

**CITY OF PORTSMOUTH - THE PORTSMOUTH SUPERVISORY MANAGEMENT ALLIANCE  
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 Supervisory Management Alliance 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 (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: 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 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. Partial dentures
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 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
- Summer day camps
- Preschool costs
- Elder 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**

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****Eligible: 1<sup>st</sup> 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 65.

**LIFE INSURANCE****Eligible: 1<sup>st</sup> 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 one hundred and twelve (112) hours per year (or 9.334 hours per month). Employees shall have Sick Leave accumulation limited to 1200 hours. Employees who have accrued at least eight hundred (800) sick hours at beginning of a calendar year will be entitled to be paid twenty four (24) sick hours pay if no sick days are used in the calendar year and sixteen (16) sick hours of pay if only eight (8) sick hours are used in the calendar year.

**ANNUAL LEAVE****Eligible: One Year after hire**

All regular full-time employees who have been employed by the City, for a period of at least one (1) year shall be entitled to a vacation based on their anniversary date of employment as follows:

1 through 60 months service	6.664 hours/mo.	121 through 132 months service	10.664 hours/mo.
61 through 72 months service	7.336 hours/mo.	133 through 144 months service	11.336 hours/mo.
73 through 84 months service	8 hours/mo.	145 through 156 months service	12 hours/mo.
85 through 96 months service	8.664 hours/mo.	157 through 168 months service	12.664 hours/mo.
97 through 108 months service	9.336 hours/mo.	169 through 180 months service	13.336 hours/mo.
109 through 120 months service	10 hours/mo.		

Maximum accrued vacation time shall not exceed four hundred (400) hours as of December 31 for the purpose of carrying over to the next year. In the event an employee has accumulated more than four hundred (400) hours of unused annual leave at the end of each year, said employee shall be paid no more than eighty (80) hours accumulated annual leave in excess of four hundred (400). Payment will be made 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
Civil Rights Day	Veteran's Day
Washington's Birthday	Thanksgiving Day
One-half day on Good Friday	Day after Thanksgiving Day
Memorial Day	Christmas Day
Independence Day	Monday if Christmas comes on Tuesday
Labor Day	Friday if Christmas comes on Thursday

**PERSONAL DAYS****Eligible: First July after one year probation**

Each member may be granted sixteen (16) non-accumulative personal leave hours per contract year to attend to matters that cannot be transacted at any other time. Personal hours will be awarded on July 1 of each year. In order to qualify for the sixteen (16) personal leave hours, an employee must have completed his or her probationary 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.

**MEDICAL APPOINTMENTS****Eligible: 1<sup>st</sup> of the month after 6 months**

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, not to exceed 6 hours per contract year.

### **BEREAVEMENT LEAVE**

All employees shall be entitled to bereavement leave up to three (3) days with pay for a death in the immediate family. An additional two (2) days may be granted by the Department Head, at his/her discretion, for a death in the immediate family. Immediate family shall be defined as follows: Spouse, child, adopted child, parent, parent by adoption, brother, sister, grandparent, grandchild, mother-in-law, father-in-law, brother-in-law, and sister-in-law. Employees shall be entitled to one (1) day of bereavement leave to attend the funeral of the following family members: aunt, uncle, grandparent-in-law, niece and nephew. Extensions may be granted by application to the Department Head.

### **EDUCATION REIMBURSEMENT**

Employees will be entitled to a course reimbursement up to \$2,000 per fiscal year, by the City, for courses taken that would provide for improved job performance. Prior approval by the City Manager is required. Reimbursement shall be contingent upon successful completion of the course.

### **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.

### **JURY/WITNESS DUTY PAY**

An employee called as a juror or witness will be granted paid leave for the period of time he/ she is unable to return to work. A copy of all or any subpoena along with any monies received from this service (other than personal expenses, such as travel) shall be transmitted to the City Comptroller.

### **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.

	<b>Dec 2019</b>
After the completion of 5 years of service	\$ 320.37
After the completion of 10 years of service	\$ 640.74
After the completion of 15 years of service	\$ 961.10
After the completion of 20 years of service	\$1,281.47
After the completion of 25 years of service	\$1,601.84
After the completion of 30 years of service	\$1,922.21
After the completion of 35 years of service	\$2,242.58

### **WORKERS' 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 Workers' Compensation carrier and the employee's regular net pay check. If the workers' compensation benefit is more than the net pay, the City will deduct the amount of the difference from a withholding account. 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 fifty-two (52) weeks.

### **SHOE ALLOWANCE**

All SMA employees will be entitled to reimbursement two (2) times per year, of up to one hundred and twenty five dollars (\$125.00) per reimbursement, for the purchase of appropriate, work related footwear.

### **ON CALL PAY**

An employee called in after-hours shall be paid a minimum of four (4) hours at one and one-half (1 1/2) times his/her rate of pay. Any member of the bargaining unit who is required to be on call for a week at a time will be paid a stipend of one hundred seventy five dollars (\$175.00) for the week.

## **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
  - MetLife
  - LegalShield

Health Plan Summary	YOUR COST
<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>  <b>Deductible</b>  <b>Coinsurance</b>  <b>Out-of-Pocket Limit</b>	N/A
	20%
	\$3,000 per Member, per year \$6,000 per family, per year
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.	

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
Medical/Surgical Care	
I. Inpatient Services	
<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.	
II. Outpatient Services	
Preventive Care	
<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
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 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.	

	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	
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)	
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 <ul style="list-style-type: none"><li>Office visits - up to 12 visits per Member, per year</li></ul>	
<ul style="list-style-type: none"><li>X-ray tests furnished by a chiropractor</li></ul>	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	
<b>Mental Health Visits:</b> Unlimited Medically Necessary visits	Visit Copayment or Specialty Visit Copayment
<b>Substance Abuse Visits:</b> Unlimited Medically Necessary visits (including detoxification and substance abuse rehabilitation services)	
<b>Applied Behavioral Analysis:</b> Unlimited Medically Necessary visits for treatment of pervasive developmental disorder or autism.	
Partial Hospitalization and Intensive Outpatient Treatment Programs	
<b>Mental Disorders:</b> Unlimited Medically Necessary care	You pay \$0
<b>Substance Abuse Conditions:</b> Unlimited Medically Necessary care for rehabilitation and detoxification	
Inpatient Care	
<b>Mental Disorders:</b> Unlimited Medically Necessary Inpatient days	You pay \$0
<b>Substance Abuse Conditions:</b> <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>	
<b>Scheduled Ambulance Transport</b> Limited to Medically Necessary transport from one facility to another	
VI. Prescription Eyewear	
Benefits are limited to a maximum of <b>\$40</b> per Member, per year. Please refer to your Prescription Eyewear Rider for more information.	