

AGREEMENT

between

CITY OF BRIDGEPORT

and

**NEW YORK TYPOGRAPHICAL UNION
CWA Local 14156**

July 1, 2019 to June 30, 2024

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PREAMBLE

The following agreement entered into by and between the "City of Bridgeport" and the "New York Typographical Union, CWA Local 14156", hereinafter referred to as "the City" and "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.

I. Union and Union Security

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 Printing tradesmen.

1.2 The Union hereby recognizes the Mayor of the City of Bridgeport or his/her designated representative, or representatives, as the sole representative(s) of the employer for the purpose of collective bargaining.

ARTICLE 2 - UNION SECURITY

2.1 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 - UNION STEWARDS

3.1 There shall be one (1) Steward for the City of Bridgeport. Should any problem arise in connection with the employees covered by this Agreement, the steward shall report the matter to his 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 duty as steward.

ARTICLE 4 - VISITS BY UNION REPRESENTATIVE

4.1 Accredited Representatives of the Union shall have access to 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 Workplace

ARTICLE 5 - MANAGEMENT RIGHTS

5.1 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, recruit, select, train, promote, discipline, transfer, assign, layoff and discharge personnel; 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 it 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 its 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 6 - MANPOWER

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

6.2 Apprentices - The City, at its option, may hire apprentices per printing department with the following ratio:

1 apprentice to 3 journeymen

2 apprentices to 6 journeymen

All apprentices shall be required to meet all applicable trade standards for applicable apprenticeship and shall also be acceptable to the City.

6.3 Training - The City shall establish on-the-job training programs from time to time to prepare present employees to advance to positions in the service requiring higher skills and more responsible duties. If such training is done during working hours, the employee shall receive his regular hourly rate while undergoing training. If training is conducted outside normal working hours, no compensation will be paid to employees undergoing training.

ARTICLE 7 - WORK WEEK SCHEDULE AND OVERTIME

7.1 The work week shall be thirty-seven and one half (37 1/2) hours a week, (bargaining unit employees shall work from 8:00 a.m. to 4:00 p.m. with a half (1/2) hour un-paid lunch period).

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

7.3 All employees will work overtime when requested to do so by management.

7.4 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 and area affected by the overtime work must work such overtime. In the event of an emergency declared by the Mayor, no one can refuse to work overtime. An employee, when asked to work overtime, must not be told to take another day off without pay.

7.5 Overtime will be divided equally among the workers where there is more than one (1) worker in that craft.

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 1 - The employee or the Union 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 Union Representative with or without the employee to attempt to adjust the matter and shall respond in writing to the Union within seven (7) working days.

STEP 2 - If the grievance still remains unadjusted, it shall be presented by the Union 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 Union Representative and the Labor Relations Officer for the purpose of adjusting the grievance. The City's Labor Relations Officer shall respond to the grievance, in writing, 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 the American Arbitration Association (AAA) under the rules of voluntary arbitration of the American Arbitration Association. The arbitrator(s) shall limit its decisions strictly to applications, meaning or interpretation of the provisions of this Agreement. The arbitrator(s) shall not add to, nor subtract from, the terms 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 Arbitrator shall be requested to issue its decision within thirty (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 Union, any of the time limits in this Article may be waived.

8.4 The City and the Union 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

9.1 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 (a)** Effective and retroactive to July 1, 2019, the annual wages of employees shall be increased by two percent (2.0%).
- (b)** Effective July 1, 2020, the annual wages of employees shall be increased by two percent (2.0%).
- (c)** Effective July 1, 2021, the annual wages of employees shall be increased by two percent (2.0%).
- (d)** Effective July 1, 2022, the annual wages of employees shall be increased by two percent (2.0%).
- (e)** Effective July 1, 2023, the annual wages of employees shall be increased by zero percent (2.0%).

Apprentice Wages - Effective April 1, 1996, apprentices' base hourly wages shall be according to the following formula:

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

10.2 Call Back - When an employee is called in for work outside of his regularly scheduled working hours, he shall be paid a minimum of four (4) hours at the applicable overtime rate. This provision applies only when such call-back results in hours worked are not annexed consecutively to one end or the other of the working day.

10.3 Employees required to work in a higher classification than their normal classification shall be paid the rate of the higher classification for that period of time.

10.4 All employees' work schedule shall provide for a fifteen (15) minutes rest period during each one-half shift. The rest period shall be scheduled at the middle of each shift whenever this is feasible and shall not be annexed to lunch periods.

10.5 Effective July 1, 2010 all bargaining unit members shall be paid through the City's direct deposit payroll system.

ARTICLE 11 - LONGEVITY PAY

11.1 Employees with five (5) years of continuous service shall receive seventy dollars (\$70) x years of service. Such payments shall not exceed one thousand five hundred dollars (\$1,500).

11.2 Eligible employee 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.

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", including prescription benefits, shall be in accordance with the State of Connecticut Partnership 2.0 Plan. (Summary attached as Appendix A "Medical Plan").
- B.** The twenty-five (\$25.00) dollar deductible CIGNA Dental Plan, or its equivalent, excluding orthodontia (the "Dental Plan").
- C.** The VSP Vision Benefits Plan, or its equivalent, as outlined and attached hereto as Appendix B.

12.2 The City 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 June 30, 2004, and their surviving spouses, if any, 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 contributions to coverage, if any, in accordance with such contract(s).

12.4 For employees, and their surviving spouses, if any, who retire subsequent to June 30, 2004, the City will provide and pay for the same benefits under the Prescription Drug Plan and the Medical Plan or a supplemental plan to Medicare Part B offering benefits equal to the Medical Plan, as provided for active employees as the same may be modified from time to time under this or any future collective bargaining agreement. Such retirees, and their surviving spouses, shall make the employee contributions equal to those of active employees at the time of their retirement plus any increase in such contributions as such increase may exist from time to time for active employees. Coverage for surviving spouses shall terminate upon remarriage. Retirees must accept and pay for Medicare Part B coverage if eligible. For purposes of this Article the term "retirees" shall mean employees who are eligible for full pension benefits in accordance with CMERF Fund B Requirements and who have: (A) completed fifteen (15) years of municipal service and are fifty –five (55) years of age; or (B) completed twenty-five (25) years of municipal service regardless of age.

Effective 7/1/2009, any newly hired employee into the Typographical Union shall receive the above benefits after completing twenty-five (25) year of municipal service.

12.4a For retirees and their enrolled eligible spouses at the time of retirement, upon attaining Medicare eligibility after the actual retirement date, the premium cost share shall be based upon the premium rate of the supplement plan provided by the City for said retirees and their spouses.

12.4b Any member of the bargaining unit hired on or after July 1, 2019 will not be entitled to post-retirement health benefits. It is understood that all employees hired on or prior to July 1, 2019 shall be entitled to post-retirement health benefits provided they meet the eligibility requirements in this agreement.

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 on the execution date of this Agreement, the City shall provide a payment of lieu of health benefits for employees that waive such coverage, in the amount of five hundred (\$500) dollars per year.

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.

Employees must notify the City within thirty (30) days of any divorce decree or repay by payroll or pension reduction any Health Benefits claims improperly paid as result of a failure to give such notice.

12.9 A) Effective July 1, 2012, all active employees shall contribute twenty-five percent (25%) of the Premium Cost toward the cost of coverage for any Health Benefits provided. The above Premium Cost or Premium Cost Share (PCS) is guaranteed to remain intact during the individual employee's employment period and entire period of retirement. For purposes of this Section (and wherever applicable elsewhere in this Article) "Premium Cost" shall be defined as either the actual premium cost paid for such coverage or if the City does not pay an actual premium cost, then the pseudo premium cost as developed by an independent third-party administrator for purposes of establishing premiums pursuant to the Comprehensive Omnibus Budget Reconciliation Act ("COBRA").

B) As previously agreed, the premium cost share (PCS) to be paid by current

members of the union as of 7/1/2009 increased according to the following schedule:

Effective 7/1/2009	12%
Effective 7/1/2010	18%
Effective 7/1/2011	21%
Effective 7/1/2012	25%

C) Members of the Union, or new members to the Union by virtue of an intra-City transfer, who were hired on or before June 30, 2019 and who were regular full-time employees on said date shall have their PCS contribution capped at twenty five percent (25%) for their health care insurance. The 25% PCS cap shall remain in effect for said members throughout their period of employment with the City, and throughout retirement for those employees who fully satisfy the eligibility requirements for health benefits coverage at the time of their retirement.

D) New members to the Union, regardless of hire date, who were hired on or after July 1, 2019 shall pay a PCS contribution for their health care insurance according to the following schedule:

July 1, 2019	25%
July 1, 2020	26%
July 1, 2021	27%
July 1, 2022	28%
PCS shall increase by 1% per year on July 1 st of each year, until a cap of 50% is reached. This PCS cap of fifty (50%) is guaranteed to remain intact during the entire period of retirement.	

Said premium contribution shall be the above named amount (percentage) regardless of the coverage category: employee only, employee plus one, or employee plus family.

E) Employees covered under item **12.9C** of this agreement who separate from City employment for more than 180 calendar days for any reason other than those mentioned in the following sentence, shall, if re-hired by the City, be treated as new employees according to the terms and conditions of item **12.9D** above.

Exceptions to this provision are:

- a) Employees recalled from layoff from an unexpired recall list, or
- b) Employees returning from any type of City approved leave of absence, and within the time frames specified in the leave: e.g., military leave, medical leave, personal leave of absence, etc.

F) This agreement covers PCS contributions for health care insurance (medical and prescription coverage) as generally provided by the City in 2009. This agreement

shall not apply to new or substantially altered benefits plans not currently offered by the City, which may be instituted by the City or offered to its employees in the future.

12.10 - A) The City may implement 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 reopener negotiations at the request of either party.

12.11 If any employee who retires on or after June 30, 2008 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 to 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.

ARTICLE 13 - PENSION PLAN

All eligible employees in the bargaining unit shall be covered by Connecticut Municipal Employees Retirement System (CMERS). Employees will be eligible to have their pension contribution to CMERS be on a pre-tax basis in accordance with CMERS requirements once all employees of the City, currently covered by CMERS, shall be agreed, pursuant to CMERS requirements, through their collective bargaining agreements for union employee or by City determination for non-union employees, to have contributions made on a pre-tax basis.

V. Holidays and Leaves

ARTICLE 14 - HOLIDAYS

14.1 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 Day
- 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 Holiday officially proclaimed as such by the President of the United States, the Governor of the State of Connecticut, or the Mayor of the City of Bridgeport.

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

14.3 Employees are required to work the day before a holiday and the day after a holiday, as defined above, in order to receive pay for the holiday, unless excused in advance on either day for reasons acceptable to the City. Such excuse shall not be subject to the provisions of Article 8.

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

ARTICLE 15 - SICK LEAVE

15.1 Employees shall earn ten (10) days of sick leave per annum which shall accrue to employees on April 1st of each fiscal year. Unused sick leave days as of March 31st of any year will be lost and may not be carried forward or accumulated from year to year.

15.2 A medical certificate, acceptable to the City, shall be required for any absence of three (3) or more consecutive days.

15.3 The City will provide a short term/long terms disability plan under which the plan administrator/insurer will pay for any absence due to off-duty sickness or injury after such absence shall exceed seven (7) working days in duration. Such payment will be at the rate of sixty percent (60%) of the employee regular straight time salary and shall not be subject to federal income taxation in accordance with applicable federal tax

law. The terms and conditions of the short term/long term disability plan shall be provided for in the insurance policy and provided to the union. The City may change insurance carriers for such plan provided that the essential terms and conditions are not adversely affected thereby. The employees will be responsible for applicable income taxes on the premium value for the short term/long term disability policy. Employees must submit to the plan administrator any required claim form and medical and/or other documentation of their claim and disability.

15.4 Employees with an existing accumulated balance of sick leave based upon municipal service with the City prior to January 1, 2020 and subsequent to March 30, 1992 shall have such accumulated balance frozen at the current rate of pay in effect on January 1, 2020.

Such accumulated balance paid out to any retiring employee upon retirement from City service on a lump sum basis of fifty percent (50%) of such accumulated balance. Employees with an existing accumulated balance of sick leave with the City prior to April 1, 1992 shall be paid such balance upon retirement from City service on a lump sum basis at eighty five percent (85%) of accumulation at the salary dollar value effective on April 1, 1992. On the death of the employee, the amount of sick leave time credited to the employee shall be payable to his/her beneficiary, as designated by the employee, under the terms of the Connecticut Municipal Employees Retirement System ("CMERS"), as if such employee had retired.

15.5 Employees who have no absences on sick leave and/or short term/long term disability and/or worker's compensation leave during any one (1) year period from April 1st to March 31st, commencing with April 1, 2005, will be paid a perfect attendance bonus of four hundred dollars (\$400.00). The City will use its best efforts to make such payment prior to May 31st.

15.6 The City shall maintain a system for tracking employees' accumulation and use of sick leave and shall periodically advise the employees of this information. Employees may make an individual inquiry to such information annually.

ARTICLE 16 - BEREAVEMENT AND PERSONAL LEAVE

16.1 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 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.

16.2 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.

16.3 Leaves of absences shall be granted in accordance with the Family and Medical Leave Act. All leaves of absences shall be submitted to the Director of Labor Relations for approval.

ARTICLE 17 - VACATIONS

17.1 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.

17.2 Employees with continuous municipal service of less than one (1) year shall receive one (1) day of vacation with pay for each month of such 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 five (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.

17.3 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.

17.4 Employees with three (3) or more weeks 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.

17.5 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 18 - WORKERS' COMPENSATION AND MODIFIED DUTY

18.1 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.

18.2 Employees on workers' compensation shall be granted a leave until they have reached maximum medical recovery, unless otherwise provided under this Agreement.

18.3 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.

ARTICLE 19 - 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:

- a. 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.
- b. No employee shall be eligible for the City reimbursement provided herein for jury duty more often than once in a fiscal year.

ARTICLE 20 - MAXIMUM LEAVE

20.1 The maximum leave granted to any employee for any reason shall not exceed twelve (12) months.

20.2 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. Such extension shall not exceed a maximum of sixty (60) additional days.

20.3 Leave of absences shall be granted in accordance with the Family and Medical Leave Act and the City's Family and Medical Leave Policy.

20.4 All leaves of absence shall be submitted to the Director of Labor Relations for approval.

VI. Miscellaneous

ARTICLE 21 - 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 22 - AFFIRMATIVE ACTION

22.1 The City of Bridgeport and the Union agree to hire qualified minorities as tradesmen and apprentices in keeping with the Affirmative Action Policy endorsed by the Mayor and the City of Bridgeport.

ARTICLE 23 - AMERICANS WITH DISABILITIES ACT

23.1 Nothing in this agreement shall prohibit the City from taking steps to comply with the requirements of the American with Disabilities Act.

ARTICLE 24 - DURATION

24.1 This agreement will be effective when signed by all parties and approved in accordance with current applicable state statutes. The duration of this agreement shall be from July 1, 2019 to June 30, 2024. In the event that either party wishes to extend, amend, or change this Agreement, notice to all parties must be given in writing no later than one hundred and eighty (180) days prior to the termination date as herein stated. Upon receipt of such notice, all parties will arrange a mutually convenient meeting for the purpose of consummating a new Agreement.

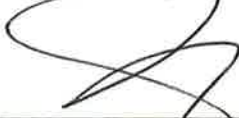
24.2 Wage increases provided under this agreement will be retro-active to the date of increase or the employee's date of hire, whichever is later.

ARTICLE 25 - CLERICAL ERRORS

The parties agree to fully cooperate and adjust the collective bargaining agreement for any clerical errors contained within the agreement. It is the intention of the parties that if any clerical errors do occur that the City and Union will work to rectify the errors. If the parties are unable to come to an agreement regarding any clerical error revisions, the parties agree to enter binding arbitration in accordance with the procedure established in Article 8 of the Collective Bargaining Agreement.

In witness whereof this _____ day of _____, 20____ the parties hereto set their hands.

FOR THE CITY:



Joseph P. Ganim, Mayor

11/9/2017

FOR THE UNION:



Arthur DeIanni, President

New York Typographical Union, CWA
Local 14156



Eric Amado

Labor Relations Director



A Great Opportunity for Very Valuable Healthcare Coverage

Welcome to the Connecticut (CT) Partnership Plan—a low-/no-deductible Point of Service (POS) plan now available to you (and your eligible dependents up to age 26) and other non-state public employees who work for municipalities, boards of education, quasi-public agencies, and public libraries.

The CT Partnership Plan is the same POS plan currently offered to State of Connecticut employees. You get the same great healthcare benefits that state employees get, including \$15 in-network office visits (average actual cost in CT: \$150*), free preventive care, and \$5 or \$10 generic drug copays for your maintenance drugs. You can see any provider (e.g., doctors, hospitals, other medical facilities) you want—in- or out-of network. But, when you see in-network providers, you pay less. That's because they contract with UnitedHealthcare/Oxford—the plan's administrator—to charge lower rates for their services. You have access to Oxford's Freedom Select Network in Connecticut, New Jersey, and parts of New York, and United's Choice Plus Network for seamless national access!

When you join the CT Partnership Plan, the state's Health Enhancement Program (HEP) is included. HEP encourages you to get preventive care screenings, routine wellness visits, and chronic disease education and counseling. When you remain compliant with the specific HEP requirements on page 5, you get to keep the financial incentives of the HEP program!

Look inside for a summary of medical benefits, and visit www.osc.ct.gov/CTpartner to find out if your doctor, hospital or other medical provider is in UnitedHealthcare/Oxford's network. Information about the dental plan offered where you work, and the amount you'll pay for healthcare and dental coverage, will be provided by your employer.

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Preventive Care (including adult and well-child exams and immunizations, routine gynecologist visits, mammograms, colonoscopy)	\$0	20% of allowable UCR* charges
Annual Deductible (amount you pay before the Plan starts paying benefits)	Individual: \$350 Family: \$350 per member (\$1,400 maximum) <i>Waived for HEP-compliant members</i>	Individual: \$300 Family: \$900
Coinsurance (the percentage of a covered expense you pay <i>after</i> you meet the Plan's annual deductible)	Not applicable	20% of allowable UCR* charges
Annual Out-of-Pocket Maximum (amount you pay before the Plan pays 100% of allowable/UCR* charges)	Individual: \$2,000 Family: 4,000	Individual: \$2,300 (includes deductible) Family: \$4,900 (includes deductible)
Primary Care Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Specialist Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Urgent Care & Walk-In Center Visits	\$15 copay	20% of allowable UCR* charges
Acupuncture (20 visits per year)	\$15 copay	20% of allowable UCR* charges
Chiropractic Care	\$0 copay	20% of allowable UCR* charges
Diagnostic Labs and X-Rays ¹ ** High Cost Testing (MRI, CAT, etc.)	\$0 copay (your doctor will need to get prior authorization for high-cost testing)	20% of allowable UCR* charges (you will need to get prior authorization for high-cost testing)
Durable Medical Equipment	\$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)

IN NETWORK: Within your carrier's immediate service area, no co-pay for preferred facility. 20% cost share at non-preferred facility.
Outside your carrier's immediate service area: no co-pay.

OUT OF NETWORK: Within your carrier's immediate service area, deductible plus 40% coinsurance.
Outside of carrier's immediate service area: deductible plus 20% coinsurance.

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Emergency Room Care	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Eye Exam (one per year)	\$15 copay	50% of allowable UCR* charges
**Infertility (based on medical necessity)		
Office Visit	\$15 copay	20% of allowable UCR* charges
Outpatient or Inpatient Hospital Care	\$0	20% of allowable UCR* charges
**Inpatient Hospital Stay	\$0	20% of allowable UCR* charges
Mental Healthcare/Substance Abuse Treatment		
**Inpatient	\$0	20% of allowable UCR* charges (you may need to get prior authorization)
Outpatient	\$15 copay	20% of allowable UCR* charges
Nutritional Counseling (Maximum of 3 visits per Covered Person per Calendar Year)	\$0	20% of allowable UCR* charges
**Outpatient Surgery	\$0	20% of allowable UCR* charges
**Physical/Occupational Therapy	\$0	20% of allowable UCR* charges, up to 60 inpatient days and 30 outpatient days per condition per year
Foot Orthotics	\$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)
Speech therapy: Covered for treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of the oropharynx	\$0	Deductible plus Coinsurance (30 visits per Calendar Year)
Medically necessary treatment resulting from other causes is subject to Prior Authorization	\$0 (30 visits per Covered Person per Calendar Year)	Deductible plus Coinsurance (30 visits per Calendar Year)

*Usual, Customary and Reasonable. You pay 20% coinsurance based on UCR, plus you pay 100% of amount provider bills you over UCR.

** Prior authorization required: If you use in-network providers, your provider is responsible for obtaining prior authorization from UnitedHealthcare/Oxford. If you use out-of-network providers, you are responsible for obtaining prior authorization from UnitedHealthcare/Oxford.

We are dedicated to helping people live healthier lives. *This is our mission and we take it seriously. By making healthier decisions, you can live a healthier life. It's that simple. Our programs and network can help you do just that.*

Our Network

We have a robust local and national network. Nationally and in the tri-state area, we have a large number of doctors, health care professionals and hospitals. For years, our members have accessed our Connecticut, New York and New Jersey tri-state network. Whichever plan you choose, you'll have seamless access to our UnitedHealthcare Choice Plus Network of physicians and health care professionals outside of the tri-state area. This gives State of Connecticut employees, retirees and their families better access to care whether you are in Connecticut, traveling outside the tri-state area, or living somewhere else in the country.

Just giving you a list of doctors is not very helpful. The UnitedHealth Premium® designation program recognizes doctors who meet standards for quality and cost-efficiency. We use evidence-based medicine and national industry guidelines to evaluate quality and the cost-efficiency standards are based on local market benchmarks for the efficient use of resources in providing care. The 2016 UnitedHealth Premium program covers 27 specialty areas of medicine, including two new specialties (Ear, Nose and Throat, and Gastroenterology).

For more information about our network and the Premium designation program or to search for physicians participating in our local network and the national UnitedHealthcare Choice Plus Network, please visit partnershipstateofct.welcometouhc.com.

For information on these discounts and special offers, please visit partnershipstateofct.welcometouhc.com



Oxford On-Call®

Healthcare Guidance 24 hours a day

We realize that questions about your health can come up at any time. That's why we offer you flexible choices in health care guidance through our *Oxford On-Call* program. Speak with a registered nurse who can offer suggestions and guide you to the most appropriate source of care, 24 hours a day, seven days a week. That's the idea behind *Oxford On-Call*.

If you are a member and you need to reach *Oxford-On-Call*, please call 800-201-4911. Press option 4. *Oxford On-Call* can give you helpful information on general health information, deciding where to go for care, choosing self-care measures or guidance for difficult decisions.

Custom Website

We created this website for State of Connecticut employees and retirees to provide the tools and information to help you make informed health care decisions.

Visit partnershipstateofct.welcometouhc.com to search for a doctor or hospital, or learn about your health plans. You also can get Health Enhancement Program information at cthep.com, or by phone at 877-687-1448.

Value-added programs such as wellness programs and discounts offered by the plan are not negotiated benefits and are subject to change at any time at the discretion of the plan.



PRESCRIPTION DRUGS	Maintenance ⁺ (31-to-90-day supply)	Non-Maintenance (up to 30-day supply)	HEP Chronic Conditions
Generic (preferred/non-preferred) ⁺⁺	\$5/\$10	\$5/\$10	\$0
Preferred/Listed Brand Name Drugs	\$25	\$25	\$5
Non-Preferred/Non-Listed Brand Name Drugs	\$40	\$40	\$12.50
Annual Out-of-Pocket Maximum	\$4,600 Individual/\$9,200 Family		

⁺ Initial 30-day supply at retail pharmacy is permitted. Thereafter, 90-day supply is required—through mail-order or at a retail pharmacy participating in the State of Connecticut Maintenance Drug Network.

⁺⁺ Prescriptions are filled automatically with a generic drug if one is available, unless the prescribing physician submits a Coverage Exception Request attesting that the brand name drug is medically necessary.

Preferred and Non-Preferred Brand-Name Drugs

A drug's tier placement is determined by Caremark's Pharmacy and Therapeutics Committee, which reviews tier placement each quarter. If new generics have become available, new clinical studies have been released, new brand-name drugs have become available, etc., the Pharmacy and Therapeutics Committee may change the tier placement of a drug.

If your doctor believes a non-preferred brand-name drug is medically necessary for you, they will need to complete the Coverage Exception Request form (available at www.osc.ct.gov/ctpartner) and fax it to Caremark. If approved, you will pay the preferred brand co-pay amount.

If You Choose a Brand Name When a Generic Is Available

Prescriptions will be automatically filled with a generic drug if one is available, unless your doctor completes Caremark's Coverage Exception Request form and it is approved. (It is not enough for your doctor to note "dispense as written" on your prescription; a separate

form is required.) If you request a brand-name drug over a generic alternative without obtaining a coverage exception, you will pay the generic drug co-pay PLUS the difference in cost between the brand and generic drug.

Mandatory 90-day Supply for Maintenance Medications

If you or your family member takes a maintenance medication, you are required to get your maintenance prescriptions as 90-day fills. You will be able to get your first 30-day fill of that medication at any participating pharmacy. After that your two choices are:

- Receive your medication through the Caremark mail-order pharmacy, or
- Fill your medication at a pharmacy that participates in the State's Maintenance Drug Network (see the list of participating pharmacies on the Comptroller's website at www.osc.ct.gov).

The Health Enhancement Program (HEP) is a component of the medical plan and has several important benefits. First, it helps you and your family work with your medical providers to get and stay healthy. Second, it saves you money on your healthcare. Third, it will save money for the Partnership Plan long term by focusing healthcare dollars on prevention.

Health Enhancement Program Requirements

You and your enrolled family members must get age-appropriate wellness exams, early diagnosis screenings (such as colorectal cancer screenings, Pap tests, mammograms, and vision exams). Here are the 2018 HEP Requirements:

PREVENTIVE SCREENINGS	AGE						
	0 - 5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 2 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	1 screening between age 35-39**	As recommended by physician	As recommended by physician
Cervical Cancer Screening (Pap Smear)	N/A	N/A	Every 3 years (21+)	Every 3 years	Every 3 years	Every 3 years	Every 3 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	N/A	Colonoscopy every 10 years or Annual FIT/FOBT to age 75

*Dental cleanings are required for all members who are participating in the Partnership Plan
Or as recommended by your physician



The Health Enhancement Program features an easy-to-use website to keep you up to date on your requirements.



Additional Requirements for Those With Certain Conditions

If you or any enrolled family member has 1) Diabetes (Type 1 or 2), 2) asthma or COPD, 3) heart disease/heart failure, 4) hyperlipidemia (high cholesterol), or 5) hypertension (high blood pressure), you and/or that family member will be required to participate in a disease education and counseling program for that particular condition. You will receive free office visits and reduced pharmacy copays for treatments related to your condition.

These particular conditions are targeted because they account for a large part of our total healthcare costs and have been shown to respond particularly well to education and counseling programs. By participating in these programs, affected employees and family members will be given additional resources to improve their health.

If You Do Not Comply with the requirements of HEP

If you or any enrolled dependent becomes non-compliant in HEP, your premiums will be \$100 per month higher and you will have an annual \$350 per individual (\$1,400 per family) in-network medical deductible.

Care Management Solutions, an affiliate of ConnectiCare, is the administrator for the Health Enhancement Program (HEP). The HEP participant portal features tips and tools to help you manage your health and your HEP requirements. You can visit www.cthep.com to:

- View HEP preventive and chronic requirements and download HEP forms
- Check your HEP preventive and chronic compliance status
- Complete your chronic condition education and counseling compliance requirement
- Access a library of health information and articles
- Set and track personal health goals
- Exchange messages with HEP Nurse Case Managers and professionals

You can also call Care Management Solutions to speak with a representative.

Care Management Solutions

(877) 687-1448 Monday – Thursday, 8:00 a.m. – 6:00 p.m. Friday, 8:00 a.m. – 5:00 p.m.

Office of the State Comptroller, Healthcare Policy & Benefit Services Division

www.osc.ct.gov/ctpartner

860-702-3560

UnitedHealthcare Oxford

<http://partnershipstateofct.welcometouhc.com>

Prior to Effective Date: 1-800-760-4566

After Effective Date: 1-800-385-9055

Caremark (Prescription drug benefits)

www.caremark.com

1-800-318-2572

*Health Enhancement Program (HEP) Care Management Solutions
(an affiliate of ConnectiCare)*

www.cthep.com

1-877-687-1448

For details about specific plan benefits and network providers, contact the insurance carrier. If you have questions about eligibility, enrolling in the plans or payroll deductions, contact your Payroll/Human Resources office.

HEALTH ENHANCEMENT PROGRAM (HEP)

BY THE STATE OF CONNECTICUT AND CARE MANAGEMENT SOLUTIONS -- A CONNECTICARE AFFILIATE

Welcome to the State of Connecticut Health Enhancement Program (HEP) For Partnership Plans

Care Management Solutions Inc. (CMSI) administers HEP for the State of Connecticut employees and municipalities that join the Partnership. HEP is designed to positively impact the overall health of its participants, and has two components – Preventive Requirements and Chronic Condition Education and Counseling.

Preventive Requirements

Each enrolled participant must complete age/gender appropriate preventive exams and screenings – see grid on reverse side.

Chronic Condition Education and Counseling

The HEP program requires participants who have been identified with the following –

- Diabetes (Type 1 or 2)
- Asthma or COPD
- Heart disease/Heart Failure
- Hyperlipidemia
- Hypertension

to read certain educational materials as well as participate in Care Management with a CMSI Registered Nurse if one should call you.

Why Stay in HEP?

Along with staying healthy, Partnership employees and their dependents who are enrolled in the program receive a number of financial benefits by remaining compliant with the program.

- Lower premium payments – Non-HEP employees pay an additional \$100.00 per month in premium
- Lower out of pocket expenses – Non-HEP employees pay annual \$350 individual (\$1,400 family) in-network medical deductible
- Office Visit copays are waived for visits related to the above chronic conditions
- Lower to \$0 copays for medications used to treat any of the above chronic conditions

What You Need to Do

The program year is measured on a calendar year basis with the look back period being the end of the year. As a new Partnership plan you will not need to meet the requirements until 12/31/2019.

Claims are received by CMSI on a weekly basis from your medical and dental carriers which are used to capture compliance. If you have had a service completed prior to insurance coverage under the Partnership Plan that would satisfy one of your requirements, you may need to have a Physician Notification Form (PNF) completed.

You will have access to a website (CTHEP.com) after your insurance goes into effect that you can use to check your compliance status and complete your chronic requirements if appropriate. You will receive reminder emails to visit the web portal to check your status throughout the year.

In addition to the HEP website, we have a dedicated Customer Service team that can assist you with any of your questions regarding the program. You can contact them at 1.877.687.1448 Monday thru Thursday 8:00 a.m. to 6:00 p.m. and Friday 8:00 a.m. to 5:00 p.m. Address: 175 Scott Swamp Rd, PO Box 4050, Farmington, CT 06034-4050 Fax: 1.855.207.1640. Email: HEPquestions@Connect2YourHealth.com

Office of the State Comptroller Website: www.osc.ct.gov/ctpartner

**CARE
MANAGEMENT
SOLUTIONS**

Please determine your age as of January 1st to locate your appropriate age group preventive screenings.

HEP REQUIREMENTS

PREVENTIVE SCREENINGS	AGE						
	0 - 5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 2 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	1 screening between age 35-39**	As recommended by physician	As recommended by physician
Cervical Cancer Screening (Pap Smear)	N/A	N/A	Every 3 years (21+)	Every 3 years	Every 3 years	Every 3 years	Every 3 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	N/A	Colonoscopy every 10 years. Annual FIT/FOBT to age 75 or Cologuard Screening every 3 years

For those with a chronic condition: The household must meet all preventive and chronic requirements to be compliant.

Your Personal Prescription Benefit Program

CT Partnership Groups

Your prescription benefit plan, administered by CVS Caremark, is designed to bring you quality pharmacy care that will help you save money.

	Acute Medications For short-term medications (Up to a 30-day supply)	Maintenance Medications For long-term medications (Up to a 90-day supply) Mandatory CVS Caremark Mail Service or State of CT Maintenance Drug Network* after initial 30-day fill at retail	Diabetes Maintenance Medications For long-term medications (Up to a 90-day supply)	Health Enhancement Program Only Enrolled participants with Asthma/ COPD, Heart Failure/Heart disease, Hyperlipidemia, or Hypertension qualify for reduced copays on condition-related maintenance medications (Up to a 90-day supply)
Where	Any participating CVS Caremark Retail Network Pharmacy. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at www.caremark.com or call Customer Care toll-free at 1-800-318-2572.	You have the convenience of getting your long-term medications through CVS Caremark Mail Service Pharmacy or dispensed at one of our 9,600 CVS Pharmacy locations as well as a retail pharmacy that participates in the State of CT Maintenance Drug Network. When you use CVS Caremark Mail Service Pharmacy, your medications can be sent directly to your home or office. www.usc.ct.gov/benefits/pharmacy.htm		
Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less	\$5 for lower cost generic prescriptions \$10 for higher cost generic prescriptions	\$5 for lower cost generic prescriptions \$10 for higher cost generic prescriptions	\$0 for a generic prescription	\$0 for a generic prescription
Preferred Brand-Name Medications If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	\$25 for a preferred brand-name prescription	\$25 for a preferred brand-name prescription	\$0 for a preferred brand-name prescription	\$5 for a preferred brand-name prescription
Non-Preferred Brand-Name Medications You will pay the most for medications not on your plan's preferred drug list.	\$40 for a non-preferred brand-name prescription	\$40 for a non-preferred brand-name prescription	\$0 for a non-preferred brand-name prescription	\$12.50 for a non-preferred brand-name prescription
Maximum Out-of-Pocket	\$4,600 per individual / \$9,200 per family			
Web Services	Go to the State of CT Comptroller's website, www.usc.ct.gov/benefits/pharmacy.htm for drug cost tools, drug lists, forms, etc.			
Customer Care	Contact Customer Care at 1-800-318-2572.			

* State of CT Maintenance Drug Network- All CVS Pharmacies are included in the State of CT Maintenance Drug Network. Other retail participating pharmacies that elect to join are also included.

Any pharmacy interested in joining the State of CT Maintenance Drug Network, log on to www.caremark.com, click on "Pharmacists and Medical Professionals", click on "State of CT Custom Maintenance Drug Network process (PDF)" for more information.

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Frequently Asked Questions

CVS Caremark ID Cards

How do I get a new ID card?

New members will automatically receive 2 ID cards per family in the employee's name. If you have lost your ID card or need additional ID cards, please contact Customer Care at 1-800-318-2572. Become a registered user on www.caremark.com (Member Sign in) and print a copy of your ID card. You may also register and use the CVS Caremark mobile app.

About CVS Caremark Mail Service and the State of CT Maintenance Drug Network

Where can I fill maintenance (long-term) prescriptions?

The choice is yours. You can order up to a 90-day supply of maintenance medications at:

CVS Caremark Mail Service: Register for mail service by phone at 1-800-875-0867 or log onto www.caremark.com/faststart and sign in or register, if necessary. Have your CVS Caremark ID, the names of your medications, your provider's information, and your payment information ready.

CVS Pharmacy: Visit your local CVS Pharmacy. If you are currently using CVS Pharmacy to fill your maintenance medications, you can continue to do so.

State of CT Maintenance Drug Network: If your pharmacy is participating in the State of CT Drug Network, you can utilize the pharmacy to dispense your maintenance medications.

Do I only have to use a CVS Pharmacy?

You can utilize any participating retail pharmacy to fill your acute (short-term) medications. For maintenance medications, you are allowed one 30-day fill only at any participating retail pharmacy. After the first 30-day fill, you must fill your prescription through the CVS Caremark Mail Service, CVS Pharmacy, or other pharmacies participating in the State of CT Maintenance Drug Network. A full list of pharmacies in the network can be found on the State of CT Comptroller's website at www.osc.ct.gov/benefits/pharmacy.htm.

How long does it take for my prescriptions to arrive by mail?

Please allow 7-10 days for delivery from the time the order is placed. You are able to check your refill status online or by calling 1-800-318-2572. **Please note:** mail order packaging accommodates all temperature sensitive drugs.

About the CVS Caremark Preferred Drug List

What is a preferred drug list and where can I get a copy of the updated drug list?

A preferred drug list is a list of preferred prescription medications that have been chosen because of their clinical effectiveness and safety. This list is typically updated every three months. The list promotes the use of preferred brand-name and generic drugs whenever possible. The U.S. Food and Drug Administration (FDA) requires generic drugs to be therapeutically equivalent to a brand-name drug in dosage, strength, route of administration, quality, performance, and intended use. Generally, generic drugs cost less than brand-name drugs.

You can get an updated preferred drug list in a few ways: As a registered user on www.caremark.com (Member Sign In); by contacting Customer Care at 1-800-318-2572; or by visiting the State of CT Comptroller's website at www.osc.ct.gov/benefits/pharmacy.htm.

Am I required to fill a generic medication?

For brand-name drugs with a generic equivalent available, you are responsible for the difference in cost between the generic and brand-name medication plus the copay if you or your provider request the brand-name drug.

For multi-source brand-name drugs, there are some that are formulary and others that are excluded. For formulary multi-source brand-name drugs, there is a coverage exception process based on medical necessity and other circumstances. The form can be located at www.osc.ct.gov/benefits/pharmacy.htm. If approved, the difference in cost will be waived. For multi-source brand-name drugs excluded from the formulary, this form **should not be utilized**. For the Formulary Exception/Prior Authorization Request Form, go to www.caremark.com/portal/asset/Global_Prior_Authorization_Form.pdf.

What is a prior authorization?

Certain medications require prior authorization before they receive coverage under the plan. Some medications are covered with restrictions on the quantity and other medications are excluded from the plan. Members can initiate a prior authorization by having their provider contact CVS Caremark at 1-800-626-3046 or by visiting www.caremark.com, click on "Pharmacists and Medical Professionals", next click on "Prior Authorization", then <http://info.caremark.com/epa>. For the Formulary Exception/Prior Authorization Request Form, go to www.caremark.com/portal/asset/Global_Prior_Authorization_Form.pdf.

What are compound medications and how are they covered?

Compound medications are made by combining, mixing, or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available. In most cases, these medications will require prior authorization before obtaining coverage under the plan. Your provider can follow the above prior authorization procedure.

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Appendix B



Your Vision Benefits Summary

Get the best in eye care and eyewear with CITY OF BRIDGEPORT and VSP® Vision Care.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider. To find a VSP provider, visit vsp.com or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at Eyeconic.com, VSP's online eyewear store.

Plan Information

VSP Coverage Effective Date: 01/01/2017

VSP Provider Network: VSP Signature

CITY OF BRIDGEPORT and VSP provide you with an affordable eyecare plan.

Visit vsp.com or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

¹Brands/Promotion subject to change.

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Benefit	Description	Copay	
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$20	
Prescription Glasses			
	<ul style="list-style-type: none"> • \$105 allowance for a wide selection of frames • \$125 allowance for featured frame brands • 20% savings on the amount over your allowance • \$60 Costco® frame allowance • Every 24 months 	\$30	
Frame	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months 	Included in Prescription Glasses	
Lenses	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements • Every 12 months 	\$50 \$80 - \$90 \$120 - \$160	
Lens Enhancements	<ul style="list-style-type: none"> • \$105 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation) • Every 12 months 	\$0	
Contacts (instead of glasses)	<ul style="list-style-type: none"> • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. • As needed 	\$20	
Diabetic Eyecare Plus Program	Glasses and Sunglasses		
	<ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 		
Extra Savings	Retinal Screening		
	<ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction		
	<ul style="list-style-type: none"> • 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 Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$40	Lined Trifocal Lenses	up to \$80
Frame	up to \$45	Progressive Lenses	up to \$80
Single Vision Lenses	up to \$40	Contacts	up to \$105
Lined Bifocal Lenses	up to \$60		
Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, fees, etc. may vary by location.			