



# TOWN OF MILLIS

James J. McCaffrey, *Chair*  
Peter C. Jurmain, *Vice Chair*  
Erin T. Underhill, *Clerk*

## OFFICE OF THE SELECT BOARD

Veterans Memorial Building  
900 Main Street • Millis, MA 02054  
Phone: 508-376-7040  
Fax: 508-376-7053

Michael J. Guzinski  
Town Administrator  
[mquzinski@millisma.gov](mailto:mquzinski@millisma.gov)

Karen M. Bouret  
Operations Support Manager  
[kbouret@millisma.gov](mailto:kbouret@millisma.gov)

### SELECT BOARD MEETING AGENDA MONDAY, NOVEMBER 2, 2020; 6:30 PM

STATE OF EMERGENCY DECLARATION EFFECTIVE 3/30/20 UNTIL FURTHER NOTICE

TOWN HALL IS CLOSED BUT THIS MEETING WILL BE BROADCAST LIVE ON:  
VERIZON CHANNEL 38, COMCAST CHANNEL 11

ZOOM LINK [HTTPS://US02WEB.ZOOM.US/J/8526387223](https://us02web.zoom.us/j/8526387223)

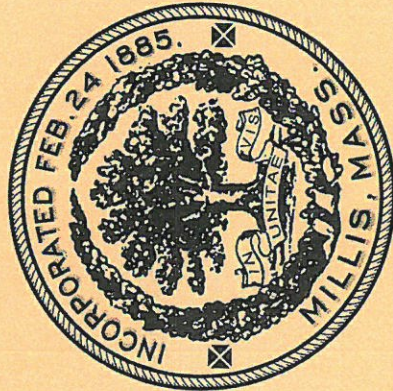
	Topic	Time	Speaker
I.	<b>Call to Order Open Session</b>	<b>6:30 PM</b>	<b>James McCaffrey</b>
II.	<b>Announcements</b> Election Day/ Town Meeting/ Flu Clinic Reminders		
III.	<b>Open Session Scheduled Appointments &amp; Hearings</b>		
20-256	Appointment of On Call Snow Removal Worker	6:40 PM	M. Guzinski
20-257	Appointment of Cemetery Committee Member	6:45 PM	E. Underhill
20-258	Elementary School Building Committee Project Close Update	7:00 PM	W. Klocko
20-259	Discuss Tree Removal at Oak Grove Farm (Reserve Fund Transfer Request)	7:15 PM	M. Guzinski
20-260	Discuss Preparation of Election and Town Meeting	7:30 PM	L. Hardin D. Cabibbo
IV.	<b>Open Session Items</b>		
20-261	Review and Approval of Voluntary Benefit - Eye Med Vision Plan		M. Guzinski
20-262	Approval of 11/21/20 Bayberry Fair Event		K. Bouret
20-263	Board and Committee Liaison Update		J. McCaffrey
V.	<b>Adjournment</b>		

**Upcoming Meeting Schedule**

<b>Date</b>	<b>Time</b>	<b>Location</b>
Thursday, November 5, 2020	5:00 PM	Zoom
Saturday, November 7, 2020	11:00 AM	MS/HS Parking Lot (Town Meeting)
Monday, November 16, 2020	6:30 PM	Zoom
TBD – Stormwater Hearings	TBD	Zoom
Monday, December 7, 2020	6:30 PM	Zoom
Monday, December 21, 2020	6:30 PM	Zoom
TBD – Tri Board Meeting	TBD	TBD
Monday January 11, 2021	6:30 PM	TBD
Monday, January 25, 2021	6:30 PM	TBD
Monday, February 8, 2021	6:30 PM	TBD
Wednesday, February 10, 2021	9:00 AM Budget Presentations	TBD
Monday, February 22, 2021	6:30 PM	TBD

# Announcements





## **TOWN OF MILLIS SELECT BOARD**

### **TO ALL MILLIS RESIDENTS**

The State Election will be held on **Tuesday, November 3, 2020** at the **Veterans Memorial Building, 900 Main Street**. PLEASE NOTE: **Polls open at 7:30 a.m.** and close at **7:00 p.m.**

7:00

8:00

The November **Town Meeting** will be held on **Saturday, November 7, 2020 outdoors at the Millis Middle/High School parking lot, 245 Plain Street beginning at 12:00 p.m.** Topics include the FY21 Operational Budget adjustments, Tree Maintenance, DPW Building project funding, and a Zoning Bylaw amendment.

The **Town Flu Clinic** will be held **Sunday, November 8, 2020** at the **Veterans Memorial Building, 900 Main Street by appointment only** at 508-376-7042. Hours are **11:00am-3:00pm** for anyone over 8 years old. **SENIORS over the age of 65 ONLY from 10:00am-11:00am.**

*~Social Distancing and Safety Protocols will be strictly enforced at all events. If sick please do not attend.~*

**Millis Health Department will be holding a:**



## **Town Wide Flu Clinic**

**Seniors 65+ ONLY 10am-11am.**

**All Millis residents ages 8 and above 11am - 3pm**

**Where: Veterans Memorial Building - Gymnasium  
900 Main Street**

**When: Sunday November 8, 2020 10am - 3pm**

**Quadrivalent Flu Shot only. No nasal mist. No "Senior" flu shot.**

**Call Jen Kiggen at Board of Health for an appointment [508-376-7042](tel:508-376-7042).**

**Appointments and Masks are required**

20-256

Appt of On Call Snow Removal





TOWN OF MILLIS

OFFICE OF THE BOARD OF SELECTMEN

Veterans Memorial Building
900 Main Street • Millis, MA 02054
Phone: 508-376-7040 Fax: 508-376-7053

APPLICATION FOR EMPLOYMENT

The Town of Millis is an equal opportunity/affirmative action employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, genetics, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law.

Contact Information

Name: EREG ADILOP, Date:
Address # and Street: 260 PLAIN ST, City and State: MILLIS, MA, Zip Code: 02054
Home Phone: 818.661.8928, Cell Phone:
Email Address: KEYLOPE@GMAIL.COM

II. Position Applying For (Please specify position title or job category)

ON CALL SNOW REMOVAL CONTRACTOR
How did you hear about the position? FRIEND
Have you ever been employed by the Town of Millis? When? What department? NO

III. Education

Table with 4 columns: School, Name, Address, City, State, Years Attended, Degree. Rows include LOMA LINDA ACADEMY (High School) and HARTRICK COLLEGE (College).

IV. Licenses (Please list all licenses you possess that are relative to the position you seek.) A valid license is a condition of employment, where required.

Do you have a valid driver's license (Class D Auto)? Yes X No
Do you have a valid CDL license (Class A or B)? Yes No X
What other valid licenses or certifications do you possess (job related)?

3 PM
TNRW.

**V. Employment Eligibility**

Are you legally authorized to work in the United States?  Yes  No

**VI. Special Skills**

Please list any other skills or abilities you feel are relevant: \_\_\_\_\_

**VII. Employment History**

Please account for the last 3 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer. You  may  may not contact my present employer.

Employer	THE MATHWORKS	Address	1 APPLE HILL DR NATICK MA
Telephone		Title	SENIOR FRONTEND DEVELOPER
Supervisor	RYAN TREMBLAY	Dates Worked	OCT 2012 - PRESENT
		Reason for leaving	

Description of Primary Duties: DEVELOPER FOR MARKETING SITE & ADAPTIVE EXPERIENCE  
MANAGE CMS SYSTEMS

Employer	<del>PARADETER</del> GSN DIGITAL	Address	WALHAM, MA
Telephone		Title	SENIOR <del>DEVELOPER</del> ENGINEER
Supervisor	DAN W	Dates Worked	SEP 2008 - OCT 2012
		Reason for leaving	NEW OPPORTUNITY

Description of Primary Duties: DEVELOPER OF SITE TO SUPPORT GAMES & VIDEO CONTENT

Employer	IMAGINIC	Address	WESTLAKE VILLAGE, CA
Telephone		Title	WEB DEVELOPER
Supervisor	KENIA H	Dates Worked	SEP 2006 - APR 2008
		Reason for leaving	MOVED TO MA

Description of Primary Duties: LED PROJECTS FOR WEB DEVELOPMENT FOR CLIENTS  
WITH SMALL CONTRACTS.



**VIII. Business References** (a minimum of three references is required)

Name/Title	Address	Phone	Relationship
TODD NELSON	34 POLLARD DRIVE	617.259.0672	FRIEND
SCOTT CHAMBERS	63 VILLAGE ST	508.801.9534	FRIEND
JUSTIN TECHINI	552 UNION ST	978.729.4466	FRIEND

**IX. Employment of Minors**

The Town of Millis is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under age 18? If yes, please indicate your age: \_\_\_\_\_

**X. Medical Information**

All offers of employment are conditional upon the satisfactory completion of a pre-employment physical. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

**XI. Pre-Employment Drug Testing**

Offers of employment may be conditional upon the satisfactory completion of a pre-employment drug test where required. Satisfactory completion of a required drug or alcohol test is a condition of employment as outlined in the Drug and Alcohol Testing Policy of the Town of Millis.

**XII. Signature**

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

- A. I understand that acceptance of this application by the Town of Millis does not imply that I will be employed. (Exceptions to A is an employee filling out this application for promotional purposes only.)
- B. The information I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal or employment or can be justification for termination from employment, if employed.
- C. I understand that any offer of employment that I receive from the Town of Millis is contingent upon my successful completion of the pre-employment screening process including, but not limited to, the Town of Millis receiving satisfactory references, a satisfactory criminal history and Criminal Offender Record Inquiry, if required, satisfactory verification of a driver's license or certifications where required and satisfactory completion of any required post-offer, pre-employment drug test or physical examination.
- D. In processing my application for employment, the Town of Millis may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.
- E. I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.
- F. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.
- G. The Town will require a satisfactory CORI check, investigate my driving record or verify my license (s) or certification (s) as required for employment at any time during my employment. As a condition of employment, an employee may be required to provide additional or updated information especially if this employee has been on workers comp with another employer and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations.
- H. I understand that the Town of Millis is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

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My signature certifies that I have read and agree with the above statements and all statements contained in this application.

Eric Dvorsky

Applicant Name (Please print)



Applicant Signature

10/23/2020

Date

20-257

Appt of Cemetery Committee Member

**TOWN OF MILLIS  
CEMETERY REVIEW COMMITTEE  
PROSPECT HILL CEMETERY**

DATE: October 16, 2020

TO: Millis Select Board  
900 Main Street  
Millis, MA 02054

FROM: Wayne A. Simpson  
6 Wainwright Circle  
Millis, MA 02054

RE: Cemetery Review Committee

Dear Honorable Members of the Select Board,

I would like to be considered a candidate for membership on the Cemetery Review Committee. I previously served on this committee 2009 - 2012 and although I was no longer a member of the committee I continued to attend the Cemetery Review Committee meetings, work at the cemetery and draw up plans. I would once again like to be a member of this important committee.

Thank you for your consideration in this matter.,

Sincerely,



Wayne A. Simpson

CC. Jim McKay



20-258  
ESBC Update

20-259

OGF Tree Removal

## Karen Bouret

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**From:** Karen Bouret  
**Sent:** Wednesday, October 28, 2020 4:09 PM  
**To:** 'Brutus Cantoreggi (blueberryhollow@hotmail.com)'; Millis Treewarden; Jim McKay; Nate Maltinsky Historical; Kathleen Smith; 'Steve MacInnes (stephengmacinnes@gmail.com)'  
**Subject:** OGF Trees

There is an agenda item on Monday night's Select Board meeting to discuss tree removal at Oak Grove Farm to include both the reserve fund transfer piece for the trees directly impacted by the recent storm and separately other dangerous trees in the area. You are welcome to attend. Please let the rest of the OGF Commission know.

7:15pm – the agenda will be posted late tomorrow

Thank you,

*Karen M. Bouret*

Operations Support Manager  
Town of Millis  
900 Main Street  
Millis, MA 02054  
508.376.7041

Oak Grove Farm Commission  
900 Main Street  
Millis, MA 02054

October 14, 2020

Dear Select Board, Mike Guzinski, Karen Bouret and Maureen Canesi,

The Oak Grove Farm Commission is writing to ask for assistance with clean up after the October 7<sup>th</sup> storm. There are multiple full trees down, many large branches down, the Oak Grove sign and electrical panel damaged, power cut from panel will now need to be restored. As you are aware we have very limited funds. We are concerned about the safety of the residents.

Attached are pictures of some of the damage. Please feel free to contact us if you need additional information.

Thank you for your consideration.

The Oak Grove Farm Commission





























## Karen Bouret

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**From:** Susan McAvoy <mcavoysue1@gmail.com>  
**Sent:** Thursday, October 29, 2020 3:08 PM  
**To:** Karen Bouret  
**Cc:** jmacsr63@aol.com  
**Subject:** OGF storm damage estimates  
**Attachments:** OGF Estimate (No. 346) from Jose D. Reyes Electrical.pdf; OGF sign electrical box repair.pdf

Hi Karen,

Thanks for talking with us yesterday. I am sending you the copies of the 2 estimates we have received for the repair of the large Oak Grove Farm sign on the field and electrical. This I believe will be part of the insurance claim.

The one from Stevit Corp is for the repair of the sign and posts. There is also the estimate for the repair of the electrical box and service that was mounted on that sign from the licensed electrician, Jose Reyes.

I will send the tree estimates on the 30b form asap. We just received 1 other quote and are waiting on 1 more. It will be Monday AM at the latest, but if you need them sooner let me know. Please any questions let me know.

Best,  
Sue McAvoy

additional  
info. will be sent  
Monday morning



20-260

Election/Town Meeting Prep Discussion

20-261

Voluntary Benefit – Vision Plan

# Explore a new vision with us



Thanks for giving EyeMed the opportunity to provide a vision benefits quote. As America's fastest growing vision benefits company,<sup>1</sup> we're looking forward to providing you with the results other groups have already seen - with us, more employees enroll, more employees visit in-network providers and more employees use their benefits.<sup>3</sup> Here's why:



## THE VISION NETWORK EMPLOYEES WANT

98% of members choose an in-network provider<sup>2</sup>

**America's largest vision network**

**More independent providers than anyone<sup>5</sup>**

**Favorite national retail chains** like LensCrafters, Pearle Vision, Target Optical and Sears Optical, plus a wide selection of regional retailers, such as America's Best, Shopko, MyEyeDr. and more

**Several in-network options for buying online:**

- Glasses.com
- ContactsDirect.com
- LensCrafters.com
- TargetOptical.com
- Ray-Ban.com

**Eye care and eyewear directly to you** at your facility with our Pop-Up Clinics<sup>6</sup>



## BENEFITS THAT REDEFINE EXPECTATIONS

97% of members are satisfied with their benefits<sup>4</sup>

The flexibility to **design a benefits package that fits your employees**

The freedom to choose any **ophthalmic frame, lens or contact lens** without frame towers, formularies or restrictions

### Plus special offers and savings

**\$0 out-of-pocket expense** for any available frame at Target Optical and Sears Optical (up to \$80 added value for members)

**\$20 off** (plus free shipping) at ContactsDirect.com

**Up to \$50 savings** on non-prescription sunglasses at Sunglass Hut

**Members-only savings** on eyewear, LASIK, hearing aids and more on our Member Web



## ABOVE ALL ELSE, WE MAKE BENEFITS EASY

99% of clients say we're easy to work with<sup>4</sup>

**Open enrollment and communication support** to make sure employees understand their benefits

**Welcome Kit with ID cards** for all enrolled employees

**User-friendly tools** like our Enhanced Provider Search, our industry-first EyeMed Members App and new customized text alerts

**Award-winning service** available 7 days a week, with hours aligned to provider office hours

**100% implementation satisfaction** for the past 10 years<sup>4</sup>

<sup>1</sup>Internal analysis of EyeMed membership data compared to data from leading vision benefit companies, as reported in publicly available information. <sup>2</sup>EyeMed internal book of business data, 2017. <sup>3</sup>EyeMed analysis of new business that transferred over from a prior benefits company, 2017. <sup>4</sup>EyeMed external satisfaction surveys, conducted by Walker and Convergys, 2017. <sup>5</sup>Based on the EyeMed Insight network, October 2017.

<sup>6</sup>Not available for all groups or all group sizes.

Questions on your quote? Want to learn more?  
Contact your EyeMed rep





# Town of Millis Vision Plan #1

## Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option Standard  
Exam and Materials  
Insight Network  
Fully Insured  
Employee Paid  
Funded Benefits

## Frequency

**Examination**  
Once every 12 months

**Lenses (in lieu of contact lenses)**  
Once every 12 months

**Contacts (in lieu of lenses)**  
Once every 12 months

**Frame**  
Once every 24 months

Vision Care Services	Member Cost In-Network	Out of Network Member Reimbursement up to:
<b>Exam</b> <i>With Dilatation as Necessary</i>	\$10 Copay	\$50
<b>Frames</b> <i>Any available frame at provider location</i>	\$0 Copay; \$130 allowance, 20% off balance over \$130	\$74
<b>Contact Lenses</b> <i>(Contact Lens allowance includes materials only)</i>		
Conventional	\$0 Copay, \$130 allowance, 15% off balance over \$130	\$104
Disposable	\$0 Copay, \$130 allowance, plus balance over \$130	\$104
Medically Necessary	\$0 Copay, Paid-In-Full	\$210
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Copay	\$42
Bifocal	\$25 Copay	\$78
Trifocal	\$25 Copay	\$130
Lenticular	\$25 Copay	\$130
Standard Progressive	\$80 Copay	\$140
Premium Progressive Tier 1	\$110 Copay	\$196
Premium Progressive Tier 2	\$120 Copay	\$196
Premium Progressive Tier 3	\$135 Copay	\$196
Premium Progressive Tier 4	\$200 Copay	\$196
<b>Covered Lens Options</b>		
Standard Anti-Reflective	\$45 Copay	\$36
Premium Anti-Reflective Tier 1	\$57 Copay	\$49
Premium Anti-Reflective Tier 2	\$68 Copay	\$49
Premium Anti-Reflective Tier 3	\$85 Copay	\$49
Standard Polycarbonate - under age 26	\$0 Copay	\$32
<b>Monthly Rate</b>		
Subscriber	\$6.19	
Subscriber + Spouse	\$11.75	
Subscriber + Child(ren)	\$12.37	
Subscriber + Family	\$18.19	

All plans are based on a 48-month contract term and 48-month rate guarantee. Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies.

EyeMed Vision Care reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, visit <http://www.discovereyemed.com>

**Plan Details**  
Quote for group situated in the State of MA and will be valid until the 12/31/2020 implementation date. Date Quoted 1/7/2020. Benefit allowances provide no remaining balance for future use within the same benefit frequency. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Insured benefits are underwritten by Fidelity Security Life Insurance Company. Policy Number VC-19; Policy Form No. M-9083

**Plan Exclusions**  
No benefits will be paid for services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
- medical and/or surgical treatment of the eye, eyes or supporting structures;
- any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
- services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- plano (non-prescription) lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided by any other group benefit plan providing vision care;
- services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and services rendered to the Insured Person are within 31 days from the date of such order; or
- lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If the Group has chosen this benefit design, attach this document to the group application and sign here:

Signature  
P201603 TC10

Date

Q-00042897-QL-0000070874

# Town of Millis Vision Plan #1

## Saving our members some extra green

We're committed to keeping money in our members' pockets.  
That's why we offer our members additional discounts above the proposed plan benefits.

### Savings for Members

#### 40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

#### 20% off

any item not covered by the plan, including non-prescription sunglasses

#### Lasik

Lasik or PRK from US Laser Network  
15% off retail price or 5% off promotional price

#### Hearing Care

Amplifon Hearing Health Care Network  
40% off hearing exams and a low price guarantee on discounted hearing aids

### Additional Discounts

#### Vision Care Services

#### Member Cost In-Network

##### Discounted Exam Services

Retinal Imaging Benefit Up to \$39

##### Contact Lens Fit and Follow-up

*(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)*

Standard Contact Lens Fit & Follow-Up: \$40

Premium Contact Lens Fit & Follow-Up: 10% off retail price

##### Discounted Lens Options

Photochromic (Plastic) \$75

Tint (Solid & Gradient) \$15

UV Treatment \$15

Standard Plastic Scratch Coating \$15

Standard Polycarbonate - age 26 and over \$40

##### Other Add-on Services and Materials

20% off Retail Price

#### Discount Details

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses.

Plan discounts cannot be combined with any other discounts or promotional offers.

In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.

Discounts on vision materials may not be applicable to certain manufacturers' products

EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

Service and amounts listed above are subject to change at any time





# Town of Millis Vision Plan #2

## Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

- Option Optimized
- Exam and Materials
- Insight Network
- Fully Insured
- Employee Paid
- Funded Benefits

## Frequency

### Examination

Once every 12 months

### Lenses (in lieu of contact lenses)

Once every 12 months

### Contacts (in lieu of lenses)

Once every 12 months

### Frame

Once every 12 months

Vision Care Services	Member Cost In-Network	Out of Network Member Reimbursement up to:
<b>Exam</b> <i>With Dilatation as Necessary</i>	\$10 Copay	\$50
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Premium Progressive Tier 1	\$55 Copay	\$196
Premium Progressive Tier 2	\$65 Copay	\$196
Premium Progressive Tier 3	\$80 Copay	\$196
Premium Progressive Tier 4	\$200 Copay	\$196
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Standard Anti-Reflective	\$45 Copay	\$36
Premium Anti-Reflective Tier 1	\$57 Copay	\$49
Premium Anti-Reflective Tier 2	\$68 Copay	\$49
Premium Anti-Reflective Tier 3	\$85 Copay	\$49
Standard Polycarbonate - under age 26	\$0 Copay	\$32
<b>Monthly Rate</b>		
Subscriber	\$7.34	
Subscriber + Spouse	\$13.96	
Subscriber + Child(ren)	\$14.69	
Subscriber + Family	\$21.60	

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  - medical and/or surgical treatment of the eye, eyes or supporting structures;
  - any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
  - services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
  - plano (non-prescription) lenses;
  - non-prescription sunglasses;
  - two pair of glasses in lieu of bifocals;
  - services or materials provided by any other group benefit plan providing vision care;
  - services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and services rendered to the Insured Person are within 31 days from the date of such order; or
  - lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If the Group has chosen this benefit design, attach this document to the group application and sign here:

Signature  
P201603 TC10

Date

# Town of Millis Vision Plan #2

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*(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)*

Standard Contact Lens Fit & Follow-Up: \$40

Premium Contact Lens Fit & Follow-Up: 10% off retail price

##### Discounted Lens Options

Photochromic (Plastic) \$75

Tint (Solid & Gradient) \$15

UV Treatment \$15

Standard Plastic Scratch Coating \$15

Standard Polycarbonate - age 26 and over \$40

##### Other Add-on Services and Materials

20% off Retail Price

#### Discount Details

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses.

Plan discounts cannot be combined with any other discounts or promotional offers.

In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.

Discounts on vision materials may not be applicable to certain manufacturers' products

EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

Service and amounts listed above are subject to change at any time

## Karen Bouret

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**From:** Erin LeBlanc <erinosh2010@gmail.com>  
**Sent:** Wednesday, October 21, 2020 1:05 PM  
**To:** Karen Bouret  
**Subject:** Bayberry B's Holiday Greens Sale

Hi Karen!

The Bayberry B's would like to host a Holiday Green's sale to benefit the Milis Ecumenical Food Pantry. They are requesting the use of the Town Hall Parking Lot only.

- Covid-19 safety protocol will be practiced
- High School volunteers will be supervised by the adult Bayberry B's
- Bayberry B's will be responsible for the set up and clean up of the event.

Date: Saturday November 21, 2020

Time: 8am-4pm (allowing for set up and clean up: actual event will be held from 9am-3pm)

Point People:

Paula Kweder:

Lori Kane:

Erin LeBlanc: [erinosh2010@gmail.com](mailto:erinosh2010@gmail.com) 508-361-0824

Lori and Paula will assume the point people role but I don't have their contact information at the moment. Until I can update that info, I'll assume the contact role.

Thanks for your help!!!

Erin