

CITY OF PORTSMOUTH - PROFESSIONAL MANAGEMENT ASSOCIATION
BENEFIT SUMMARY 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 Portsmouth Professional Management Association 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 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.

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

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: 1st 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 80% - no deductible

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

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

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

Maximum contract year Benefit - \$2250 per person per year. (\$1500 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
- Elderly 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 6 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 \$10,000. Said insurance shall be effective after the 61st day of disability with benefits payable to age 67.

LIFE INSURANCE

Effective: 1st of the month after 6 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 after hire

Sick leave without loss of pay shall be computed at the rate of fifteen (15) days per year (or 1.25 days per month). Employees may accrue up to 150 sick days. Employees hired after July 1, 1996 shall accumulate sick leave as set forth above, but shall receive no payment of sick leave upon retirement, termination, or death. Any such employee who has accrued one hundred (100) or more sick days shall be paid three day's pay if they used no sick days in the calendar year, two day's pay if they used one sick day in the calendar year and one day's pay if they used no more than two days in a calendar year. Payment will be made in the first payroll in February following the calendar year. Employees hired after July 1, 2014, starting in their 6th year of employment with the City, will receive 10 sick days per year (or 0.083 days per month).

ANNUAL LEAVE

Eligible: 6 months after hire

All regular full-time employees who have been employed by the City, the Fire Department, or the Police Department as appropriate, for a period of at least twelve (12) months shall be entitled to a vacation based on their anniversary date of employment as follows:

One to five years inclusive	15 days (9.375 hrs/month)
Six years inclusive	16 days (10 hrs/month)
Seven years inclusive	17 days (10.625 hrs/month)
Eight years inclusive	18 days (11.25hrs/month)
Nine years inclusive	19 days (11.875 hrs/month)
Ten years inclusive	20 days (12.5 hrs/month)
Eleven years inclusive	21 days (13.125 hrs/month)
Twelve + years inclusive	22 days (13.75 hrs/month)

Maximum accrued vacation time shall not exceed 375 hours. In the event an employee has accumulated more than 375 hours of unused vacation at the end of each year, said employee shall be paid no more than 75 hours accumulated in excess of 375. Payment will be made in the first payroll in February following the calendar 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 Veteran's
President's Birthday	Day Thanksgiving Day
Martin Luther King Day	Day after Thanksgiving Day Christmas
One-half day on Good Friday	Day
Memorial Day	Preceding Monday if Christmas comes on Tuesday Following
Independence Day	Friday if Christmas comes on Thursday
Labor Day	

PERSONAL DAYS

Eligible: First July after 6 months

Each member shall be entitled to fifteen (15) non-accumulative personal leave hours 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 fifteen (15) personal leave hours, an employee must have completed his or her probation period prior to July 1. In other words, a new employee will not get any personal days until July 1 following the completion of his or her probationary period.

BEREAVEMENT/EMERGENCY LEAVE

All permanent full-time employees shall be entitled to Emergency leave up to three (3) days with pay for death or grave illness in the immediate 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, grandparent, grandchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, and grandparent-in-law. Grave illness is defined as illness or accident where one is not likely to survive. All permanent full-time employees shall be entitled to emergency leave up to two (2) days for the death of an aunt, uncle, or of a spouse's aunt or uncle.

EDUCATION STIPEND

Full-time employees with a Master's degree from an accredited institution of higher education shall receive \$1,602.22 for full-time employees and \$801.00 for part-time employees, added to base salaries. This will increase by the 10-year rolling COLA average each July 1.

COURSE REIMBURSEMENT

Each Association member shall be entitled to course reimbursement by the City for courses taken that would provide for improved job performance. Prior approval by the City Manager or as appropriate, the Fire Chief or Police Chief is required. Reimbursement shall be contingent upon successful completion.

MILITARY LEAVE OF ABSENCE

To foster and encourage service in the United States Military Reserve and the National Guard, the City will pay any employee who is a member of the United States Military Reserve or the National Guard, the difference between his or her military pay and the employee's regular weekly straight time pay when on normal annual training sessions. Payment of the above stated differential shall not apply to regular monthly meetings, or when the employee enters full-time active duty.

JURY DUTY

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.

ADDITIONAL EARNED TIME

Credited to Annual Leave by February 1st each year

Association members who are required by the nature of their duties to attend meetings and/or work related activities at times other than their normal work day, shall receive, as compensation for this overtime, 4 hours added to their vacation time for each meeting attended during a calendar year to a maximum of 75 hours per calendar year. Beginning July 1, 2014, an additional 15 hours per calendar year may be earned at the rate of 7.5 hours per five (5) additional meetings attended. Maximum accrued vacation time shall not exceed 375 hours.

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. These longevity bonuses will increase by the 10-year rolling COLA average each July 1.

	Dec 2019
After the completion of 5 years of service	\$ 320.36
After the completion of 10 years of service	\$ 640.73
After the completion of 15 years of service	\$ 961.10
After the completion of 20 years of service	\$1,281.48
After the completion of 25 years of service	\$1,601.84
After the completion of 30 years of service	\$1,922.20
After the completion of 35 years of service	\$2,242.56

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, shows in Las Vegas etc.)
- **Payroll Deductions for Voluntary Benefits**
 - 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 Summary

	YOUR COST
Visit Copayment Applies each time You visit Your Primary Care Provider (PCP) or Network obstetrical/gynecological specialist.	\$20 per visit
Specialty Visit Copayment Applies each time You visit a specialist. This Copayment also applies each time You visit a Walk-In Center for diagnosis, care and treatment of an illness or injury.	\$20 per visit
Emergency Room Copayment	\$100 per visit
Urgent Care Facility Copayment Applies each time You visit a licensed hospital's urgent care facility for diagnosis, care and treatment of illness or injury.	\$50 per visit
Standard Deductible	N/A
Standard Coinsurance	
Coinsurance Maximum	
Durable Medical Equipment, Medical Supplies and Prosthetics	N/A 20%
Deductible Coinsurance	
Out-of-Pocket Limit	\$3,000 per Member, per year \$6,000 per family, per year
The Out-of-Pocket Limit 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.	

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

Coverage Outline

YOUR COST

Medical/Surgical Care	
I. Inpatient Services	
In a Short Term General Hospital (Facility charges for medical, surgical and maternity admissions)	You pay \$0
In a Skilled Nursing Facility (Facility charges) Up to 100 Inpatient days per Member, per year	
In a Physical Rehabilitation Facility (Facility charges)	
Inpatient physician and professional services (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.	
II. Outpatient Services	
Preventive Care	
Preventive Care and screenings as required by law or permitted by the Plan including, but not limited to: -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
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, 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, CTA, Chemotherapy, medical supplies and drugs	
Maternity care (prenatal and postpartum visits)	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).
Please see Your Subscriber Certificate for information about maternity care.	

	YOUR COST
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, 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 or 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)	
Emergency Room Visits and Urgent Care Facility Visits	
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	
Ambulance Services Medically Necessary Emergency Transport	
III. Outpatient Physical Rehabilitation Services	
Physical Therapy and Occupational Therapy and Speech Therapy Up to a combined maximum of 60 visits per Member, per year	Visit Copayment or Specialty Visit Copayment
Cardiac Rehabilitation Visits	
Chiropractic Care Office visits - up to 12 visits per Member, per year	
X-ray tests furnished by a chiropractor	You pay \$0
Early Intervention Services	Visit Copayment or Specialty Visit Copayment
IV. Home Care	
Physician services Medical exams, injections, medical treatments, surgery and anesthesia, telemedicine and online visits	Visit Copayment or Specialty Visit Copayment
Home Health Agency services	You pay \$0
Hospice	
Infusion Therapy	
Durable Medical Equipment, Medical Supplies and Prosthetics	Subject to the DME Coinsurance

	YOUR COST
V. Behavioral Health Care (Mental Health and Substance Abuse Care)	
Outpatient/Office/Telemedicine/Online Visits	
Mental Health Visits: Unlimited Medically Necessary visits	Visit Copayment or Specialty Visit Copayment
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
Substance Abuse Conditions: Unlimited Medically Necessary care for rehabilitation and detoxification	
Inpatient Care	
Mental Disorders: Unlimited Medically Necessary Inpatient days	You pay \$0
Substance Abuse Conditions: Medical detoxification days - Unlimited Medically Necessary Inpatient days Substance abuse rehabilitation - Unlimited Medically Necessary Inpatient days	
Scheduled Ambulance Transport Limited to Medically Necessary transport from one facility to another	
VI. Prescription Eyewear	
Benefits are limited to a maximum of \$40 per Member, per year. Please refer to your Prescription Eyewear Rider for more information.	