) | You pay \$20 per visit | You pay 20% Plan pays 80% |
| Outpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists | No Charge | You pay 20% Plan pays 80% |
| Physical, occupational, and chiropractic therapy <ul style="list-style-type: none"> 30 days per calendar year for all therapies combined Includes physical therapy, occupational therapy, pulmonary rehabilitation and cognitive therapy Includes chiropractic therapy (Includes chiropractors) | Primary care physician You pay \$20 per visit Specialist You pay \$40 per visit | You pay 20% Plan pays 80% |
| Speech Therapy <ul style="list-style-type: none"> 60 days per calendar year | Primary care physician You pay \$20 per visit Specialist You pay \$40 per visit | You pay 20% Plan pays 80% |
| Cardiac Rehabilitation <ul style="list-style-type: none"> Unlimited days per calendar year | Primary care physician You pay \$20 per visit Specialist You pay \$40 per visit | You pay 20% Plan pays 80% |
| Lab and X-ray | | |
| Lab and X-ray <ul style="list-style-type: none"> Physician's office Outpatient hospital facility Emergency room Independent x-ray and/or lab facility Independent x-ray and/or lab facility as part of an ER visit | No Charge | You pay 20% Plan pays 80% |
| Advanced radiological imaging <ul style="list-style-type: none"> MRI, MRA, CT Scan, PET Scan, etc. Inpatient hospital facility, outpatient hospital facility, emergency room, urgent care facility or physician's office | No Charge | You pay 20% Plan pays 80% |
| Emergency and urgent care services | | |
| Hospital emergency room <ul style="list-style-type: none"> Includes radiology, pathology and physician charges Emergency room copay waived if admitted | You pay a \$75 copay then no charge | You pay a \$75 copay then no charge |
| Ambulance | No Charge | |
| Urgent care services <ul style="list-style-type: none"> Urgent care copay waived if admitted | \$20 copay per visit | \$20 copay per visit |



| Annual deductibles and maximums | In-network | Out-of-network |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Other health care facilities | | |
| Skilled nursing facility, rehabilitation hospital and other facilities <ul style="list-style-type: none"> Combined 60 days per calendar year | No Charge | You pay 20% Plan pays 80% |
| Home health care <ul style="list-style-type: none"> Unlimited days per calendar year | No Charge | You pay 20% Plan pays 80% |
| Hospice <ul style="list-style-type: none"> Inpatient services Outpatient services | No Charge | You pay 20% Plan pays 80% |
| Other health care services | | |
| Durable medical equipment <ul style="list-style-type: none"> Unlimited calendar year maximum | No Charge | You pay 20% Plan pays 80% |
| External prosthetic appliances (EPA) <ul style="list-style-type: none"> Unlimited calendar year maximum Includes foot orthotics Includes Wigs | No Charge | You pay 20% Plan pays 80% |
| Hearing Aid for children to age 12 <ul style="list-style-type: none"> \$1,000 calendar year maximum | No Charge | You pay 20% Plan pays 80% |
| Acupuncture | You pay \$40 per visit | Not covered |
| Naturopathy Services | You pay \$20 per visit | You pay \$20 deductible per visit, then plan pays 100% |
| TMJ, surgical and non-surgical <ul style="list-style-type: none"> Office visits Inpatient hospital facility Outpatient facility Physician services | Cost and reimbursement vary based on the facility in which it is performed | Cost and reimbursement vary based on the facility in which it is performed |
| Oral Surgery <ul style="list-style-type: none"> Limited to removal of bony impacted teeth including wisdom teeth Physician's Office Inpatient Facility Outpatient Surgical Facility Physician's Services | Cost and reimbursement vary based on the facility in which it is performed | You pay 20% Plan pays 80% |



| Annual deductibles and maximums | In-network | Out-of-network |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Infertility <ul style="list-style-type: none"> Office visit for testing, treatment and artificial insemination Inpatient hospital facility Outpatient hospital facility Physician services Surgical treatment limited to procedures to correct infertility Excludes IVF, GIFT and ZIFT | Cost and reimbursement vary based on the facility in which it is performed | Cost and reimbursement vary based on the facility in which it is performed |
| Family planning <ul style="list-style-type: none"> Office visits Inpatient hospital facility Outpatient facility Physician services Surgical services such as tubal ligation or vasectomy are covered (excluding reversals). Includes contraceptive devices | Cost and reimbursement vary based on the facility in which it is performed | Cost and reimbursement vary based on the facility in which it is performed |
| Oxygen | No Charge | No Charge |
| Mental health and substance abuse services | | |
| Please note the following regarding Mental Health (MH) and Substance Abuse (SA) benefit administration: <ul style="list-style-type: none"> Substance Abuse includes Alcohol and Drug Abuse services. Transition of Care benefits are provided for a 90-day time period. | | |
| Inpatient mental health services <ul style="list-style-type: none"> Unlimited days per calendar year Out of network mental health services are paid at 100% after you reach your out-of-pocket maximum. | \$200 copay per admission | \$200 deductible, then you pay 20%, Plan pays 80% |
| Outpatient mental health physician's office services <ul style="list-style-type: none"> Unlimited days per calendar year Out of network mental health and substance abuse services are paid at 100% after you reach your out-of-pocket maximum. | You pay \$40 per visit | You pay 20% Plan pays 80% |
| Outpatient mental health outpatient facility services <ul style="list-style-type: none"> Unlimited days per calendar year Out of network mental health and substance abuse services are paid at 100% after you reach your out-of-pocket maximum. This includes group therapy mental health and intensive outpatient mental health | You pay \$20 per visit | You pay 20% Plan pays 80% |
| Inpatient substance abuse services <ul style="list-style-type: none"> Unlimited days per calendar year Out of network substance abuse services are paid at 100% after you reach your out-of-pocket maximum. | \$200 copay per admission | \$200 deductible, then you pay 20%, Plan pays 80% |



| Annual deductibles and maximums | In-network | Out-of-network |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------|
| <p>Outpatient substance abuse - physician's office services</p> <ul style="list-style-type: none"> • Unlimited days per calendar year • Out of network mental health and substance abuse services are paid at 100% after you reach your out-of-pocket maximum. | <p>You pay \$40 per visit</p> | <p>You pay 20% Plan pays 80%</p> |
| <p>Outpatient substance abuse outpatient facility services</p> <ul style="list-style-type: none"> • Unlimited days per calendar year • Out of network mental health and substance abuse services are paid at 100% after you reach your out-of-pocket maximum. • This includes intensive outpatient substance abuse | <p>You pay \$20 per visit</p> | <p>You pay 20% Plan pays 80%</p> |
| Prescription drugs | | |
| Pharmacy coverage | Pharmacy benefits not provided by CIGNA | |

Definitions

Deductible – The amount you need to pay before your plan starts paying benefits.

Coinsurance – 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.

Out-of-pocket – The amount you need to pay each year before your plan starts paying benefits (may or may not include your deductible).

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.

Exclusions

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

Your plan provides coverage for most medically necessary services. Examples of things your plan does not cover, unless required by law, include (but aren't limited to):

- Services provided through government programs
- Services that aren't medically necessary
- Experimental, investigational or unproven services
- Services for an injury or illness that occurs while working for pay or profit including services covered by worker's compensation benefits
- Cosmetic services
- Dental care, unless due to accidental injury to sound natural teeth
- Reversal of sterilization procedures
- Genetic screenings
- Non-prescription and anti-obesity drugs
- Custodial and other non-skilled services
- Weight loss programs
- Hearing aids unless otherwise noted in the schedule of benefits.
- Treatment of sexual dysfunction
- Travel immunizations
- Telephone, email and internet consultations in the absence of a specific benefit
- Eyeglass lenses and frames, contact lenses and surgical vision correction

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 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," "CIGNA HealthCare" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.



Additional Information

| Additional benefit information | In-network | Out-of-network |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Pre-admission certification – continued stay review (PHS)</p> <ul style="list-style-type: none"> • 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. | <p>Coordinated by provider/PCP</p> | <p>Employee is responsible for contacting CIGNA Healthcare. A \$100 penalty is applied to hospital inpatient charges for failure to contact CIGNA Healthcare to pre-certify admission</p> |
| <p>Case management</p> | <p>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.</p> | |
| <p>MH/SA Service Specific Administration</p> | <p>Partial Hospitalization, Residential Treatment and Intensive Outpatient Programs:</p> <ul style="list-style-type: none"> • <i>Partial Hospitalization:</i> The coinsurance level for partial hospitalization services is the same as the coinsurance level for inpatient MH/SA services. • <i>Standard for Residential Treatment:</i> Subject to the plan’s inpatient MH/SA benefit. Coverage only if approved through CIGNA Behavioral Health Case Management. • <i>Intensive Outpatient Program (IOP):</i> Benefit is the same as outpatient visits. Coverage only if approved through CIGNA Behavioral Health Case Management. | |
| <p>Annual reinstatement</p> | <p>Not included</p> | |
| <p>Multiple surgical reduction</p> <ul style="list-style-type: none"> • 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. | <p>Included</p> | <p>Included</p> |
| <p>Bereavement counseling - inpatient services</p> | <p>Paid the same as inpatient hospice facility</p> | <p>Paid the same as inpatient hospice facility</p> |
| <p>Bereavement counseling – outpatient services</p> | <p>Paid the same as outpatient hospice facility</p> | <p>Paid the same as outpatient hospice facility</p> |
| <p>Maternity care services</p> <ul style="list-style-type: none"> • Federal maternity - employee, all dependants | <p>Cost and reimbursement vary based on the facility in which it is performed</p> | <p>Cost and reimbursement vary based on the facility in which it is performed</p> |
| <p>Abortion</p> <ul style="list-style-type: none"> • Provides elective and non-elective coverage | <p>Cost and reimbursement vary based on the facility in which it is performed</p> | <p>Cost and reimbursement vary based on the facility in which it is performed</p> |
| <p>Organ transplant</p> <ul style="list-style-type: none"> • Travel maximum \$10,000 per transplant (only available in-network) | <p>Cost and reimbursement vary based on the facility in which it is performed</p> | <p>Cost and reimbursement vary based on the facility in which it is performed with no transplant maximums</p> |



| Additional benefit information | In-network | Out-of-network |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Dental care <ul style="list-style-type: none"> Limited to charges made for a continuous course of dental treatment started within six months of an injury to sound natural teeth | Cost and reimbursement vary based on the facility in which it is performed | Cost and reimbursement vary based on the facility in which it is performed |
| Routine foot disorders | Not covered | Not covered |
| Included Health and Wellness Programs | | |
| Well Aware program for better health <ul style="list-style-type: none"> Diabetes included Cardiac included Asthma included Low back pain included COPD – Chronic Obstructive Pulmonary Disease included Weight complications excluded Depression excluded Targeted conditions excluded | | |
| Health Advisor <ul style="list-style-type: none"> Health Advisor excluded Health Advisor Personal Health Team (PHT) excluded Health Advisor Core/CIGNA Choice Fund Health Advisor excluded Behavioral Coaching excluded CIGNA Well Informed excluded | | |
| IPHT (Integrated Personal Health Team) <ul style="list-style-type: none"> A co-located team of health advocates providing total health management for the entire population through one phone number – from healthy to acute. Telephone coaching, online self-service tools, and print materials support this fully integrated approach to improving and maintaining health. | | Not Included |
| Chronic Condition Support (CCS) <ul style="list-style-type: none"> Holistic health support for those with a chronic health condition. | | Not Included |
| eVisits | | Not Included |

Exclusions

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

Your plan provides coverage for most medically necessary services. Examples of things your plan does not cover, unless required by law, 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 illness or injury which is due to war, declared or undeclared.

Exclusions

- Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under this Agreement.
- 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.
- Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Healthplan Medical Director to be: Not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or The subject of review or approval by an Institutional Review Board for the proposed use, except as provided in the "Clinical Trials" section of "Covered Services and Supplies;" or The subject of an ongoing phase I, II or III clinical trial, except as provided in the "Clinical Trials" section of "Covered Services and Supplies."
- Cosmetic Surgery and Therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: 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. However, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within 6 months of the accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- Unless otherwise covered as a basic benefit, 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 being sought by a Participating Physician or otherwise covered under "Covered Services and Supplies."
- Reversal of male and female voluntary sterilization procedures.
- Transsexual surgery, including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- Any services, supplies, medications or drugs 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 the Agreement.
- Non-medical counseling or ancillary services, including, but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return-to-work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays or mental retardation.
- 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.
- 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 "Inpatient Hospital Services," "Outpatient Facility Services," "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of "Covered Services and Supplies."
- Private hospital rooms and/or private duty nursing except as provided in the Home Health Services section of "Covered Services and Supplies".
- Personal or comfort items such as personal care kits provided on admission to a hospital, television, telephone, newborn infant

Exclusions

- photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.
- Artificial aids, including but not limited to corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets and dentures.
 - 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 postcataract surgery).
 - Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
 - All non-injectable prescription drugs, injectable prescription drugs that do not require physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in "Covered Services and Supplies."
 - Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
 - Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
 - Genetic screening or pre-implantation 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 Healthplan Medical Director'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 are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.
 - Expenses incurred for medical treatment by a person age 65 or older, who is covered under this Agreement as a retiree, or his Dependents, when payment is denied by the Medicare plan because treatment was not received from a Participating Provider of the Medicare plan.
 - Expenses incurred for medical treatment when payment is denied by the Primary Plan because treatment was not received from a Participating Provider of the Primary Plan.
 - Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
 - Telephone, e-mail & Internet consultations and telemedicine.
 - 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 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.

Appendix C
VISION CARE BENEFITS FOR
CITY OF BRIDGEPORT

Welcome to VSP Vision Care. Your VSP vision benefit offers you the best in eye care and eyewear.

PERSONALIZED CARE: A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

EYEWEAR: Choose the eyewear that's right for you and your budget. From classic styles to the latest designer frames, you'll find the eyewear that's right for you and your family.

CHOICE OF PROVIDERS: With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

USING your VSP benefit is easy.

- Find the right eyecare provider for you. To find a VSP doctor, visit vsp.com or call 800-877-7195.
- Review your benefit information. Visit vsp.com to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There's no ID card required.

Your Coverage with a VSP Doctor

Your Coverage with a VSP Doctor

- WellVision Exam – Focuses on your eye health and overall wellness
- \$20.00 copayEvery 12 months
- Prescription Glasses
- \$30.00 copay.....Every 12 months
- Lenses.....Every 12 months
- Single vision, lined bifocal and lined trifocal lenses
 - Polycarbonate lenses for dependent children

Frame.....Every 24 months

- \$105 allowance for a wide selection of frames
 20% off amount over your allowance-

-OR-

Contact Lens Care

No copay applies.....every 12 months

\$105.00 allowance for contacts and the contact lens exam (fitting and evaluation)
 Current soft contact lens wearers may qualify for a special program that includes a contact lens exam and initial supply of lenses.

Extra Discounts and Savings

Glasses and Sunglasses

- Average 35-40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision exam

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)
- If you choose lenses you will be eligible for a frame 24 months from the date the contact lenses were obtained.

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

| | |
|----------------------------|----------------|
| Exam..... | Up to \$40.00 |
| Single Vision Lenses..... | Up to \$40.00 |
| Lined Bifocal Lenses..... | Up to \$60.00 |
| Lined Trifocal Lenses..... | Up to \$80.00 |
| Frame | Up to \$45.00 |
| Contacts..... | Up to \$105.00 |