

**CITY OF PORTSMOUTH - INTERNATIONAL ASSOCIATION OF FIREFIGHTERS LOCAL #1313  
BENEFIT SUMMARY - FULL-TIME EMPLOYEES**

The City of Portsmouth offers a comprehensive and competitive benefits package to all full-time employees. The following is only a summary of benefits provided by the City of Portsmouth. For a more detailed explanation, please refer to your summary plan booklets or the International Association of Firefighters Local #1313 contract.

Although it is the intention of the City of Portsmouth, New Hampshire to continually provide comprehensive benefits, please be aware that the benefits outlined in this summary may be modified, changed or discontinued through negotiations.

**HEALTH INSURANCE**

**Eligible: 1<sup>st</sup> of the Month after hire**

The City of Portsmouth provides medical insurance through the HealthTrust. The City will provide health insurance for all bargaining unit members for individual, two-person or family coverage. Each employee if they so choose shall have the Access Blue Health Insurance Plan. Please see last three pages of this document for a summary of benefits.

**Employee's Cost per month**

	Single	Two-Person	Family
AB20 RX10/20/45 (11%)	\$101.96	\$203.91	\$275.28

**Prescription Drugs – CAREMARK**

Short-term:           \$10 copay for generic prescriptions  
                               \$20 copay for preferred  
                               \$45 copay for non-preferred

**Long Term:       Mail order program: same copays except for 90-day supply.**

**DENTAL INSURANCE**

**Eligible: 1<sup>st</sup> of the Month after hire**

The City of Portsmouth shall enroll all members in Delta Dental. The City shall pay 100% of the premium for single, two-person or family plan as may be required. Coverage for dental procedures differs based on the procedures. Please refer to the schedule below for coverage under Delta Dental.

**Coverage A-Diagnostic and Preventative - Payable at 100 % - no deductible**

1. Cleanings (routine and/or periodontal) four times a calendar year
2. Bitewing x-rays once in a calendar year
3. Full mouth panoramic x-rays once in a three year period
4. X-rays of individual teeth as necessary
5. Evaluations twice in a calendar year
6. Oral Cancer Screening once a year no age limit
7. Fluoride treatment twice in a calendar year up to age 18
8. Sealant application to permanent molars, once per tooth in any period of three consecutive years, for children to age 18
9. Space maintainers to age 15

**Coverage B-Restorative - Payable to 60 % - no deductible**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Fillings-includes Resin (white), on all teeth</li> <li>2. Extractions</li> <li>3. Root canal therapy</li> <li>4. Repair of removable dentures</li> </ol> | <ol style="list-style-type: none"> <li>5. Periodontics including periodontal maintenance 4 times year</li> <li>6. Treatment of Gum Disease</li> </ol> |
|--|---|

**Coverage C-Prosthetics - Payable at 50% - no deductible**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Bridges</li> <li>2. Partials</li> <li>3. Dentures</li> <li>4. Crowns</li> </ol> | <ol style="list-style-type: none"> <li>5. Rebase and relined dentures</li> <li>6. Implants</li> <li>7. Onlays</li> </ol> |
|---|--|

**Maximum contract year Benefit - \$750 per person per year. Contract year is July 1 – June 30.**

**SECTION 125**

The City of Portsmouth allows you the option of taking your medical deductions on a pre-tax basis. This means we will take your medical deductions prior to taking federal, state (if applicable) and Medicare taxes.

See example:

John Anderson contributes \$150 per month (\$1800 per year) towards the cost of his family’s health insurance. If he elects to have that contribution deducted from his gross wages pre-tax, he would save the following Federal and Medicare taxes:

Federal:	\$1800 x 15%	=	\$270.00
Medicare:	\$1800 x 1.45%	=	<u>\$ 26.10</u>
TOTAL SAVINGS =			\$296.10

**FLEXIBLE SPENDING ACCOUNTS**

A Flexible Spending Account (FSA) will allow employees to set aside dollars over the course of the fiscal year on a pre-tax basis to pay for medical and/or dependent care expenses. Deductions will be taken before Federal, State (if applicable) and Medicare taxes.

**Medical Reimbursement Accounts**

Can be used to pay for:

- Medical insurance Deductibles or coinsurance
- Uninsured Dental Expenses (including orthodontia)
- Vision Care Expenses including exams, glasses or contact lenses and solution, and Lasik surgery
- Hearing Aids and batteries
- Support or corrective devises (such as orthopedic shoes)
- And much more!

Employees may set aside up to \$2,700 per year with a minimum of \$5 per pay period and a maximum of \$112.50 per pay period.

**Dependent Care Reimbursement Accounts**

Can be used to pay for:

- Day Care Expenses
- Summer Day Camp
- Preschool Costs
- Elderly Care
- After School Care

Employees may set aside up to \$5,000 per family per year, or a maximum of \$208.33 per pay period.

**NEW HAMPSHIRE RETIREMENT SYSTEM**

All members must contribute 11.8% of their gross taxable earnings from their employer through automatic payroll deductions beginning their first day of employment. The City contributes to NHRS on behalf of their employees based on a percentage of covered payroll, the rate is determined by NHRS.

NHRS is a defined benefit plan. Retirement pensions are based on a predetermined formula measured by salary credit and service credit.

- **Average final compensation (AFC)** – The average of a member’s 5 highest-paid years of creditable service.
- **Creditable service** – Service credit earned as a contributing member of NHRS and prior service.
- **Earnable compensation** – Gross taxable earnings paid by an employer to a member from which NHRS contributions must be withheld.

Employees must have 10 or more years of creditable service to be vested. If you are an active member at age 52.5 or older with at least 25 years of Group II creditable service you are eligible to retire.

**Refunds**

Members must terminate their employment in order to withdraw their contributions plus interest. They may elect a refund of the accumulated contributions or a direct rollover of all or any portion of their accumulated contributions which have not yet been taxed. The employer contributions remain in NHRS. Members forfeit any earned rights to NHRS when they withdraw their contributions.

**LONG TERM DISABILITY INSURANCE**

**Effective: 1<sup>st</sup> of the month after 6 months**

The City provides disability income insurance for members of the Association that have been employed 6 months equal to 66-2/3 of basic monthly earnings not to exceed the maximum monthly benefit of \$10,000. Said insurance shall be effective after the 61st day of disability. Said insurance shall continue as long as the member remains disabled or until age sixty-five and shall be coordinated with social security.

**LIFE INSURANCE**

**Effective: 1<sup>st</sup> of the month after 6 months**

The City provides a group life insurance policy for members of the Association that have been employed 6 months in the amount of one times your salary, in accordance with the conditions set forth in the insurance policy.

**EARNED TIME**

**Effective: One Year from date of hire**

It is the intent of this policy to explain the provisions and conditions of the Earned Time Program. The program has been created to provide, as equitably as possible, paid time off, to be used at the employee’s discretion, while protecting an allotment of time for disability, hospitalization or injury.

Earned time is a combination of vacation and personal absence days. A separate account per year is accumulated for disability time (seven days per year).

Earned Time is an alternative approach to the traditional manner of converting absences for vacation, sick leave, interim disability, maternity leave, by combing all these plans into one program. Instead of dividing benefits into a specific number of days for each benefit, Earned Time puts these days together into a single benefit. The exact amount of Earned Time accrued each year will depend on the years of service with the Portsmouth Fire Department.

Employees will begin accruing earned time based on the following schedule:

<b>Years of Service</b>	<b>Earned Time</b>	<b>Accrual Rate</b>	<b>Disability Bank</b>	<b>Total Combined</b>
1–5 yrs. incl.	17(1.417 days/month)		7	24
6 years incl.	18(1.5 days/month)		7	25
7 years incl.	19(1.583 days/month)		7	26
8 years incl.	20(1.667 days/month)		7	27
9 years incl.	21(1.75 days/month)		7	28
10 years incl.	22(1.833 days/month)		7	29
11 years incl.	23(1.917 days/month)		7	30
12 years incl.	23(1.917 days/month)		7	30
13 years incl.	24(2 days/month)		7	31
14 years incl.	24(2 days/month)		7	31
15 years incl.	25(2.083 days/month)		7	32
16 years incl.	25(2.083 days/month)		7	32
17 years incl.	26(2.167 days/month)		7	33
18 years incl.	26(2.167 days/month)		7	33
19 years incl.	27(2.25 days/month)		7	34
20 years incl.	28(2.333 days/month)		7	35
25 years incl.	29(2.416 days/month)		7	36

All absences from regularly scheduled work will be charged to an employee's Earned Time. Exceptions are:

1. Administrative Leave
2. Unpaid leaves of absence
3. After absence due to personal illness/injury for more than three consecutive working days an employee may use his/her Disability Bank, if available.
4. Emergency Leave
5. Military Leave
6. Worker's Compensation
7. Disciplinary Suspension

Applicable request forms will be completed, signed by the Shift Officer and approved by the Fire Chief prior to the use of earned time.

Earned Time begins accruing on the 15<sup>th</sup> of the month after the date of hire. Employees may use their earned time as soon as it earned once they have completed their probationary period.

Accumulated Earned Time may be used for personal illness or accident, immediate family illness or accident, or compelling personal reasons.

All Earned Time payments are computed at the employee's current base rate.

Employees are responsible for the Earned Time balance reflected on their pay stubs. Any errors should be reported immediately.

At separation, any unused earned time days will be cashed out at full value.

#### **Unused Earned Time Carryover**

Employees are allowed to accumulate up to a maximum of 60 earned time days as of January 1<sup>st</sup> of any calendar year. Any days over the 60 day limit but no more than 10 in a year may be cashed out by an employee hired after January 1, 1996 at ninety percent (90.0%) or deposited to the Disability Bank.

#### **Disability Bank**

Days will accumulate at the rate of seven (7) days per year (or .583 per month).

The Disability Bank hours are to be used for extended illness, injury, disability related to pregnancy, or hospitalization only. Usage of the Disability Bank commences with the 4<sup>th</sup> consecutive day of absence from work due to illness or injury. A physician's report must accompany the request to use the Disability Bank Days. Periodic updates from the employee's physician may be required. In the event that an employee is hospitalized or has surgery (this includes day surgery procedures) for something other than a work-related problem, the Disability Bank may be used starting with the first day of hospitalization. Any disability related to pregnancy will be treated like any other medical condition.

An exception to the policy that requires the usage of three (3) Earned Time days before being permitted to access the Disability Bank when the disability is certified by a physician to be the same as for the original use or from the same cause as the original Disability Bank usage.

**Return to Work:** Following a period of absence due to illness/injury, medical documentation supporting the employee's ability to perform the essential functions of the job is required prior to returning to work.

The use of the Disability Bank for extended illness or injury requires medical documentation and may indicate the need for use of the Family Medical Leave Act and the need to contact the Human Resource Department concerning long-term disability.

Upon death of an employee while in the employment of the City, the City shall pay to his/her spouse or next of kin an amount equal to 100% of the value of his/her accumulated sick leave. Firefighters hired after January 1, 1996 shall receive no pay out at all for accumulated sick leave either for retirement or termination.

**Exhaustion of Earned Time/Disability Bank.** An employee on an approved absence who has used all Earned Time and Disability Bank days will be placed on leave without pay. If the illness/injury qualifies for FMLA leave benefits will continue for the period of the Family Medical leave. Employees will not accrue earned time while they are on a leave without pay status.

**HOLIDAYS**

All employees covered by the Local #1313 Agreement shall be compensated at a rate of pay established by the annual base salary divided by 260.

New Year's Day	Columbus Day
Martin Luther King Jr. Holiday	Veteran's Day
Washington's Birthday	Thanksgiving Day
½ day on Good Friday	Day after Thanksgiving Day
Memorial Day	Christmas Day
Independence Day	½ Day the day preceding Christmas day when Christmas comes between Tuesday through Friday.
Labor Day	

**BEREAVEMENT/EMERGENCY LEAVE**

All permanent full-time employees shall be entitled to Emergency leave up to three (3) calendar days, if needed, with pay for death in the family. If needed, an additional two (2) days may be granted by the Chief or his designee, at his/her discretion for the immediate family. Immediate family shall be defined as follows: Spouse, child, (including adopted children and step children), parent (including parent by adoption), brother, sister, aunt, uncle, grandparent, grandchild and only the following in-laws—the grandmother, grandfather, mother, father, brother or sister of the employee's current spouse.

**MILITARY LEAVE OF ABSENCE**

Any member who is ordered for active military service as a member of the Armed Forces of the United States of America, or who is engaged in activities in the Reserve Forces of the United States of America, or State National Guard, shall be granted a leave of absence to perform such military duties with the City paying the difference in salary between the employee's base pay and his military base pay for said duty and without loss of leave time. Such leave shall be considered Military Leave and shall not exceed fourteen (14) working days in a calendar year.

**LONGEVITY**

In the December following five (5) years of continuous service, an employee shall become entitled to a longevity bonus.

After the completion of 5 years of service	\$118.70	After the completion of 19 years of service	\$617.23
After the completion of 6 years of service	\$154.31	After the completion of 20 years of service	\$652.84
After the completion of 7 years of service	\$189.91	After the completion of 21 years of service	\$712.18
After the completion of 8 years of service	\$225.52	After the completion of 22 years of service	\$830.89
After the completion of 9 years of service	\$261.14	After the completion of 23 years of service	\$949.59
After the completion of 10 years of service	\$296.74	After the completion of 24 years of service	\$1,068.29
After the completion of 11 years of service	\$332.36	After the completion of 25 years of service	\$1,186.97
After the completion of 12 years of service	\$367.97	After the completion of 26 years of service	\$1,305.67
After the completion of 13 years of service	\$403.57	After the completion of 27 years of service	\$1,424.38
After the completion of 14 years of service	\$439.18	After the completion of 28 years of service	\$1,543.08
After the completion of 15 years of service	\$474.79	After the completion of 29 years of service	\$1,661.77
After the completion of 16 years of service	\$510.40	After the completion of 30 years of service	\$1,780.48
After the completion of 17 years of service	\$546.02		
After the completion of 18 years of service	\$581.62		

## **WORKER'S COMPENSATION INSURANCE**

In case of accidental personal injury to any employee arising out of any accident in the course of his/her employment, the City shall adjust the employee's pay so that he/she nets the same amount as if he/she had actually worked. This shall be accomplished by either paying the difference to the employee, or if the workers' compensation benefit is more than the net pay, the City shall deduct the amount of the difference made until the employee is able to return to work. In no event shall such payments by the City exceed 52 weeks.

## **CLOTHING ALLOWANCE**

The City agrees to credit each firefighter with a clothing allowance of \$600.00 per year to be paid by July 15 of each year. In addition to the clothing allowance, each employee shall receive protective clothing for firefighting duties which require special clothing at the expense of the City.

## **OTHER BENEFITS**

- Free Parking at work location
- Free membership to the Portsmouth Public Library
- BJ's Warehouse Membership Discount
- Training Programs
- **Health/Wellness**
  - Free Flu Shots for employee and spouse
  - Free Health Screenings
  - 50% Discount to Portsmouth Recreational Facilities for Employee
  - Discount to Seacoast Family YMCA
  - Discounts to other local gym facilities
  - Free Hepatitis B vaccinations
- **Discounts to FUN**
  - Discount tickets to Ski Areas
  - Discount tickets to Summer Fun
  - Discount Regal Cinema Movie Tickets
  - Tickets at Work (discounts to Broadway shows, show in Las Vegas etc.)
- **Payroll Deductions**
  - Direct Deposit-Any Financial Institution
  - 457 Deferred Compensation (Great-West, ICMA, PFPOPE)
  - Roth IRA (ICMA, Great-West, PFPOPE)
  - AFLAC
  - Colonial Supplemental Insurances
  - Liberty Mutual Home and Auto Insurance
  - LegalShield

<b>Health Plan Summary</b>	<b>YOUR COST</b>
<b>Visit Copayment</b> Applies each time You visit Your Primary Care Provider (PCP) or Network obstetrical/gynecological specialist.	\$20 per visit
<b>Specialty Visit Copayment</b> Applies each time You visit a specialist.	\$20 per visit
<b>Walk-In Center Copayment</b> Applies each time You visit a Network Walk-In Center for diagnosis, care and treatment of an illness or injury.	\$20 per visit
<b>Urgent Care Facility Copayment</b> Applies each time You visit a licensed hospital's urgent care facility for diagnosis, care and treatment of illness or injury.	\$50 per visit
<b>Emergency Room Copayment</b>	\$100 per visit
<b>Standard Deductible</b>	N/A
<b>Standard Coinsurance</b>	
<b>Coinsurance Maximum</b>	
<b>Durable Medical Equipment, Medical Supplies and Prosthetics</b>	N/A
<b>Deductible</b>	
<b>Coinsurance</b>	
<b>Out-of-Pocket Limit</b>	20%
<b>Out-of-Pocket Limit</b>	\$3,000 per Member, per year \$6,000 per family, per year
<p>The <b>Out-of-Pocket Limit</b> includes all Deductibles, Coinsurance, and Copayments You pay during a year for medical and prescription expenses under this medical plan and Your HealthTrust prescription benefit program. It does not include Your premium, amounts over the Maximum Allowed Amount, penalties, or charges for noncovered services. Once the combined Out-of-Pocket Limit is satisfied, You will not have to pay additional Deductibles, Coinsurance, or Copayments for the rest of the year.</p>	

Please note that throughout this schedule any reference to year means plan year unless otherwise noted. Plan year is July 1 through June 30.

YOUR COST	
<b>Medical/Surgical Care</b>	
<b>I. Inpatient Services</b>	
<b>In a Short Term General Hospital</b> (Facility charges for medical, surgical and maternity admissions)	You pay \$0
<b>In a Skilled Nursing Facility</b> (Facility charges) Up to 100 Inpatient days per Member, per year	
<b>In a Physical Rehabilitation Facility</b> (Facility charges)	
<b>Inpatient physician and professional services</b> (Such as physician visits, consultations, surgery, anesthesia, delivery of a baby, therapy, laboratory and x-ray tests)  Skilled Nursing Facility admissions are limited to the number of Inpatient days stated above.	
<b>II. Outpatient Services</b>	
<b>Preventive Care</b>	
<b>Preventive Care and screenings as required by law or permitted by the Plan including, but not limited to:</b>  -Immunizations for babies, children and adults (including travel and rabies immunizations) -Cancer screenings such as, mammograms, pap smears, prostatic specific antigen (PSA) screening, routine colonoscopy and sigmoidoscopy -Routine physical exams for babies, children and adults (including one annual gynecological exam) -Lead screening -Outpatient/office contraceptive services -Nutrition counseling -Diabetes management program -Routine vision exams - one exam each year for Members 18 years old and younger; one exam every two years for Members 19 years old and older. -Routine hearing exams - one exam each year.	You pay \$0
<b>Medical/Surgical Care in a Physician’s Office or Walk-In Center or furnished by an Independent Ambulatory Surgical Center, Independent Infusion Therapy Provider, Independent Laboratory Provider, or Independent Radiology Provider</b>	
Medical exams, telemedicine and online visits, consultations, medical treatments and Network Provider services at a Network Walk-In Center	Visit Copayment or Specialty Visit Copayment
Injections (except allergy injections)	You pay \$0
Allergy injections	
Office surgery (including anesthesia)	
Laboratory tests (including allergy testing)	
X-ray tests (including ultrasound)	
MRA, MRI, PET, SPECT, CT Scan and CTA	
Chemotherapy, medical supplies and drugs	You pay no Visit Copayment for prenatal or postpartum office visits. Your share of the cost for delivery of a baby is the same as shown for “Inpatient Services” (above) and “Outpatient Facility Care” (below).
Maternity care (prenatal and postpartum visits)  Please see Your Subscriber Certificate for information about maternity care.	



	<b>YOUR COST</b>
<b>Outpatient Facility Care in the Outpatient Department of a Hospital, a Short Term General Hospital's Ambulatory Surgical Center, a Hemodialysis Center or Birthing Center</b>	
Medical exams and consultations by a physician, telemedicine and online visits	Visit Copayment or Specialty Visit Copayment
Services of a surgeon, operating room for surgery and anesthesia	You pay \$0
Physician and professional services for the delivery of a baby	
Physician and professional services for management of therapy	
Hemodialysis, chemotherapy, radiation therapy, infusion therapy, MRA, MRI, PET, SPECT, CT Scan, CTA	
Fees for use of a facility, medical supplies, drugs, other ancillaries, observation	
Laboratory and x-ray tests (including ultrasounds)	
<b>Emergency Room Visits and Urgent Care Facility Visits</b>	
Use of the emergency room (The Copayment is waived if you are admitted)	Emergency Room Copayment
Use of a licensed hospital's urgent care facility	Urgent Care Facility Copayment
Physician's fee, surgery, MRA, MRI, PET, SPECT, CT Scan, CTA, medical supplies and drugs	You pay \$0
Laboratory and x-ray tests	
<b>Ambulance Services</b> Medically Necessary Emergency Transport	
<b>III. Outpatient Physical Rehabilitation Services</b>	
<b>Physical Therapy and Occupational Therapy and Speech Therapy</b> Up to a combined maximum of 60 visits per Member, per year	Visit Copayment or Specialty Visit Copayment
<b>Cardiac Rehabilitation Visits</b>	
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>• <b>Office visits</b> - up to 12 visits per Member, per year</li> <li>• <b>X-ray tests</b> furnished by a chiropractor</li> </ul>	
	You pay \$0
<b>Early Intervention Services</b>	Visit Copayment or Specialty Visit Copayment
<b>IV. Home Care</b>	
<b>Physician services</b> Medical exams, injections, medical treatments, surgery and anesthesia, telemedicine and online visits	Visit Copayment or Specialty Visit Copayment
<b>Home Health Agency services</b>	You pay \$0
<b>Hospice</b>	
<b>Infusion Therapy</b>	
<b>Durable Medical Equipment, Medical Supplies and Prosthetics</b>	Subject to the DME Coinsurance

	<b>YOUR COST</b>
<b>V. Behavioral Health Care (Mental Health and Substance Abuse Care)</b>	
<b>Outpatient/Office/Telemedicine/Online Visits</b>	
<p><b>Mental Health Visits:</b> Unlimited Medically Necessary visits</p> <p><b>Substance Abuse Visits:</b> Unlimited Medically Necessary visits (including detoxification and substance abuse rehabilitation services)</p> <p><b>Applied Behavioral Analysis:</b> Unlimited Medically Necessary visits for treatment of pervasive developmental disorder or autism.</p>	<p>Visit Copayment or Specialty Visit Copayment</p>
<b>Partial Hospitalization and Intensive Outpatient Treatment Programs</b>	
<p><b>Mental Disorders:</b> Unlimited Medically Necessary care</p> <p><b>Substance Abuse Conditions:</b> Unlimited Medically Necessary care for rehabilitation and detoxification</p>	<p>You pay \$0</p>
<b>Inpatient Care</b>	
<p><b>Mental Disorders:</b> Unlimited Medically Necessary Inpatient days</p> <p><b>Substance Abuse Conditions:</b></p> <ul style="list-style-type: none"> <li>• Medical detoxification days - Unlimited Medically Necessary Inpatient days</li> <li>• Substance abuse rehabilitation - Unlimited Medically Necessary Inpatient days</li> </ul>	<p>You pay \$0</p>
<p><b>Scheduled Ambulance Transport</b> Limited to Medically Necessary transport from one facility to another</p>	
<b>VI. Prescription Eyewear</b>	
<p>Benefits are limited to a maximum of <b>\$40</b> per Member, per year. Please refer to your Prescription Eyewear Rider for more information.</p>	