

CITY OF PORTSMOUTH- BENEFIT SUMMARY
AFSCME LOCAL #1386 FOR FULL-TIME EMPLOYEES

The City of Portsmouth provides 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 this bargaining unit. For a more detailed explanation, please refer to your summary plan booklets or the AFSCME Local #1386 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: 1st of the month after date of hire

The City of Portsmouth provides medical insurance through HealthTrust. The City will provide health insurance for all bargaining unit members for individual, two-person or family coverage. Each employee shall have the choice between Blue Choice or the Access Blue Health Insurance Plans. Employees are allowed to choose between said plans each July. Please see last three pages of this document for a summary of benefits.

Medical Coverage Comparison – Please see summary grid at the end of this document.

	<u>Employee's Cost per month</u>		
	Single	Two-Person	Family
BlueChoice20 RX10/20/45*	\$200.42	\$400.84	\$541.14
AB20 RX10/20/45 (12.5%)	\$115.17	\$230.33	\$310.95

***City will only pay 90% of the cost of the Access Blue Plan**

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

Effective: 1st of the month after date of 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 at 60 % - no deductible

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|--|--|
| 1. Fillings-includes Resin (white), on all teeth | 4. Repair of removable dentures |
| 2. Extractions | 5. Periodontics including periodontal maintenance 4 times year |
| 3. Root canal therapy | 6. Treatment of Gum Disease |

Coverage C-Prosthodontics - Payable at 50% - no deductible

- | | |
|-------------|--------------------------------|
| 1. Bridges | 5. Rebase and relined dentures |
| 2. Partials | 6. Implants |
| 3. Dentures | 7. Onlays |
| 4. Crowns | |

Maximum contract year Benefit - \$1125 per person per year. (\$750 normally, amount increased this contract year only July 1, 2020 – June 30, 2021.)

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 deduction prior to taking federal, state (if applicable) and FICA taxes. Please note that deductions taken prior to FICA will reduce the amount paid into Social Security.

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 per-tax, he would save the following Federal and FICA taxes:

Federal: $\$1800 \times 15\% = \270.00

FICA: $\$1800 \times 7.65\% = \underline{\$137.70}$

TOTAL SAVINGS = \$407.70

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 FICA 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 devices (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
- Preschool costs
- After school care
- Summer day camp for child(ren) up to the age of 13
- Elder 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

All members must contribute 7% 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. Normal retirement age is 65.

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: 1st of the month after 12 months**

The City provides disability income insurance for members of the Association equal to 66-2/3 of basic monthly earnings not to exceed the maximum monthly benefit of \$5,000. Said insurance shall be effective after the 61st day of disability with benefits payable to age 65.

LIFE INSURANCE**Effective: 1st of the month after 12 months**

The City provides a group life insurance policy for eligible members of the Association in the amount of one times your salary rounded up to the nearest one thousand dollars, in accordance with the conditions set forth in the insurance policy.

SICK LEAVE**Eligible: 6 Months**

Sick leave without loss of pay shall be computed at the rate of 104 hours per year (or 8.667 hours per month). Employees may accrue up to 1200 sick hours.

ANNUAL LEAVE**Eligible: 6 Months**

All regular full-time employees who have been employed by the City, for a period of at least (6) months shall be entitled to a vacation based on their anniversary date of employment as follows:

One to five years inclusive	80 hours (6.667/month)	Thirteen years inclusive	136 hours (11.334/month)
Six years inclusive	88 hours (7.334/month)	Fourteen years inclusive	136 hours (11.334/month)
Seven years inclusive	96 hours (8.000/month)	Fifteen years inclusive	144 hours (12.000/month)
Eight years inclusive	104 hours (8.667/month)	Sixteen years inclusive	144 hours (12.000/month)
Nine years inclusive	112 hours (9.334/month)	Seventeen years inclusive	152 hours (12.667./month)
Ten years inclusive	120 hours (10/month)	Eighteen years inclusive	152 hours (12.667/month)
Eleven years inclusive	128 hours (10.667/month)	Nineteen years inclusive	160 hours (13.334month)
Twelve years inclusive	128 hours (10.667/month)	Twenty years inclusive	160 hours (13.334/month)

No employee shall be permitted to accrue in excess of 50 days as of December 31 for the purpose of carrying over to the next year.

HOLIDAYS

Employees are eligible for holidays on their first day of hire. The following days shall be recognized and observed as paid holidays:

New Year's Day	Columbus Day
Dr Martin Luther King Jr. Day	Veteran's Day
President's Day	Thanksgiving Day
One-half day on Good Friday	Day after Thanksgiving Day
Memorial Day	Christmas Day
Independence Day	Preceding Monday if Christmas is on a Tuesday
Labor Day	Following Friday if Christmas is on a Thursday

PERSONAL DAYS**Eligible: One Year**

Each member shall be entitled to two (2) non-accumulative personal leave days per contract year to attend to matters that cannot be transacted at any other time. Personal days will be awarded on July 1 of each year. In order to qualify for the two (2) personal leave days, an employee must have completed his or her probation period.

MEDICAL APPOINTMENTS**Eligible: One Year**

The City shall allow each full-time permanent employee time off with pay for a doctor, dentist, hospital or other medical related appointments not lasting over two (2) hours per appointment. Employees may take time off in half hour increments but will not exceed a total of 6 hours per contract year.

BEREAVEMENT/EMERGENCY LEAVE

All permanent full-time employees shall be entitled to Emergency leave up to three (3) days with pay for death family. If needed, an additional two (2) days may be granted by a Department Head at his/her discretion for the immediate family. Immediate family shall be defined as follows: Spouse, child (including adopted child), parent (including parent by adoption), brother, sister. Family shall be defined as follows: aunt, uncle, grandparent, grandchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, grandparent-in-law, niece, and nephew. Additionally, three (3) days of bereavement, may be granted for the death of a member of an Employee's household.

COURSE REIMBURSEMENT

Eligible: One Year

The City agrees to provide reimbursement to employees who complete approved courses relating to their current responsibilities or as part of an approved career development program based upon the following standards: payment up to one hundred percent (100.0%) of the cost of such courses, but not to exceed Fifteen hundred dollars (\$1500.00) per employee in a calendar year and not to exceed the total budgeted amount.

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 twenty (20) working days in a calendar year.

JURY/WITNESS DUTY PAY

An employee called as a juror or witness shall be paid the difference between the fee received for such service and the amount of straight time earnings lost by the employee by reason of such service. Satisfactory evidence must be submitted to the employee's immediate supervisor. Payment of meals and/or mileage shall not be considered as part of the fee for the purpose of this Agreement.

LONGEVITY

Employees shall receive the following longevity bonuses payable in December to employees who are on the payroll at the time of payment. Longevity payments will be made annually at the level established below based upon full-time service with the City.

After the completion of 5 years of service	\$ 300	After the completion of 25 years of service	\$ 900
After the completion of 10 years of service	\$ 450	After the completion of 30 years of service	\$ 1,050
After the completion of 15 years of service	\$ 600	After the completion of 35 years of service	\$ 1,200
After the completion of 20 years of service	\$ 750		

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 pay to the employee the difference between the amount received from the insurance company or Worker's Compensation carrier and the employee's regular paycheck. Said payments to be made by the City until the employee is able to return to work, but in no event shall such payments by the City exceed twenty-six (26) weeks.

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
 - 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

Health Plan Comparison	Access Blue	Blue Choice		
		PCP	In-Network	Out-of-Network**
Deductible	N/A	N/A	N/A	\$150/\$450
Coinsurance Max	N/A	N/A	\$600/\$1800	\$900/\$2700
Out of Pocket Max	\$3,000 per Member, per Year \$6,000 per family, per year	\$3,000 per Member, per Year \$6,000 per family, per year		N/A
Inpatient Precertification Penalty	N/A	N/A	N/A	\$500
I. Inpatient Services				
In a Short Term General Hospital - (Facility charges for medical, surgical and maternity admissions)	You pay \$0	You pay \$0	You pay 20%	Standard Deductible and 20% Coinsurance, plus any balances
In a Skilled Nursing Facility - (Facility charges) Up to 100 Inpatient days per Member, per year				
In a Physical Rehabilitation Facility - (Facility charges) Up to 100 Inpatient days per Member, per year				
Inpatient physician and professional services - (Such as physician visits, consultations, surgery, anesthesia, delivery of a baby, therapy, laboratory and x-ray tests)				
For Skilled Nursing and Physical Rehabilitation Facility admissions: limited to number of Inpatient days stated above.				
II. Outpatient Services				
Preventive Care				
Immunizations for babies, children and adults (including travel and rabies immunizations)	You pay \$0	You pay \$0	You pay \$0	You pay any balance
Mammograms, pap smears, lead screening, prostatic specific antigen (PSA) screening				Standard Deductible and 20% Coinsurance, plus any balances
Routine physical exams for babies, children and adults (including one annual gynecological exam)				
Family planning visits				
Nutrition counseling				
Routine vision exams	You pay \$0 - One exam each year for Members 18 yrs. old and younger; one exam every two yrs. for Members 19 yrs. old and older.			
Routine hearing exams	You pay \$0 - One exam each year for Members 18 years old and younger.			
Diabetes management program	You pay \$0			
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				
Medical exams, consultations, anesthesia, medical treatments, and Network Provider services at a Network Walk-In Center	You pay \$20 per visit	You pay \$20 per visit	You pay \$50 per visit	Standard Deductible and 20% Coinsurance, plus any balances
Injections (including allergy injections)	You pay \$0	You pay \$0	You pay 20%	
Office Surgery				

Laboratory tests (including allergy testing)				
X-ray tests (including ultrasound)				
MRA, MRI, PET, SPECT, CT Scan, CTA, Chemotherapy, medical supplies and drugs				
Maternity care (prenatal and postpartum visits) Please see your Subscriber Coverage for information about total maternity care.	You pay no Visit Copay 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)			
	Access Blue	Blue Choice		
		PCP	In-Network	Out-of-Network**
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				
Medical exams and consultations by a physician	You pay \$20 per visit	You pay \$20 per visit	You pay \$50 per visit	Standard Deductible and 20% Coinsurance, plus any balances
Services of a surgeon, operating room for surgery and anesthesia	You pay \$0	You pay \$0	You pay 20%	
Physician and professional services for the delivery of a baby or management of therapy				
Hemodialysis, chemotherapy, radiation therapy, infusion therapy, MRA, MRI, PET, SPECT, CT Scan, CTA				
Fees for use of facility, medical supplies, drugs, other ancillaries, observation				
Laboratory and x-ray tests (including ultrasounds)			You pay \$0	
Emergency Room Visits and Urgent Care Facility Visits				
Use of the emergency room	You pay \$100 per visit (The Copayment is waived if you are admitted)	You pay \$100 per visit (The Copayment is waived if you are admitted)		
Use of a licensed hospital's urgent care facility	You pay \$50 per visit, in the Network	You pay \$50 per visit		Standard Deductible and 20% Coinsurance, plus any balances
Physician's fee, surgery, MRA, MRI, PET, SPECT, CT Scan, CTA, medical supplies and drugs	You pay \$0	You pay \$0	You pay 20%	
Laboratory and x-ray tests			You pay \$0	
Ambulance Service-Transport by ambulance must be Medically Necessary		You pay \$0		
III. Outpatient Physical Rehabilitations Services				
Physical Therapy and Occupational Therapy and Speech Therapy	You pay \$20 Up to a combined maximum of 60 visits per Member, per year	You pay \$0	You pay 20%	Standard Deductible and 20% Coinsurance, plus any balances
Cardiac Rehabilitations Visits	You pay \$20 per visit	You pay \$20 per visit	You pay \$50 per visit	
Chiropractic Care				
~Office visits	You pay \$20 per visit, up to 12 visits per Member, per year	You pay \$20 per visit, unlimited visits		
~Laboratory and x-ray tests furnished by a chiropractor	You pay \$0			
Early Intervention Services	You pay \$20 per visit- Available from birth to a covered child's third birthday, Limited to \$3,200 per Member per year and \$9,600 by the child's third birthday.		You pay \$50 per visit - Available from birth to a covered child's third birthday, Limited to \$3,200 per Member per year and	

				\$9,600 by the child's third birthday.	third birthday.
IV. Home Care					
		Access Blue	Blue Choice PCP	In-Network	Out-of-Network**
Physician services - Medical exams, injections, medical treatments, surgery and anesthesia		You pay \$20 per visit	You pay \$20 per visit	You pay \$50 per visit	Standard Deductible and 20% Coinsurance, plus any balances
Home Health Agency services		You pay \$0	You pay \$0	You pay 20%	
Hospice					
Infusion Therapy					
Durable Medical Equipment, Medical Supplies and Prosthetics		You pay 20% coinsurance			\$100 per Member Deductible and 20%, plus any balances
V. Behavioral Health Care (Mental Health and Substance Abuse Care)					
Outpatient/Office/Telemedicine/Online Visits					
Mental Health visits - Unlimited Medically Necessary visits		You pay \$20 per visit	You pay \$20 per visit		Standard Deductible and 20% Coinsurance, plus any balances
Substance Abuse visits- Unlimited Medically Necessary visits (including detoxification and substance abuse rehabilitation services)	Applied Behavioral Analysis-Unlimited Medically necessary visits for treatment of pervasive developmental disorder or autism.				
Partial Hospitalization and Intensive Outpatient Treatment Programs					
Mental Disorders: Unlimited Medically Necessary care		You pay \$0	You pay \$0		Standard Deductible and 20% Coinsurance, plus any balances
Substance Abuse Conditions: Unlimited Medically Necessary care for rehabilitation and detoxifications					
Inpatient Care					
Mental Disorders: Unlimited Medically Necessary Inpatient days		You pay \$0	You pay \$0		Standard Deductible and 20% Coinsurance, plus any balances
Substance Abuse Conditions:					
Medical detoxification days - Unlimited Medically Necessary Inpatient days		You pay \$0	You pay \$0		Standard Deductible and 20% Coinsurance, plus any balances
Substance abuse rehabilitation - Unlimited Medically Necessary Inpatient days					
Scheduled Ambulance Transport - Limited to Medically Necessary transport from one facility to another					
VI. Prescription Eyewear		Reimbursed \$40 per Member, per year	Reimbursed \$40 per Member, every two calendar years.		

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