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(1948-1999)

August 13, 2018

TO: Elm City Local Members

FROM: Stephen F. McEleney

I am the attorney representing your union in the pending interest arbitration proceeding. Attached is an **OFF-THE-RECORD** Last Best Offer of a settlement from the City obtained after the best efforts of your President, Florencio Cotto, to obtain the best settlement possible. It is not subject to further modification.

"**OFF-THE-RECORD**" means that this document cannot be made public by either side in this still-pending interest arbitration proceeding, unless both sides (membership and Board of Alders) approve this settlement. The arbitrators will then issue a decision after the lawyers have filed their briefs (the hearings have concluded).

This **OFF-THE-RECORD** proposal cannot be made public, as that would jeopardize the lengthy and expensive arbitration proceeding that we recently concluded. If either side should disclose this proposal publicly, it would subject that side to a complaint for breach of the obligation to bargain in good faith.

DO NOT MAKE COPIES.

SECURE THE ATTACHED SAFELY.

DO NOT DISCUSS THE CONTENTS OTHER THAN WITH ANOTHER UNION MEMBER.

The negotiating committee and I will be at the membership meeting this Thursday to review and explain the contents with those present. See you there.

(1)

CITY OF NEW HAVEN
and
ELM CITY LOCAL

City's Off the Record[1] Package
August 7, 2019

1. Article 15 (Wages):

2016-17	2.25% Retroactive* See retro discussion below
2017-18	2% Retroactive* See retro discussion below
2018-19	2% - Police officers second year (midpoint between 1st & 3rd year) Retroactive* See retro discussion below
2019-20	2.25% - Retroactive* See retro discussion below; Plus Modified City Detectives Proposal (#2 below)
2020-21	2.25%
2021-22	2.75%

*Retro proposal for 16-17, 17-18, 18-19 and 19-20 fiscal year salary increases: The four-year total of retroactive salary increases for these fiscal years shall be calculated and disbursed as follows: calculated at 100% of base pay and overtime pay only. To be disbursed as follows: 1/3 of the retroactive amount paid within 60 days of ratification of the agreement; 1/3 of the retroactive amount paid July of 2020; and 1/3 of the retroactive amount paid July of 2021. In order to be eligible for these payments, members must be an active employee on the date of distribution. Retroactive payments shall be issued in a separate check and shall not be included in the members' regular paycheck.

2. Detective Increases to Salary:
1.5% increase after completion of four (4) years as a Detective and another 2.5% increase (on top of the 1.5%) after completion of eight (8) years as a Detective. Effective upon ratification.

3. Extra Duty:
In accordance with attached Document #1, Article 13, Section 5(a).

   A. Double time for working Christmas, Thanksgiving, New Year's Day and Fourth of July.
   B. Notice of cancellation per attached document #2A which was revised to comport with City's current published policy for payment upon late notification of cancellation.
   C. Work required past scheduled end time for extra duty assignments – Payment for extra time to process arrest, subject to approval of the supervisor.

[1] May not be introduced in any interest arbitration proceeding or otherwise used as bargaining history.

GENERAL WAGE INCREASE

Salary Scale

Bridgeport

Class Code	Local 530 Rank	Budgted FTE	FY 15-16 Salary	FY 16-17 Salary	FY 17-18 Salary	FY 18-19 Salary	FY 19-20 Salary	FY 20-21 Salary	FY 21-22 Salary	Cummulitive from FY 16 Base to FY 20
			0.00%	1.00%	2.50%	2.00%	2.00%	2.00%	0%	9.50%
			0.00%	2.25%	2.00%	2.00%	2.25%	2.25%	2.75%	13.50%
0801	Commander	0.00	97,354.00	99,545.00	101,536.00	103,567.00	105,898.00	108,281.00	111,259.00	10,927.00
0802	Captain	0.00	94,017.00	96,133.00	98,056.00	100,018.00	102,269.00	104,571.00	107,447.00	10,554.00
0803	Chief Investigator	0.00	89,298.00	91,308.00	93,135.00	94,998.00	97,136.00	99,322.00	102,054.00	10,024.00
	Superintendent	0.00	86,897.00	88,853.00	90,631.00	92,444.00	94,524.00	96,651.00	99,309.00	9,754.00
0805	Lieutenant	0.00	85,643.00	87,570.00	89,322.00	91,109.00	93,159.00	95,256.00	97,876.00	9,613.00
0806	Sergeant	0.00	76,840.00	78,569.00	80,141.00	81,744.00	83,584.00	85,465.00	87,816.00	8,625.00
	Detective Tier III	0.00	0.00	0.00	0.00	0.00	82,366.00	84,221.00	86,537.00	84,221.00
	Detective Tier II	0.00	0.00	0.00	0.00	0.00	80,357.00	82,166.00	84,426.00	82,166.00
0807	Detective Tier I	0.00	72,780.00	74,418.00	75,907.00	77,426.00	79,169.00	80,951.00	83,178.00	8,171.00
0808	Police Offier**	0.00	68,297.00	69,834.00	71,231.00	72,656.00	74,291.00	75,963.00	78,052.00	7,666.00
0810	Police Officer 3RD Year	0.00	52,729.00	53,916.00	54,995.00	56,095.00	57,358.00	58,649.00	60,262.00	5,920.00
0810	Police Officer 2ND Year	0.00	44,404.00	45,404.00	46,313.00	47,240.00	0.00	0.00	0.00	(44,404.00)
0810	Police Officer 1ST Year	0.00	44,404.00	45,404.00	46,313.00	47,240.00	48,303.00	49,390.00	50,749.00	4,986.00

[redacted]

#1 (3)

ARTICLE 13 – EXTRA POLICE DUTY

Section 5(a)

(a) Effective upon the implementation of the Arbitration Award in SBMA Case No.: 2017-MBA-60 Police Employees working all Extra Police Duty work shall be paid at time and one half (1 ½) the Police Officer rate of pay with ~~a four (4) hour minimum~~the following minimums:

Minimum of four (4) hours, if in excess of four (4) hours, then
Minimum of six (6) hours, if in excess of six (6) hours, then
Minimum of eight (8) hours, if in excess of eight (8) hours, then
Minimum of ten (10) hours, if in excess of ten (10) hours, then Minimum of twelve (12) hours.

Computation of time shall commence at the starting hour of the assignment and shall conclude at the termination of the assignment and shall include any lunch or break period that may be afforded employees by his or her employer.

2A

(4)

Issue 26G

ARTICLE 13 – EXTRA POLICE DUTY

Section 5 (a) [New Paragraph]

Effective upon the implementation of the Arbitration Award in SBMA Case No.: 2017-MBA-60 Police, if an employee receives notice of cancellation of a weekday assignment between seventy (70) minutes prior to the start time of the weekday Extra Duty assignment and the start time of said assignment, said employee shall receive four (4) hours' pay at the Extra Duty rate. For notice of cancellation of weekend Extra Duty assignments received by the employee after 11:00 pm on the Friday before the weekend, or on weekdays after the start time of the Extra Duty assignment, the employees shall be paid the full amount for the time scheduled for the Extra Duty assignment.

4. Bid for Start Time on Each Shift:
Acceptance of Union's proposal of the different times for starting each shift would be bid based on seniority (see Document #3).

5. Holiday Pay:
Two times regular base rate for sworn members who work Thanksgiving, Christmas, New Year's Day and Fourth of July.

6. TA Time:
"Employees who serve in the capacity of Field Training Officer (FTO) shall receive one (1) hour of time allowed for every four (4) hours worked as an FTO."

7. Health Insurance:
City accepts Union's proposal with the following changes:

The HSA shall be implemented December 1, 2019

City's proposal for HIP (Health Incentive Plan) as proposed.

City's contribution to HSA for 19/20 fiscal year: 65%
City's contribution to HSA for 20/21 fiscal year: 60%
City's contribution to HSA for 21/22 fiscal year 50%

The City's contribution to HSA for retirees is locked into the contract under which they retire. The retiree is subject to all changes under the contract during which he/she retires but is not subject to changes as negotiated in successor collective bargaining agreements. (Example: If an employee retires in the first year of the contract and the city contributions decrease over the course of the remainder of the contract, then the retiree is subject to those decreases.)

Retirees contribute towards the cost of retiree health coverage by contributing the same percentages required of active employees.

The retiree out of pocket cap will be as proposed by the City in binding arbitration, years of service as of 7/1/19: 20 or more years, cap of $525; 19 years, cap of $700; all other current employees, cap of $850. Employees hired after the ratification of this agreement shall have no cap on out of pocket retiree medical costs.

Buy up is to the same Century Preferred Plan as proposed by the City (the most current version).

8. Body Worn Camera and Cell Phone Policy:
Union accepts City policies and withdraws any and all outstanding claims, including SBLR case.

#3 (8)

ARTICLE 12 – Hours of Work

Section 3 (New Paragraph)

Bid for Start Time

Effective upon implementation of the Arbitration Award in SBMA Case No. 2017-MBA-60 Police, the Patrol Division shall bid for their start time within each (A, B, C, D) shift of the Patrol Division based on seniority.

(7)

ARTICLE 16 - Group Life & Health Plans

Section 1

(A) The City shall make available to all employees scheduled to work twenty (20) hours per week or more and their eligible dependents, one of five medical care programs known as the Lumenos High Deductible Plan, the CompMix Plan, the Blue Care POE Plan, the Century Preferred PPO Plan and BC-1. These plan summaries are outlined in Attachment A to this Agreement. Prescription coverage for the Comp/Mix, POE, PPO and BC-1 programs shall be as stated on the attached Medical Benefits Matrix.

Commencing July 1, 2019 or as soon as practical thereafter, the City shall make available to all employees scheduled to work twenty (20) hours per week or more and their eligible dependents, at the employees election and in lieu of the forgoing plans:

1. The HDHP/HSA Plan identical to the HDHP/HSA Plan currently in place for Local 825 ,IAFF (City Firefighters Union) including the current plan document utilized by Anthem for that plan. A plan summary is outlined in Attachment A-1 to this Agreement. The City will contribute 65% of the deductible to the HSA in the first year (100% on first paydate in July), 60% in the second year and 55% in the third year (50% on first pay date in July and 50% on first pay date in January for second and third year).

2. The current Century Preferred PPO or Blue care POE as outlined in Attachment A and administered under the Anthem current Plan document for this bargaining Unit. The Prescription Drug Coverage for each of these two plans is outlined in Attached Appendix B to this Agreement.

(B)Each year, at a schedule established by the City, the City may hold a required re-enrollment for all bargaining unit members and their eligible legally married spouses and dependents. At this time all members will be required to re-enroll in their choice of the City's offered medical benefit plans pursuant to the regulations prescribed by the Human Resources Department. Any individual not participating in this re-enrollment will not be eligible for continuation of medical benefits until such time as they re-enroll pursuant to this section. During the course of this Agreement, the City may require continuing proof of spouse and/or dependent eligibility. New employees shall not be eligible for medical benefits until such time as they provide documentation acceptable to the Human Resources Department. Subsequent to re-enrollment or enrollment, any changes in dependent or spouse status must be communicated to the Human Resources Department immediately upon such change taking place. Claims or copayment amounts improperly paid shall be promptly reimbursed to the City by the employee.

~~Members enrolled in the Lumenos plan may earn up to 50% of their required deductible by participating in wellness activities set forth in Schedule A. Such Schedule may be revised from time to time by the City; in no event shall such revision decrease the total earnable amount. The earned amount shall be credited to a Health Incentive Account (HIA). In no event shall the HIA amount credited in a single year exceed 50% of the required deductible (i.e., $1000 per single; $2000 per family); nor shall the total HIA balance exceed 100% of the required deductible (i.e., $2000 per single; $4000 per family) in any given year.~~

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Section 2

The City will make available to eligible employees, as defined above, a Full Service Dental Plan for individual employees and all eligible legally married spouses and dependents, including the unmarried dependent children rider ages 19-26 and Dental Riders A (additional basic benefits), B (Prosthetics), C (periodontics) and D (orthodontia).

Section 3

Employees shall continue to be offered the fifteen thousand dollars ($15,000) life insurance coverage.

Section 4

The City will provide the Vision Care Rider to all eligible employees and their eligible legally married spouses and dependent children covered by one of the above-referenced medical plans, regardless of the medical plan chosen.

Section 5

A. To help offset the cost of retiree medical coverage, effective upon ratification each active member shall contribute 1.25% of their base pay via payroll deduction per pay period.

B. The following terms shall be applicable to members who retire prior to July 1, 2014:

(a) Each employee who has 20 years of actual City of New Haven service and who is otherwise eligible for full retirement, and each employee who, on and after said date, retires as a result of a service-connected disability, established through a functional capacity test and any other examination deemed necessary by the Police and Fire Pension Board shall be provided with insurance coverage for himself or herself and his or her dependents in accordance with the insurance coverage provided by the City to active employees. Insurance coverage for retirees hired after November 1, 2009 shall be subject to change based upon corresponding changes in coverage provided to active employees.

Eligible employees who retire on or after the effective date of this agreement shall contribute, through a monthly deduction, a fixed portion of the medical insurance premiums for the level of coverage. Retirees hired before November 1, 2009 may select from Blue Care POE, Century Preferred PPO, the Century Preferred Comp Mix Plan or BC-1 for the retiree and spouse until such time as the retiree becomes eligible for Medicare. Retirees hired on or after November 1, 2009 shall be eligible only for the Century Preferred Comp Mix Plan or the HDHP/HSA described in Section 1.A.1 of this Article, for the retiree and spouse until such time as the retiree becomes eligible for Medicare Part A without cost.~~,~~ In the event the retiree does not become eligible for Medicare Part A without cost, then the City shall continue the coverage listed above. For retirees who are eligible for Medicare Part A without cost the City shall pay for coverage under Medicare Supplemental Plan C with unlimited pharmaceutical coverage until such time as the retiree would have reached age 70. In addition, the City shall have the ability to pursue, with the cooperation of the retiree and/or covered individual, any and all appropriate riders and other forms of collateral coverage, which may serve to offset costs to the City.

In the event the retiree's spouse is not eligible for Medicare Part A without cost at the time the retiree becomes eligible for Medicare, the City shall provide the spouse insurance coverage through any current retiree plan until such time as the spouse becomes eligible for Medicare or

until the retiree reaches age 70. The spouse's copay will be equivalent to the single rate for such plan.

Retirees eligible for coverage under this section may change their participation in the plan only during the City-sponsored open enrollment period. The cost sharing rates shall be fixed at the following monthly rates through June 30, 2014:

CP PPO	Single $50, Couple $105, Family $140
BC POE or BC-1	Single $45, Couple $85, Family $135
LUMENOS	Single $45, Couple $85, Family $135
COMP MIX	Single $45, Couple $85, Family $135

C. The following terms shall be applicable to members who retire on or after July 1, 2014:

(a) Each employee who has completed eight (8) or more years of service as of July 1, 2011 and who has 20 years of actual City of New Haven service and who is otherwise eligible for full retirement, and each employee who, on and after said date, retires as a result of a service-connected disability, established through a functional capacity test and any other examination deemed necessary by the Police and Fire Pension Board shall be provided with insurance coverage for himself or herself and his or her legally married spouse and dependent children in accordance with the insurance coverage provided by the City to active employees including, if the HDHP/HSA is selected, the City contribution to the HSA on the date the employee retires. Insurance coverage for such retirees and dependents shall be subject to change based upon corresponding changes in coverage provided to active employees, provided that the coverage remains substantially equivalent.

Eligible employees who retire on or after the effective date of this agreement shall contribute, through a monthly deduction, the same percentage of the medical insurance premiums for insurance coverage for himself or herself and his/her eligible dependents as was paid by that retiree in his/her last year of employment with the City. Such percentage shall remain fixed; however, the actual amount paid in one year pursuant to this paragraph shall not exceed one hundred and six percent (106%) of the amount paid in the previous year and shall never exceed $525 per month. Such coverage shall be provided for the retiree and eligible dependents until such time as the retiree reaches the age of Medicare Part A without cost eligibility, at which time coverage shall be for the retiree and spouse only. For retirees who are eligible for Medicare Part A without cost the retiree must apply for Medicare Parts A and B, and pay for Part B. The City shall pay for coverage under Medicare Supplemental Plan C with unlimited pharmaceutical coverage until such time as the retiree would have reached age 70, subject to the retiree paying the cost-share contribution set forth above. In the event the retiree does not become eligible for Medicare Part A without cost,, then the City shall continue the coverage listed above for the retiree and spouse only. In addition, the City shall have the ability to pursue, with the cooperation of the retiree and/or covered individual, any and all appropriate riders and other forms of collateral coverage, which may serve to offset costs to the City.

In the event the retiree's spouse is not eligible for Medicare Part A without cost at the time the retiree becomes eligible for Medicare Part A without cost, the City shall provide the spouse insurance coverage through any current retiree plan until such time as the spouse becomes so eligible for Medicare or until the retiree reaches age 70. The spouse's copay will be equivalent to an active employee's single rate for such plan.

(b) Each employee who completed fewer than eight (8) years of service as of July 1, 2011, but who graduated from the Police Academy prior to December 18, 2012, and who has 20 or more actual years of service and who is otherwise eligible for full retirement, and each such employee who, on and after said date, retires as a result of a service-connected disability, established through a functional capacity test and any other examination deemed necessary by the Police and Fire Pension Board, shall be provided with insurance coverage for himself/herself and his/her spouse, in accordance with the insurance coverage provided by the City to active employees, including, if the HDHP/HSA is selected, the City contribution to the HSA on the date the employee retires. Such retirees shall be required to re-enroll during open enrollment period, including after the execution of each new successor contract, along with the active members of Elm City Local ~~Local 530~~. Such employees shall be entitled to choose among the medical insurance plan options offered to active members, at the same rate paid by such active employees.

Eligible employees who retire on or after the effective date of this Agreement shall contribute, through a monthly deduction, the same percentage of the medical insurance premiums for insurance coverage for himself or herself and his/her spouse as is paid by active employees in that medical plan. In addition, the employee may opt to purchase coverage for each dependent at the cost of fifty percent (50%) of the Fully Insured Equivalent Rate for a single active employee. Such coverage shall be provided for the retiree and eligible dependents until such time as the retiree reaches the age of Medicare eligibility for Part A without cost, at which time coverage shall be for the retiree and spouse only. For retirees who are eligible for Medicare Part A without cost, the retiree must apply for Medicare Parts A and B, and pay for Part B. The City shall pay for coverage under Medicare Supplemental Plan C with unlimited pharmaceutical coverage until such time as the retiree reaches age 70, subject to the retiree paying the cost-share contribution set forth above. In the event the retiree does not become eligible for Medicare Part A without cost, then the City shall continue the coverage listed above for the retiree and spouse only until the retiree would have reached the age of 70. In addition, the City shall have the ability to pursue, with the cooperation of the retiree and/or covered individuals, any and all appropriate riders and other forms of collateral coverage, which may serve to offset costs to the City.

(c) Each employee who graduated from the Police Academy after December 18, 2012, and who has 25 or more actual years of service and who is otherwise eligible for full retirement, and each such employee who, on and after said date, retires as a result of a service-connected disability, established through a functional capacity test and any other examination deemed necessary by the Police and Fire Pension Board, shall be provided with insurance coverage for himself or herself, in accordance with the insurance coverage provided by the City to active employees including, if the HDHP/HSA is selected, the City contribution to the HSA on the date the employee retires. Such retirees shall be required to re-enroll during open enrollment period, including after the

execution of each new successor contract, along with the active members of 530. Such employees shall be entitled to choose among the medical insurance plan options offered to active members, at the same rate paid by such active employees.

Eligible employees who retire on or after the effective date of this Agreement shall contribute, through a monthly deduction, the same percentage of the medical insurance premiums for insurance coverage for himself or herself and his or her spouse as is paid by active employees in that medical plan. ~~In addition, the employee may opt to purchase coverage for his/her spouse at the cost of fifty percent (50%) of the Fully Insured Equivalent Rate for a single active employee.~~ Such coverage shall be provided for the retiree and spouse until such time as the retiree reaches the age of Medicare Part A eligibility, without cost.~~,~~ For retirees who are eligible for Medicare Part A without cost the retiree must apply for Medicare Parts A and B, and pay for Part B. The City shall pay for coverage under Medicare Supplemental Plan C with unlimited pharmaceutical coverage until such time as the retiree reaches age 70, subject to the retiree paying the above cost-share contribution. In the event the retiree does not become eligible for Medicare Part A without cost, then the City shall continue the coverage listed above for the retiree only until the retiree would have reached the age of 70. In addition, the City shall have the ability to pursue, with the cooperation of the retiree and/or the covered individual, any and all appropriate riders and other forms of collateral coverage, which may serve to offset costs to the City.

Retirees eligible for coverage under sections (a), (b) or (c) may change their participation in the plan only during the City-sponsored open enrollment period.

(d) An employee who suffers a catastrophic and dramatically life altering injury which renders him/her totally and permanently disabled from performing police work and which occurred while the employee was affecting an arrest, participating in performance or training, responding to calls for police service or handling calls for police service of a hazardous nature, and who is otherwise eligible for full retirement, and retires as a result of such service-connected disability, established through a functional capacity test and any other examination deemed necessary by the Police and Fire Pension Board, shall be provided with insurance coverage in accordance with the insurance coverage provided by the City to active employees. Insurance including, if the HDHP/HSA is selected, the City contribution to the HSA on the date the employee retires, coverage for such retiree shall be subject to change based upon corresponding changes in coverage provided to active employees, provided that the coverage remains substantially equivalent.

Such retirees shall contribute, through a monthly deduction, the same percentage of the medical insurance premiums for insurance coverage for himself or herself (and his/her spouse and dependents, as applicable) as was paid by that retiree in his/her last year of employment with the City. Such percentage shall remain fixed; however, the actual amount paid in one year pursuant to this paragraph shall not exceed one hundred and six percent (106%) of the amount paid in the previous year, and shall never exceed $525 per month.

The provisions of this Section 5(d) shall not apply and/or shall cease to apply in the event that the employee becomes eligible by virtue of other employment for comparable insurance coverage.

Section 6

The City shall implement and maintain a Section 125 pre-tax wage deduction plan in accordance with applicable provisions of Section 125 of the Internal Revenue Code (and in accordance with any amendments to said provisions) so long as said provisions allow for such a plan. Said plan will be designed to permit exclusion from taxable income of the employees' share of health insurance premiums for those employees who complete and sign the appropriate wage deduction form. The City shall incur no obligation to engage in any form of impact bargaining in the event that a change in law reduces or eliminates the tax exempt status of the employee insurance premium contributions. Neither the Union nor any employee covered by this Agreement shall make any claim or demand nor maintain any action against the City or any of its members or agents for taxes, penalties, interest or other costs or loss arising from the use of the wage deduction form or from a change in law that may reduce or eliminate the employee tax benefits to be derived from this plan. Further, the parties agree that the health insurance benefits and the administration of those benefits shall continue to be governed by the collective bargaining agreement and the carrier's terms and conditions.

Section 7

The City may change insurance carriers; however, the benefits enjoyed under the current plans will not be diminished. The Union will be notified prior to any change and if the Union wishes, the City will fully discuss any changes with them prior to their implementation. If a change of carriers is made, the amount that an employee is contributing for coverage in the program shall not be changed for the duration of this Agreement. The Human Resources Department maintains all plan documents and applicable riders.

Section 8

In the event there is a change in Connecticut Law which has the effect of divesting health care benefits from employees in same sex marriages, the parties agree to meet to discuss a resolution of the issue.

Section 9

The health insurance benefits for retirees and dependents specified in this Article, Section 5 shall cease when the retiree expires, or when the retiree who has expired would have attained the age of 70, whichever comes later.

Section 10

Employees shall become eligible for coverage under the insurance plans listed above on the first day of the month following or coincident with 90 days of continuous employment. ~~provided, however, that such coverage shall exclude pre-existing conditions for the first full year of the employee's employment.~~

Active Employees, including new hires, shall be enrolled in either Lumenos High Deductible Plan, the CompMix Plan, the Blue Care POE Plan, the Century Preferred PPO Plan and the BC-1 Plan with cost sharing based on the applicable Fully Insured Applicable rates as follows:

A. Until July 1, 2020

Year	Lumenos	Comp Mix	BC POE	CP PPO	BC-1
~~2012-2013~~	~~12%~~	~~15%~~	~~19%~~	~~25%~~	~~30%~~
~~2013-2014~~	~~13%~~	~~16%~~	~~20%~~	~~26%~~	~~31%~~
~~2014-2015~~	~~14%~~	~~17%~~	~~21%~~	~~27%~~	~~32%~~
~~2015-2016~~	15%	18%	22%	28%	33%

B. Commencing July 1, 2020, for the HDHP, Century Preferred PPO or Blue Care POE, at the employees election:

1. 15.5% of the Fully Insured Equivalent Rate (FIER) for the HDHP/HSA.
2. For the Century Preferred PPO or the Blue Care POE a full buy-up defined as the difference between the FIER for the HDHP together with the City contribution to the HSA and the FIER of the aforesaid PPO or POE. The employee selecting the PPO or POE will also make the employee contribution (15.5%) of the FIER for the HDHP/HSA.

Employees who elect the dental benefits mentioned in Section 16.2 herein shall be responsible for paying fifteen percent (15%) of the cost, based on the Fully Insured Equivalent rate of the single, couple, or family plan selected.

City of New Haven Local 530 Medical Benefit Matrix -
2013-2014

Attachment A

15

Benefit	Century Preferred Comp Mix	Bluecare POE	Century Preferred PPO	Lumenos HDHP
Cost Shares	In Network Deductible-$1000/2000 Coinsurance-20% up to 3000/6000 Out of pocket maximum Following Services Deductible Waived- $20 Medical Office Visit/$0 Preventative Care $100 Emergency Room/$75 High Cost Diagnostic $75 Urgent Care/Walk In Center $20 Lifetime Max In-Ntwrk Unlimited/Out-Ntwrk1,000,000	In Network Services Only Subject to Copays Copay-$15 PCP Office Visit/$25 Specialist OV $100 Emergency Room/Ambulatory Services $100 $200 Outpatient Surgery, $250 Hospital Admission Lifetime Maximum In Network-Unlimited	In Network services subject to copays Out-of- Network services subject to deductible and coinsurance Copay-$15 PCP Office Visit/$25 Specialist OV $100 Emergency Room/Ambulatory Services $100 $200 Outpatient Surgery, $250 Hospital Admission	$2,000 Ind /$4,000 family shared in and out of network covered at 80% after deductible in network covered at 60% after deductible out of network $5,000/$10,000 cost share maximum in network $10,000/$20,000 cost share maximum out of network Lifetime Maximum - Unlimited
Out of Network Benefit	OON Network Deductible-$2000/4000 Coinsurance-40% Out of Pocket Maximum-$6000/$12,000 Lifetime Max In-Ntwrk Unlimited/Out-Ntwrk-Unlimited	No Out of Network Benefits Members Must Use the Bluecare Provider Network to Receive Payment on Services Lifetime Maximum for In network Services is Unlimited	OON Network Deductible-$2000/4000 Coinsurance-20% Out of Pocket Maximum-$6000/$12000 Lifetime Max In-Ntwrk Unlimited/Out-Ntwrk-Unlimited	OON Network Deductible shared with In network-$2000/4000 Coinsurance-60%/40% Out of Pocket Maximum-$10,000/$20,000 Lifetime Max In-Ntwrk Unlimited/Out-Ntwrk-Unlimited
Out of State Benefit	Uses the National Network and Bluecard PPO	Out of State Benefits are Covered Only in an Emergency or Urgent Situation	Uses the National Network and Bluecard PPO	Uses the National Network and Bluecard PPO
In State Network	Uses the Cent Preferred Network for In-Network Benefits for any other providers would be an Out of Network Benefit	Members Must Use the Bluecare Provider Network to Receive Payment on Services	Uses the Cent Preferred Network for In-Network Benefits for any other providers would be an Out of Network Benefit	Uses the Cent Preferred Network for In-Network Benefits for any other providers would be an Out of Network Benefit
PREVENTIVE CARE				
Pediatric Age based schedule	No Copay 7 exams Birth to One 7 exams 1-5 years 5 -22 years-Preventative exams allowed once a year	No Copay 7 exams Birth to One 7 exams 1-5 years 5 -22 years-Preventative exams allowed once a year	No Copay 7 exams Birth to One 7 exams 1-5 years 5 -22 years-Preventative exams allowed once a year	Deductible Waived-No Copay 7 exams Birth to One 7 exams 1-5 years 5 -22 years-Preventative exams allowed once a year
Adult Age Based Schedule	No Copay 22 and over-Preventative exams allowed once a year	No Copay 22 and over-Preventative exams allowed once a year	No Copay 22 and over-Preventative exams allowed once a year	Deductible Waived-No Copay 22 and over-Preventative exams allowed once a year
Immunizations	As part of Preventative Exam	As part of Preventative Exam	As part of Preventative Exam	As part of Preventative Exam

City of New Haven Local 530 Medical Benefit Matrix -
3-2014

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Benefit	Century Preferred Comp Mix	Bluecare POE	Century Preferred PPO	Lumenos HDHP
Gynelogical/Obstetrics	$0 Copay for annual exam $20 Copay Maternity-First Visit Only	$0 Copay for annual exam $25 Copay Maternity-First Visit Only	$0 Copay for annual exam $25 Copay Maternity-First Visit Only	Deductible waived-$0 Copay for annual exam 20% after dedcuctible for maternity
Mammography	Age 35-39 Base Line Screening 40 and over once a year (Add'l Exams Available if Recommended by Doctor)	Age 35-39 Base Line Screening 40 and over once a year (Add'l Exams Available if Recommended by Doctor)	Age 35-39 Base Line Screening 40 and over once a year (Add'l Exams Available if Recommended by Doctor)	Age 35-39 Base Line Screening 40 and over once a year (Add'l Exams Available if Recommended by Doctor)
Hearing	$0 Copay (once a every 2 years)	No Copay (once every 2 calendar years)	No Copay (once every 2 calendar years)	No Copay (once every 2 calendar years) Deductible Waived
Vision	$0 Copay (once a every 2 years)	No Copay (once every 2 calendar years)	No Copay (once every 2 calendar years)	No Copay (once every 2 calendar years) Deductible Waived
MEDICAL SERVICES				
Medical office visits	$20 Copay Unlimited Visits	$15 Copay PCP $25 Specialist	$15 Copay PCP $25 Specialist	20% after deductible up to out of pocket maximum
Physical or Occupational Therapy	$20 Copay 30 Combined Visits for pt, ot st 20 visit for chiro-Prior auth required on pt/ot	$25 Copay 30 Combined Visits for pt, ot st 20 visit for chiro-prior auth is required on pt/ot	$25 Copay 30 Combined Visits for pt, ot st 20 visit for chiro-prior auth is required on pt/ot	20% after deductible up to a $3000 per member per calendar year maximum
Speech Therapy	$20 Copay 30 Combined Visits for pt, ot st 20 visit for chiro-Prior auth required on pt/ot	$25 Copay 30 Combined Visits for pt, ot st 20 visit for chiro-prior auth is required on pt/ot	$25 Copay 30 Combined Visits for pt, ot st 20 visit for chiro-prior auth is required on pt/ot	20% after deductible up to a $3000 per member per calendar year maximum
Chiropractic Services	$20 Copay 30 Combined Visits for pt, ot st 20 visit for chiro-Prior auth required on pt/ot	$25 Copay 30 Combined Visits for pt, ot st 20 visit for chiro-prior auth is required on pt/ot	$25 Copay 30 Combined Visits for pt, ot st 20 visit for chiro	20% after deductible up to a $3000 per member per calendar year maximum
Allergy Services	$20 Copay for office visit Injections-20% after deductible 80 visits in 3 years	$25 Copay 80 visits in 3 years	$25 Copay 80 visits in 3 years	20% after deductible up to out of pocket maximum unlimited
Diagnostic, Lab & X-ray	20% after deductible High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) requires prior auth and a $75 copay per service up to a $375 calendar year maximum	Covered High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) requires prior auth and a $75 copay per service up to a $375 calendar year maximum	Covered High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) requires prior auth and a $75 copay per service up to a $375 calendar year maximum	20% after deductible up to out of pocket maximum
Outpatient Mental Health & Substance Abuse (Biologically Based)	$20 Copay Unlimited Visits Prior auth required	$25 Copay Unlimited Visits Prior auth required	$25 Copay Unlimited Visits Prior auth required	20% after deductible up to out of pocket maximum Unlimited Visits Prior auth required
Outpatient Mental Health & Substance Abuse (Non Biologically Based)	$20 Copay Unlimited Visits	$25 Copay Unlimited Visits Prior auth required	$25 Copay Unlimited Visits Prior auth required	20% after deductible up to out of pocket maximum Unlimited Visits

City of New Haven Local 530 Medical Benefit Matrix -
2013-2014

Benefit	Century Preferred Comp Mix	Bluecare POE	Century Preferred PPO	Lumenos HDHP
EMERGENCY CARE				
Emergency Room	$100 Copay (waived if admitted)	$100 Copay (waived if admitted)	$100 Copay (waived if admitted)	20% after deductible up to out of pocket maximum
Urgent Care	$75 Copay Not Covered Out of Network	$50 Copay	$75 Copay Not Covered Out of Network	20% after deductible up to out of pocket maximum
Walk-In Centers	$20 Copay	$15 Copay	$15 Copay	20% after deductible up to out of pocket maximum
Ambulance	20% after deductible in or out of network	Unlimited for Land and Air	Unlimited for Land and Air	20% after deductible up to out of pocket maximum
INPATIENT HOSPITAL-				
Inpatient-General/Medical/Surgical/ Maternity (Semi-Private)	All Hospital Admission Require Pre-Cert 20% after deductible up to the out of pocket maximum	All Hospital Admissions Require Pre-Cert $250 Per Admission Copay	All Hospital Admissions Require Pre-Cert $250 Per Admission Copay	All Hospital Admissions Require Precert 20% after deductible up to out of pocket maximum
Ancillary Services-Medications and Supplies	20% after deductible up to the out of pocket maximum	Covered	Covered	20% after deductible up to out of pocket maximum
Mental Health (Biologically Based)	20% after deductible up to the out of pocket maximum	$250 Per Admission Copay Unlimited Days	$250 Copay Per Admission Copay Unlimited Days	20% after deductible up to out of pocket maximum Unlimited Days
Mental Health (Non-Biologically Based)	20% after deductible up to the out of pocket maximum Unlimited Days	$250 Copay Per Admission Copay Unlimited Days	$250 Copay Per Admission Copay Unlimited Days	20% after deductible up to out of pocket maximum Unlimited Days
Substance Abuse	20% after deductible up to the out of pocket maximum Unlimited Days	$250 Per Admission Copay Unlimited Days	$250 Per Admission Copay Unlimited Days	20% after deductible up to out of pocket maximum Unlimited Days
Rehabilitative Services	20% after deductible up to the out of pocket maximum 60 Days Per Calendar Year	$250 Per Admission Copay 60 Days Per Calendar Year	$250 Per Admission Copay 60 Days Per Calendar Year	20% after deductible up to out of pocket maximum 100 Days Per Calendar Year
Skilled Nursing Facility	20% after deductible up to the out of pocket maximum 120 Days Per calendar Year	$250 Per Admission Copay 120 Days Per calendar Year	$250 Per Admission Copay 120 Days Per calendar Year	20% after deductible up to out of pocket maximum 100 Days Per Calendar Year
Outpatient Surgery (Facility Charges)	Prior Authorization Required 20% after deductible up to the out of pocket maximum	Prior Authorization Required $200 Copay Ambulatory surgery (in a hospital setting) $100	Prior Authorization Required $200 Copay Ambulatory surgery (in a hospital setting) $100	Prior Authorization Required 20% after deductible up to out of pocket maximum

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Benefit	Century Preferred Comp Mix	Bluecare POE	Century Preferred PPO	Lumenos HDHP
Pre-Admission Testing	Covered	Covered	Covered	20% after deductible up to out of pocket maximum
Diagnostic Lab & X-Ray	20% after deductible up to the out of pocket maximum High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) requires prior auth and a $75 copay per service up to a $375 calendar year maximum	Covered High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) requires prior auth and a $75 copay per service up to a $375 calendar year maximum	$15 Copay High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) requires prior auth and a $75 copay per service up to a $375 calendar year maximum	Prior Authorization Required 20% after deductible up to out of pocket maximum
OTHER SERVICES				
Durable Medical Equipment (Including Prosthetics)	20% after deductible	Covered at 100%	Covered at 100%	20% after deductible up to out of pocket maximum
Home Health Care	20%, Deductible waived up to the out of pocket maximum	Covered 200 Visits	Covered 200 Visits OON-$50 Deductible & 20% Coinsurance	20% after deductible up to out of pocket maximum 100 Days Per Calendar Year
Hospice	20% after deductible up to the out of pocket maximum	Covered up to Last 6 Months of Life	Covered up to Last 6 Months of Life	20% after deductible up to out of pocket maximum Covered up to Last 6 Months of Life
Acupuncture	Not Covered	Not Covered	Not Covered	Not Covered
Orthotics	Not Covered	Not Covered	Not Covered	Not Covered
TMJ	Not Covered		Not Covered	Not Covered
Gastric Bypass	Not Covered	Not Covered	Not Covered	Not Covered
Infertility	20% after deductible up to the out of pocket maximum State Mandate Level-Prior Auth required Some Restrictions May Apply	$25 Office Visit Copay State Mandate Level-Prior Auth required Some Restrictions May Apply	$25 Office Visit Copay State Mandate Level-Prior Auth required Some Restrictions May Apply	20% after deductible up to out of pocket maximum State Mandate Level-Prior Auth required Some Restrictions May Apply
Drug Rider	$10/$25/$40 Mail order $10/$50/$80 30/90 day supply Mandatory Generic and Mail order	$10/$25/$40 Mail order $10/$50/$80 30/90 day supply Mandatory Generic and Mail order	$10/$25/$40 Mail order $10/$50/$80 30/90 day supply Mandatory Generic and Mail order	After deductible-$10/$25/$40 Mail order $10/$50/$80 30/90 day supply

*The Student age for all three plans is 25/26.
*This does not constitute the actual health plan or insurance policy. It is only a general description of the plan.

Elm City Local

Attachment A-1

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- Medical Benefit Matrix

	Century Preferred PPO	Lumenos HDHP/H.S.A. Plan
Cost Shares	In Network services subject to copays Out-of- Network services subject to deductible and coinsurance Copay-$15 PCP Office Visit/$25 Specialist Off $100 Emergency Room/Ambulatory Services,$100 $200 Outpatient Surgery, $250 Hospitel Admission	$2,000 Ind /$4,000 family shared in and out of network Medical covered at 100% after deductible in network $4000/$6,850 in network out of pocket maximum RX covered with rx copays after the deductible Out of Network covered at 70/30% after deductible Out of Pocket Maximum- $4,000/$,8000 out of network Lifetime Maximum - Unlimited
Health Savings Account	N/A	Set up by City for each Member Funded at 65% of Deductible first year by City Additional funding by member with pre tax $$$ up to $3,350/ $6,750 comoined annual limit in 2016
Out of Network Benefit	OON Network Deductible-$2000/4000 Coinsurance-20% Out of Pocket Maximum-$8000/$12000 Lifetime Max In-Ntwrk Unlimited/Out-Ntwrk-Unlimited	OON Network Deductible shared with in network-$2000/4000 Coinsurance-70/30% Out of Pocket Maximum- $4,000/$8,000 out of network Lifetime Max In-Ntwrk Unlimited/Out-Ntwrk-Unlimited
Out of State Benefit	Uses the National Network and Bluecard PPO	Uses the National Network and Bluecard PPO
In State Network	Uses the Cent Preferred Network for In-Network Benefits for any other providers would be an Out of Network Benefit	Uses the Cent Preferred Network for In-Network Benefits for any other providers would be an Out of Network Benefit
PREVENTIVE CARE	All preventive savices are provided in accordanace with guidelines established by Health Care Reform	
Pediatric Age based schedule	No Copay 7 exams Birth to one 7 exams 1-5 5-22 Preventive exams allowed once a year	Deductible Waived-No Copay 7 exams Birth to one 7 exams 1-5 5-22 Preventive exams allowed once a year
Adult Age Based Schedule	No Copay 22 and over preventive exams allowed once a year	Deductible Waived-No Copay 22 and over preventive exams allowed once a year
Immunizations	Per Healthcare Reform Guidelines	Per Healthcare Reform Guidelines
Gynelogical/Obstetrics	$0 Copay for annual exam $25 Copay Maternity-First Visit Only	Deductible waived-$0 Copay for annual exam After deductible 100% In Network
Mammography	Age 35-39 Base Line Screening 40 and over once a year (Add'l Exams Available if Recommended by Doctor)	Age 35-39 Base Line Screening 40 and over once a year (Add'l Exams Available if Recommended by Doctor)
Hearing	No Copay (once every 2 calendar years)	No Copay (once every 2 calendar years) Deductible Waived
Vision	No Copay (once every 2 calendar years)	No Copay (once every 2 calendar years) Deductible Waived

and CDHP in Strong your at plans per Article 16 Section 1.A.

Local 625 Fire Fighters - Medical Benefit Matrix

	Century Preferred PPO	Lumenos HDHP/H.S.A. Plan
MEDICAL SERVICES		
Medical office visits	$15 Copay PCP $25 Specialist	After Deductible 100% Co-Insurance in network 70% Out of Network
Physical or Occupational Therapy	$25 Copay 30 Combined Visits for pt, ot st per member per year 20 visit for chiro-prior auth is required on pt/ot	After Deductible 100% Co-Insurance in network 70% out of network 50 Combined visits for pt ot st and chiro excess rolls to out of network
Speech Therapy	$25 Copay 30 Combined Visits for pt, ot st 20 visit for chiro-prior auth is required on pt/ot	After Deductible 100% Co-Insurance in network 70% out of network 50 Combined visits for pt ot st and chiro excess rolls to out of network
Chiropractic Services	$25 Copay 30 Combined Visits for pt, ot st 20 visit for chiro	After Deductible 100% Co-Insurance in network 70% out of network 50 Combined visits for pt ot st and chiro excess rolls to out of network
Allergy Services	$25 Copay 80 visits in 3 years	After Deductible 100% Co-Insurance in network 70% out of network Unlimited Injections
Diagnostic, Lab & X-ray	Covered High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) requires prior auth and a $75 copay per service up to a $375 calendar year maximum	After Deductible High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) After Deductible 100% Co-Insurance in network 70% out of network
Outpatient Mental Health & Substance Abuse	$25 Copay Unlimited Visits Prior auth required	After Deductible 100% Co-Insurance in network 70% out of network Unlimited Visits Prior auth required
EMERGENCY CARE		
Emergency Room	$100 Copay (waived if admitted)	After Deductible 100% Co-Insurance in network 70% out of network
Urgent Care	$75 Copay	After Deductible 100% Co-Insurance in network 70% out of network
Walk-In Centers	$15 Copay	After Deductible 100% Co-Insurance in network 70% out of network
Ambulance	Unlimited for Land and Air	After Deductible 100% Co-Insurance in network 70% out of network

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Local 225 Fire Fighters - Medical Benefit Matrix

	Century Preferred PPO	Lumenos HDHP/H.S.A. Plan
Inpatient Services		
Inpatient-General/Medical/Surgical/ Maternity (Semi-Private)	All Hospital Admissions Require Pre-Cert $250 Per Admission Copay	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network
Ancillary Services-Medications and Supplies	Covered	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network
Mental Health	$250 Copay Per Admission Copay Unlimited Days	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network Unlimited Days
Substance Abuse	$250 Per Admission Copay Unlimited Days	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network Unlimited Days
Rehabilitative Services	$250 Per Admission Copay 60 Days Per Calendar Year	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network 100 Days Per Calendar Year
Skilled Nursing Facility	$250 Per Admission Copay 120 Days Per calendar Year	All Hospital Admissions Require Pre-Cert After Deductible 100% in Network 70% Out of Network 120 Days Per calendar Year
Outpatient Surgery (Facility Charges)	Prior Authorization Required $200 Copay Ambulatory surgery (in a hospital setting) $100	Prior Authorization Required After Deductible 100% Co-Insurance in network 70% out of network Ambulatory surgery (in a hospital setting) After Deductible 100% / 70%
Pre-Admission Testing	Covered	After Deductible 100% Co-Insurance in network 70% out of network
Diagnostic Lab & X-Ray	Prior Authorization Required High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) requires prior auth and a $75 copay per service up to a $375 calendar year maximum	Prior Authorization Required High Cost Diagnostic (MRI, MRA, CAT, CTA, PET, Spect) After Deductible 100% Co-Insurance in network 70% out of network

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~~Local 825 Fire Fighters~~ - Medical Benefit Matrix

	Century Preferred PPO	Lumenos HDHP/H.S.A. Plan
OTHER SERVICES		
Durable Medical Equipment (including Prosthetics)	Covered at 100% In Network Out Ntwrk - Deductible and Co- Insurance	After Deductible 100% Co-Insurance in network 70% out of network
Foot Orthotics	Not Covered	After Deductible 100% Co-Insurance in network 70% out of network
Home Health Care	Covered 200 Visits 80 aide visits @ON-$50 Deductible & 20% Coinsurance	After Deductible 100% Co-Insurance in network 70% out of network 200 visits 80 aide visits
Hospice	Unlimited	Unlimited After Deductible 100% Co-Insurance in network 70% out of network
Acupuncture	Covered	After Deductible 100% Co-Insurance in network 70% out of network unlimited visits
TMJ	Not Covered	Not Covered
Gastric Bypass	Covered	After Deductible 100% Co-Insurance in network 70% out of network
Infertility	$25 Office Visit Copay State Mandate Level-Prior Auth required Some Restrictions May Apply	After Deductible 100% Co-Insurance in network 70% out of network State Mandate Level-Prior Auth required Some Restrictions May Apply
Oral Surgery	Not Covered	After Deductible 100% Co-Insurance in network 70% out of network Removal of impacted teeth, cutting procedures, full or partial dentures, fixed bridgework and prompt repair to natural teeth due to accidental injury while covered-including Dental Anesthesia
Private Duty Nursing	No Copay Up to a $15,000 Maximum per member per calendar year	After Deductible 100% Co-Insurance in network 70% out of network Up to a $15,000 Maximum per member per calendar year
Drug Rider	$5/$15/$25 Mail order $10/$30/$50 30/90 day supply Mandatory Generic and Mail order Edits include Step Therapy, Prior Authorization, Quantity Limits Diabetic medication is not subject to Rx copays	$5/$15/$25 Mail order $10/$30/$50 30/90 day supply Mandatory Generic Edits include Step Therapy, Prior Authorization, Quantity Limits Diabetic medication is subject to deductible and Rx copays

*The Student age for all three plans is 26/26.

City of New Haven
3-Tier Drug Rider

Attachment B

	New Plan - Managed Three Tier Drug Rider
Network	Access to over 680 Pharmacies in CT Access to over 65,000 pharmacies nationwide

Participating Pharmacy

Retail Copay-Generic	$10.00
Listed Brand Copay	$25.00
Non-Listed Brand Copay	$40.00

Non-Participating Pharmacy

Deductible	$0
Coinsurance*	20%

Supply Limits

Retail	30 day -1 copay
Mail Order Copays	31-90 day supply-1 copay on generic, or 2 copay on brand

Mail Order Program

*[1]Mandatory Mail Order	Yes-Mandatory On Maintenance Medications

Drug Rider Maximums	Unlimited per member per calendar year

*[2]Dispensed As Written Clause	MD Override not allowed
*[3]Age / Gender	yes
*[4]Refill Too Soon	yes (up to 85% of prescription needs to be completed)
*[5]Duplicate Therapy	yes
*[6]Quantity Limits	yes
*[7]Step Therapy	yes
*[8]Prior Authorization	yes
Diabetic Supplies	Not Subject to Copays and Maximums
Pill Bill	Covered

*Non-par pharmacists reimbursed at 60% of in network allowance. Member is also responsible for the difference between Anthem Blue Cross and Blue Shield's payment and the pharmacist's actual charge

*[1]Mandatory Mail Order-You are required to use mail order on maintenace medication after 3 refills at the retail pharmacy

*[2]Dispensed as Written-Allows the member to receive a brand when the generic is available at just the brand copay when the doctor writes "Dispensed as Written" on the prescription. If the doctor fails to write "Dispensed as Written" on the prescription and member requests the brand with the generic available, the member will pay the difference between the cost of the generic and brand drug and the brand drug co-pay

*[3]Age Gender-No benefits are available for medications prescribed outside the FDA age/gender recommendations

*[4]Refill Too Soon-Benefits will not be available for refill medications until a percentage of the prior medication has been used. (see % listed above)

*[5]Duplicate Therapy-Identifies drugs with the same therapeutic value and can prevent toxicity

*[6]Quantity Limits-Certain medications will be limited to quantities recommended to maintain clinically appropriate utilization and administration

*[7]Step Therapy-No benefits are available for Step Therapy protocol drugs without documented other medication failure

*[8]Prior Authorization-Certain medications will require a prior authorization prior to receiving the medication

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WELCOME TO
BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!

Group Name
Effective Date
Blue View Vision℠ A.20.20 130.130

Anthem.
Health. Join In.

Your Blue View Vision network
Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Sears Optical℠, Target Optical, JCPenney® Optical and most Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. Members may call Blue View Vision toll-free at (866) 723-0515 with questions about vision benefits or provider locations.

Out-of-network services
Did we mention we're flexible? You can choose to receive care outside of the Blue View Vision network. You simply get an allowance toward services and you pay the rest. (In-network benefits and discounts will not apply.) Just pay in full at the time of service and then file a claim for reimbursement.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Routine eye exam - *once every calendar year*	$20 copay, then covered in full	$48 allowance
Eyeglass frames *Once every calendar year* you may select an eyeglass frame and receive the following allowance toward the purchase price:	$130 allowance then 20% off any remaining balance	$64 allowance
Eyeglass lenses *(Standard)* *Factory scratch coating included* *Polycarbonate lenses included for children under 19 years old.* *Transitions® lenses included for children under 19 years old.* *Once every calendar year* you may receive any one of the following lens options:		
○ Standard plastic single vision lenses *(1 pair)*	$20 copay, then covered in full	$36 allowance
○ Standard plastic bifocal lenses *(1 pair)*	$20 copay, then covered in full	$54 allowance
○ Standard plastic trifocal lenses *(1 pair)*	$20 copay, then covered in full	$69 allowance
Eyeglass lens upgrades When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	Member cost for upgrades	
Lens Options		
○ UV Coating	$15	
○ Tint (Solid and Gradient)	$15	
○ Standard Polycarbonate	$40	
○ Transitions® lenses	$75	
○ Progressive Lenses[1]		
○ Standard	$65	Discounts on lens upgrades are not available out-of-network
○ Premium Tier 1	$91	
○ Premium Tier 2	$97	
○ Premium Tier 3	$103	
○ Standard Anti-Reflective Coating[2]	$45	
○ Premium Tier 1 Anti-Reflective Coating[2]	$57	
○ Premium Tier 2 Anti-Reflective Coating[2]	$68	
○ Other Add-ons and Services	20% off retail price	
○ Elective Conventional Lenses	$130 allowance then 15% off any remaining balance	$105 allowance
○ Elective Disposable Lenses	$130 allowance *(no additional discount)*	$105 allowance
○ Non-Elective Contact Lenses	Covered in full	$210 allowance

[1] Please ask your provider for his/her recommendation as well as the progressive brands by tier.

[2] Please ask your provider for his/her recommendation as well as the coating brands by tier.

Contact lenses – *once every calendar year*
Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.

Your contact lens allowance can only be applied toward the first purchase of contacts you make during a benefit period.

Any unused amount remaining cannot be used for subsequent purchases made during the same benefit period, nor can any unused amount be carried over to the following benefit period.

Transitions and the swirl are registered trademarks of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure and lens material.

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VISION CARE SERVICES		OUT-OF NETWORK
Contact lens fitting and follow-up A contact lens fitting and two follow-up visits are available to you once a comprehensive eye exam has been completed.		
Standard contact fitting*		Discounts not available out-of-network
Premium contact lens fitting**		

*A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

**A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts – Savings on additional eyewear and accessories – After you use your initial frame or contact lens allowance, you can take advantage of discounts on additional prescription eyeglasses, conventional contact lenses, and eyewear accessories courtesy of Blue View Vision network providers.

BLUE VIEW VISION ADDITIONAL SAVINGS	
Additional Pair of Complete Eyeglasses	40% discount off retail*
Contact Lenses - Conventional *(Discount applied to materials only)*	15% off retail price
Eyewear Accessories Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.	20% off retail price

*Items purchased separately are discounted 20% off the retail price. Blue View Vision's Additional Savings Program is subject to change without notice.

LASER VISION CORRECTION SURGERY

Glasses or contacts may not be the answer for everyone. That's why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK Vision correction. For more information, go to SpecialOffers at anthem.com and select vision care.

USING YOUR BLUE VIEW VISION PLAN

The Blue View Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.

OUT-OF-NETWORK

If you choose an out-of-network provider, please complete the out-of-network claim form and submit it along with your itemized receipt to the below fax number, email address, or mailing address. When visiting an out-of-network provider, you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

EXCLUSIONS & LIMITATIONS

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the plan design; however, these materials and any items not covered below may be purchased at preferred pricing from Blue View Vision provider. In addition, benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

Combined Offers. Not combined with any offer, coupon, or in-store advertisement.
Experimental or Investigative. Any experimental or investigative services or materials.
Crime or Nuclear Energy. Conditions that result from: (1) insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available
Uninsured. Services received before insured person's effective date or after coverage ends.
Excess Amounts. Any amounts in excess of covered vision expense.
Routine Exams or Tests. Routine examinations required by an employer in connection with insured person's employment.
Work-Related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if insured person does not claim those benefits.
Government Treatment. Any services actually given to the insured person by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if insured person is not required to pay for them or they are given to the insured person for free.
Services of Relatives. Professional services or supplies received from a person who lives in insured person's home or who is related to insured person by blood or marriage.
Voluntary Payment. Services for which insured person is not legally obligated to pay. Services for which insured person is not charged. Services for which no charge is made in the absence of insurance coverage.
Not Specifically Listed. Services not specifically listed in this plan as covered services.
Private Contracts. Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.
Eye Surgery. Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.
Sunglasses. Sunglasses and accompanying frames.
Safety Glasses. Safety glasses and accompanying frames.
Hospital Care. Inpatient or outpatient hospital vision care.
Orthoptics. Orthoptics or vision training and any associated supplemental testing.
Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts.
Plano lenses or lenses that have no refractive power.
Lost or Broken Lenses or Frames. Any lost or broken lenses or frames, unless insured person has reached a new benefit period.
Frames. Discount is not available on certain frame brands in which the manufacturer imposes a no discount policy.
Disclaimer:
This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's Policy, which shall control in the event of a conflict with this overview.

This benefit overview insert is only one piece of your entire enrollment package. Exclusions and limitations are listed in the enrollment brochure.

Full Dental Plan

The **Full Dental Plan** is designed to cover diagnostic, preventive and restorative procedures necessary for adequate dental health.

Covered services include:

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

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

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

ACCESSING BENEFITS:

Participating Dentists Benefits.
When receiving care from one of over 1,800 Participating Dentists, the member simply presents an identification card showing dental coverage. The dentist bills us directly for all covered services.

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

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

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DENTAL AMENDATORY RIDER B
PROSTHODONTICS

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

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

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

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

ACCESSING BENEFITS:

Participating Dentists Benefits

Anthem Blue Cross & Blue Shield of Connecticut will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may bot bill the member for any additional charges except for the remaining coinsurance balance.

Non-Participating Dentist Benefits

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

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

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DENTAL AMENDATORY RIDER D
ORTHODONTICS

The following Orthodontic services are provided:

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

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

ACCESSING BENEFITS:

Participating Dentists Benefits

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

Non-Participating Dentists Benefits

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

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

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Issue No. 39
Article 16, Section 1
Insurance: Health Incentive Plan

The City's Last Best Offer as to Issue No. 39 is as follows:

HIP PROGRAM

"Under the Health Incentive Plan (HIP) the member will be required to:

1. Designate a PCP, each covered individual will have to identify a doctor as their personal physician.

2. Have the recommended preventative screenings and/or physical examination with a physician as is age and gender appropriate

- Annual Biometric screenings, BMI, glucose, blood pressure & cholesterol (for most members this is part of the annual physical)
- Cervical cancer screening for females over 21 every 3 years
- Baseline mammogram for females over 40
- Baseline colonoscopy for all after 50
- Prostate screening for males over 50
- At least one routine dental checkup and cleaning annually

3. Chronic Health Compliance – members who have been identified with certain chronic health conditions must participate in the ConditionCare Disease Management program. Compliance is based solely on participation, for example, does the member take the phone call from the nurse case manager who will monitor medication usage and the like. It is not based on any clinical outcome.

More particularly, members are identified based on clinical data by Anthem, and then they are contacted by a case manager from Anthem, who reviews their treatment and medication, etc. to help insure they are managing their condition properly. Please note that ConditionCare is already part of your plan today. Members with these diseases are already being contacted. All the HIP does is require them to take the phone call and interact with the case manager and not ignore the call as happens today.

Tracking Compliance – Compliance will be tracked on a calendar year basis, then it will take several months to contact those not in compliance before instituting the penalty payment the following July 1st. It will work as follows:

The Board would not actually begin tracking HIP compliance until calendar year ~~2019~~ 2020. The Board will receive data from Anthem in February of 202~~0~~1 for the previous calendar year and contact all those not in compliance. They would then have until June to get in compliance or furnish documentation that they were already in compliance. Those that

do not would begin paying the additional monthly medical deduction in July of 2020. They will pay that additional fee for each month they remain non-compliant; as soon as they are in compliance, however, the additional fee will be removed.

The penalty will be an additional monthly charge for medical of Single $50, Two Person $75 and Family $100. It does not matter how many items you are in non-compliance on, one or more, the penalty is the same. The member can appeal the penalty. More importantly, they will have to have been notified several times in writing prior to any penalty being implemented. The Board will review for compliance annually on a calendar year basis. Any penalties will not be assessed until the following July 1st.

No member will ever be fined for following the advice of their doctor. The ConditionCare program and the nurse case manager are only involved to reinforce what the doctor is advising, not replace it."

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Plan Comparisons City of New Haven Century Preferred PPO Plan

Benefit	New Plan Proposal	Current Plan
In Network Deductible	None	None
Coinsurance	None	None
Medical Office Visit	$15 reduced network sick $25 CP network PCP $30 Specialty visits $0 well care	$15 Primary Care $25 Specialist
Emergency Room	$150	$100
High Cost Diagnostic	$75 up to $375 calendar year max	$75 up to $375 calendar year max
Urgent Care/ Walk in Center	$100	$75, not covered OON
Life Time Max	Unlimited In- & Out-of-Network	Unlimited In- & Out-of-Network
Out of Network Benefit		
Out of Network Ded.	$2,000/$4,000	$2,000/$4,000
Out of Network Coinsurance	20%	20%
Out of Pocket Max	$6,000/$12,000	$6,000/$12,000
Out of State Benefit	National Network & Bluecard program	National Network & Bluecard program
In State Network	Century Preferred	Century Preferred
Preventative Care		
Pediatric	$0 Copay annual or better	$0 Copay annual or better
Adult	$0 Copay annual or better	$0 Copay annual or better
Immunizations	Included in Preventative	Included in Preventative

Gynecologist/Obstetrics	$0 Copay annual exam $30 once for maternity	$0 Copay annual exam $25 once for maternity
Mammography	$0 Age based schedule	$0 Age based schedule
Hearing	$0 every two years	$0 every two years
Vision	$0 every two years	$0 every two years
Medical Services		
Medical Office Visits	$15 Copay EPHC PCP $25 Other PCP Provider $30 Specialist	$15 Copay PCP $25 Specialist
PT OT	$30 Copay 30 combined visits for PT, OT, ST. Prior authorization required.	$25 copay 30 combined visits for PT, OT, and ST. Prior authorization required.
ST	$30 Copay 30 combined visits for PT, OT, ST	$25 copay 30 combined visits for PT, OT, and ST
CHIRO	$25 Copay up to 20 visits	$25 Copay up to 20 visits
Allergy	$25 office visits. 80 visits in 3 years	$25 office visits. 80 visits in 3 years
Diagnostic	CoveredHigh cost diagnostics $75 copay to $375 calendar year maximum Requires prior auth	CoveredHigh cost diagnostics $75 copay to $375 calendar year maximum Requires prior auth
Outpatient Mental Health	$25 Copay Unlimited Visits Prior Auth required	$25 office visit biologically based s.t. prior authorization, non-biologically based not s.t. prior authorization
Emergency Care		
Emergency Room	$150	$100 waived if admitted
Urgent Care	$100	$75 Not Covered Out of Network

Walk in Center	$25 Copay	$15 Copay
Ambulance	Unlimited Land and Air	Unlimited Land and Air
In Patient Hospital		
In Patient Hospital	Requires Precertification $250	Requires Precertification $250
Ancillary Services Medications & Supplies	Covered	Covered
Rehab Services	$250 60 Days Per Calendar Year	$250 60 Days Per Calendar Year
Inpatient Mental Health	$250 Unlimited Days	$250 Unlimited Days
Inpatient Substance Abuse	$250 Unlimited Days	$250 Unlimited Days
SNF	$250 120 Days Per Calendar Year	$250 120 Days Per Calendar Year
Outpatient Surgery	Prior Authorization Required $200 Ambulatory surgery (in hospital Setting) $100	Prior Authorization Required $200 Ambulatory surgery (in hospital Setting) $100
Pre-Admission testing	Covered	Covered
Diagnostic Lab and X-ray	High cost diagnostics $75 copay to $375 calendar year maximum Requires prior auth	$15 Copay High cost diagnostics $75 copay to $375 calendar year maximum Requires prior auth
Other Services		
DME	Covered at 100%	Covered at 100%

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Home Health Care	20%, deductible waived cost share to OOP max 200 visit calendar year max.	Covered 200 visits OON - $50 Ded. & 20% Coinsurance
Hospice	Covered	Covered during last 6 months of life
Acupuncture	$30 Copay	Not covered
Orthotics	Not covered	Not covered
TMJ	Not covered	Not covered
Gastric Bypass	Covered	Not covered
Infertility	$30 office visit copay state mandate level - Prior Authorization required	$25 office visit copay covered according to state mandate
RX Rider	$5/$30/$50 2x mail order. Mandatory mail, Mandatory generic, Step Therapy, Prior authorization Quantity limits	$10/25/40 2x mail, mandatory generic and mail order

The city's proposal substantively changes the current high deductible plan. It improves some benefits and lowers the coinsurance from 20% to 10%. Thus the plan does retain the relatively uncommon coinsurance above deductible provisions.

Department of Human Resources
City of New Haven

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InterOffice Memo

To:	Thomas McCarthy, Sean Matteson
From:	Steve Librandi, Manager of Human Resources & Benefits
Date:	Monday, August 05, 2019
Subject:	H.S.A. Contributions Limit Discussion

This is a further explanation of the contribution limit issue that has come up in the Police Contract talks.

The City has taken the position with other bargaining units that have moved to an H.S.A. in the middle of a plan year, (our plan year runs from 7/1 to 6/30) that we make the full city contribution to the H.S.A. For example, last November 1st, local 3144 changed to the HDHP on November 1st and the City made the full 65% contribution to the H.S.A. even though there was only 8 months left in the plan year. We have committed to the same approach with the Police Union. There is a potential tax issue that can arise for members with this approach.

The IRS limits the total amount of tax deferred money that can be contributed to an H.S.A. in any tax year. For members of the City's H.S.A. that contribution is made up of the City's contribution and any additional voluntary contribution the member may make to the account. It is the member, as the tax payer and owner of the account, who has responsibility for complying with this regulation. Current regulations allow for a maximum contribution of $3,500 for a single plan and $7,000 for a family in a full twelve-month tax year. In any year in which the member is not eligible for an H.S.A. for the entire 12 months, the maximum contribution is prorated. For example, if a person with a single plan is H.S.A. eligible for 10 months, the maximum contribution is 10/12ths of $3.500 or $2,916. The issue for us is that making the City's contribution late in the tax year on November 1st means most members will be over the pro-rated max for that year. There is a special IRS rule however that applies to partial year eligibility that essentially allows contribution over the pro-rated limit if the member is eligible in December of that tax year and remains eligible for the entire next tax year. The attached pages from Gallagher spell out how that works.

The bottom line. There is nothing that stops us from making the full 65% contribution on either November 1st or December 1st. Individuals who stay in the plan for the entire next year have no issue per the special rule. We could also make the contribution on January 1, but as I indicated, that will limit the voluntary contribution a member can make in 2020 because there will also be a July 1st City contribution of 60% as well. Keep in mind, it is the employee's responsibility to insure they do not contribute more than the annual max in a tax year. The employer has no control over the H.S.A. account once it is set up. An employee who quits or retires at any time during the year and leaves the H.S.A. eligible plans has the same issue.

However, since the domestic or civil union partner is a not a tax dependent, HSA distributions from the employee's HSA to pay for medical expenses for the domestic or civil union partner will be nonqualified distributions includable in income and subject to the 20% penalty.

Partial Year HSA Eligibility

There is a special rule for individuals who gain HSA eligibility during the calendar year. These individuals may choose to contribute the maximum for the calendar year rather than a pro-rated amount based on the number of months of HSA eligibility. The no-proration rule may be used for single, family and catch-up contributions. Two rules apply if the HSA contribution is not pro-rated: (1) the individual must be HSA eligible during the last month of the year (December) and (2) the individual must remain HSA eligible during a 13 month "testing period" (December of the current year plus the next calendar year). Here is how the rule works (based on statutory maximums of $3,500 and $7,000):

Sally is hired in June and becomes HSA eligible on July 1, 2019. Sally selects single HDHP for July 1. She contributes $3,500 to her HSA. Sally is HSA eligible in December and for every month in the following calendar year.

Mary is also hired in June and becomes HSA eligible on July 1, 2019. Mary selects single HDHP for July 1. She contributes $3,500 to her HSA. Mary is HSA eligible in December, but loses her HSA eligibility on the following July 1. Because Mary did not remain HSA eligible during the entire testing period (December plus the following calendar year), the $1,750 additional contribution she made ($3,500 full amount minus $1,750 for 6 months):

- Is includable in her 2019 income*
- Is subject to the 6% excise tax *

*Exception for disability or death.

This rule is only available to individuals who become HSA eligible during the plan year (and continue to be HSA eligible during the testing period). Individuals who lose HSA eligibility during the year are limited to the pro-rated amount. For example, if Adam becomes HSA eligible on March 1 but loses his HSA eligibility on October 31, he is only eligible for 8 months and can only contribute up to 8/12 of the HSA maximum.

Note: The proration rule for individuals turning 55 during the calendar year still applies to the $1,000 catch-up amount. If an individual who turned 55 on June 30 has single coverage on December 1, 2018 (and for all of the following calendar year), the maximum contribution for 2018 would be 3,950 ($$3,450 + $500). If this individual was age 60, the maximum would be $4,450 ($3,450 + $1,000).

Tom is covered under a single HDHP. Tom gets married at the end of March and changes his coverage to family HDHP on April 1. Cindy drops her old coverage when she becomes covered under Tom's plan. Tom's maximum contribution (based on statutory maximums of $3,500 and $7,000) would be:

$3,500/12 x 3 (3 months of single coverage)	$ 875
$7,000/12 x 9 (9 months of family coverage)	$5,250
Total	$6,125

Domestic and Civil Union Partners

Special rules apply for domestic and civil union partners – for both HSA contributions and HSA distributions. How the rules work depends on whether the domestic or civil union partner is a tax dependent of the employee.

Tax Dependent

The maximum allowable contribution for the employee (HSA account holder) will depend on the level of HDHP coverage. An employee who has single HDHP coverage may contribute up to the single maximum. An employee who has family coverage (e.g., covers himself and his domestic or civil union partner) may contribute up to the family maximum. Since the domestic or civil union partner is a tax dependent, HSA distributions for qualified medical expenses for the domestic or civil union partner will be tax-free (i.e., qualified distributions). The domestic or civil union partner would not be eligible to contribute to an HSA since he could be claimed as a dependent on the employee's tax return.

Non-Tax Dependent

The maximum allowable contribution for the employee (HSA account holder) will depend on the level of HDHP coverage. An employee who has single HDHP coverage may contribute up to the single maximum. An employee who has family coverage (e.g., covers himself and his domestic or civil union partner) may contribute up to the family maximum.

In addition, if both domestic or civil union partners have HDHP plans, both may contribute up to the single or family maximum based on their level of HDHP coverage.

Because domestic or civil union partners are not spouses under federal law, the rule that the family limit must be split between spouses does not apply. If two spouses have family HDHP coverage, they must split the family maximum $7,000 ($6,900 for 2018) between them. If both domestic or civil union partners have family HDHPs, then each would be able to contribute up to the family limit.

9. Sick Leave Buyback and Combined Buyback Caps (Article 14, Sec. 1(T):

Tier I: All current employees, including those who graduated from the Police Academy prior to October 20, 2012, and who have 20 years of actual city service may elect to exchange up to one hundred and fifty (150) days of accumulated sick leave which may be exchanged for no more than five (5) years of credited service (thirty [30] sick days shall equal one [1] year of credited service) pursuant to the guidelines herein. (These employees may also purchase prior city service time and/or military time for additional years of service for a total cap [sick, military, prior city service] of 9 years of service.)

Tier II: Employees who graduated after the October 20, 2012 Academy Class and who have 20 years of actual City of New Haven service may elect to exchange up to one hundred and fifty (150) sick days for no more than five (5) years of credited service (thirty [30] sick days shall equal one [1] year of credited service) pursuant to the guidelines herein. (These employees may also purchase prior city service time and/or military time for additional years of service for a total cap [sick, military, prior city service] of 8 years of service.)

Tier III: Employees hired after the ratification date of this contract may elect to exchange up to one hundred and fifty (150) sick days for no more than five (5) years of credited service (thirty [30] sick days shall equal one [1] year of credited service) pursuant to the guidelines herein. (These employees may also purchase (within 6 months of hire) prior city service time and/or military time for additional years of service for a total cap [sick, military, prior city service] of 6 years of service.)

10. FMLA:
Union agrees to City proposal to adhere to federal as opposed to state FMLA requirement.

11. Y2K:
Union agrees to clean up language of Y2K.

12. Caps for Utilization of Sick Leave Buyback:

Upon ratification: a cap of 20 Employees in the ratification calendar year may elect to utilize the sick leave buyback and shall have a sixty-day window period from the ratification to elect this buyback for the 2019 calendar year. The 20 most senior employees (based on time as a sworn New Haven officer plus any prior City time purchased) who provide a written notice of their intent to retire and use this benefit shall be eligible.

Thereafter, a cap of 20 employees per calendar year may elect to utilize the sick leave buyback within a window period from January 1 through February 28 of each year of the contract to elect this buyback for that current year. The 20 most

senior employees (based on time as a sworn New Haven officer only) who provide a written notice of their intent to retire and use this benefit shall be eligible.

Process for Utilization of Sick Leave Buyback: (Takes place in the Pension office)

- Employee must sign up during the window period of January 1 through February 28 of the year in which he/she desires to retire;
- Employee must identify, at sign up, a retirement date certain within the remainder of that calendar year (no later than December 31);
- No later than two months prior to the identified retirement date, employee must notify the pension office to either irrevocably confirm the identified retirement date or irrevocably rescind his/her retirement application;
- Should an employee choose to rescind his/her retirement application, the pension office shall notify the next eligible person on the retirement list, who then will be able to irrevocably file his/her retirement application, with a date certain no later than December 31.

13. Military Buyback:
Any current sworn police officer who has served in a branch of the United States Armed Forces (Army, Navy, Air Force, Marines, Coast Guard or Space Force; active call up time only for National Guard or Reserves) prior to becoming a New Haven Police Officer, shall have the opportunity to purchase pension time for each year of active service (1 year of military service – 1 year of service for pension purposes) and have said time credited for pension purposes, up to a maximum of four (4) years. This section is applicable and available to all members as outlined in the Combined Pension Buyback in #9. If a member has already purchased military buyback, they do not need to do so again.

There shall be a four-year total cap on military leave buyback. There shall be a one-time six-month window from the ratification of the contract for current employees to apply for this buyback. Once the window has been closed, there shall be no military buyback benefit. New employees have the option for military buyback only in the first six months after their hire.

14. Prior City Service Buy Back: Any current sworn police officer who has prior paid service with the City, shall have the opportunity to purchase pension time for each year of active City service and have said time credited for pension purposes, up to a maximum of four (4) years. This section is applicable and available to all members as outlined in the Combined Pension Buyback in #9. There shall be a one-time six-month window from the ratification of the contract for current employees to apply for this buyback. Once the window has been closed, there shall be no prior city service buyback benefit. New employees shall have the option for prior service buyback within the first six months after their hire. Prior City service buyback shall be in accordance with the collective bargaining agreement.

NOTE: Employees who have previously purchased more than four years of prior City service time as of July 1, 2019, shall maintain those purchased years, but shall still be subject to the combined buyback cap for their applicable Tier as outlined in #9 above.

15. Change Article 16, Section 5c to provide that employees who graduated from the Police Academy after December 18, 2012 who have 25 or more years of service, and who are otherwise eligible for full retirement, or retire as a result of a service connected disability, shall be provided coverage for the employee and spouse in accordance with the provisions for active employees, provided the percentage shall be fixed at the time of retirement. If the surviving spouse remarries, these benefits will be terminated.

16. Article 14, Section 1 (E): Eligibility to Collect a Pension

    Effective upon ratification:

    Tier One: Current employees hired before December 18, 2012 shall be eligible to collect a pension payment after 20 years of service in the New Haven Police Department (service is defined as sworn service plus any combined buyback time).

    Tier Two: Current members who graduated from the Police Academy on or after December 18, 2012 shall only be eligible to collect a pension payment after 25 years of service in the New Haven Police Department (service is defined as sworn service plus any combined buyback time) or attainment of a minimum age of 52 years.

    Tier Three: Employees hired after Class 24 shall only be eligible to collect a pension payment after 25 years of sworn service only (does not include an combined buyback time) in the New Haven Police Department or attainment of a minimum age of 52 years.

17. The Union agrees to remove all provisions regarding shift differentials; shift differential will no longer exist for any individual, in any rank, for any shift.

All prior TA's and previous agreed upon language document submitted to the arbitration panel on July 17, 2019 shall be incorporated; all other proposals are deemed withdrawn.

Thomas McCarthy
Director of Labor Relatons

Date:

Florencio Cotto
President, Elm City Local of the CT Alliance of City Police

Date: