

ADDENDUM AGREEMENT

This Addendum Agreement (the "Agreement") is entered into by and between the **SAYBROOK TOWNSHIP BOARD OF TRUSTEES** (the "Employer") and the **INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS, LOCAL #3196** (the "Union") as of the date hereinafter set forth.

WHEREAS, Employer and Union are parties to a Collective Bargaining Agreement which is effective from January 1, 2014 through December 31, 2016 (the "CBA"); and

WHEREAS, the parties have agreed to amend and restate the provisions of the CBA regarding health insurance, as are hereinafter stated, with the intention that the remaining terms and conditions of the CBA which are not specifically addressed herein shall remain in full force and effect; and

WHEREAS, the parties have agreed to memorialize their entire agreement with regard to the aforementioned re-opener negotiations.

NOW, THEREFORE, IT IS HEREBY AGREED, as follows:

1. **ARTICLE 18**, entitled **INSURANCE COVERAGE**, is hereby amended and restated with the following language:

18.1 Employer agreed that from the effective date of **March 1, 2015** through midnight December 31, 2016 (subject to the provisions of paragraph 18.7 below), Employer will provide hospitalization/medical coverage as is defined in the schedule of benefits currently being provided to employees under the Employer's policy with **Aetna Bronze 5500 S P Integrated W HRA Plan**. A copy of the Schedule of Benefits for the **Aetna Bronze 5500 S P Integrated W HRA Plan** is attached hereto as Attachment 1 and same is incorporated by reference as if fully rewritten herein. The Employer retains the exclusive right to select the vendors to provide the scheduled benefits to employees and to change vendors at will. The Employer will assure that a comparable schedule of benefits that are enumerated in the policy's schedule effective **March 1, 2015** will be provided by any new vendor.

18.2 All employees and their family members who are insured under the hospitalization and prescription coverages of the **Aetna Bronze 5500 S P Integrated W HRA Plan** shall be eligible to be reimbursed for their network deductible and co-insurance medical expenses, as is hereinafter provided, under the Employer's Health Reimbursement Arrangement (the "HRA"). The HRA will include the following benefits:

- a. The HRA Plan will run on a calendar year basis for the term of this Agreement.
- b. For each calendar year, eligible employees and their insured family members shall receive reimbursement for their network deductible and co-

insurance medical expenses incurred during the calendar year, in accordance with the provisions of the **Aetna Bronze 5500 S P Integrated W HRA Plan**. Employees taking single coverage shall be entitled to a \$5,000.00 Base HRA which shall be fully funded by the Employer. Additionally, employees taking single coverage shall be eligible for reimbursement in the amount of up to **\$1,600.00** for the Wellness HRA. The exact amount of the employee's reimbursement under the Wellness HRA shall be determined by the employee's successful completion of the components of the Wellness Program as established under the Public Employee Benefits Association, PEBA Wellness Plan. Employees taking family coverage shall be entitled to a \$10,000.00 Base HRA which shall be fully funded by the Employer. Additionally, employees taking family coverage shall be eligible for reimbursement in the amount of up to **\$3,200.00** for the Wellness HRA. The exact amount of the employee's reimbursement under the Wellness HRA shall be determined by the employee's successful completion of the components of the Wellness Program as established under the Public Employee Benefits Association, PEBA Wellness Plan.

- c. The Employer will pay an administrative fee of \$5.00 per employee per month for the debit card administrative fee and \$5.00 per employee per month for the Wellness Program administrative fee.
 - d. An eligible employee may be required to present documentation of his/her network deductible and co-insurance expenses incurred by the employee or their eligible family member. All employees eligible to receive reimbursements under the HRA Plan agree to comply with all reasonable rules and regulations established by the insurer for the administration of the HRA Plan.
- 18.3 The Employer agrees to pay the premiums for single vision coverage, as identified on page 3 of Attachment 1. Employees who desire family vision coverage will be required to pay the difference between the single and family coverage premiums. The Union and Employer hereby acknowledge that the terms and provisions of the HRA do not apply to the vision coverage program, and that Employees shall not receive reimbursement for their co-payments made for vision insurance benefits.
- 18.4 The Union and Employer agree to continue to participate in an insurance committee, which will consult with an insurance expert and/or consultant, to review the insurance needs for the employees and the other Township Trustees who are afforded hospitalization/medical coverage insurance.
- 18.5 Each Employee shall be entitled to receive group life insurance coverage in the amount of Fifteen Thousand Dollars (\$15,000.00) with the entire cost of the premiums to be paid by the Employer. The Employer shall have the exclusive

right to select the vendors to provide the amount of life insurance coverage afforded herein.

18.6 The Employer agrees to inform the Union, in writing, of any change in insurance carriers at least thirty (30) days prior to the effective date for the change of insurance carriers.

18.7 As further consideration for the receipt of the wage increases to be paid to bargaining unit members, the Union agrees to reopen negotiations for health insurance coverage in the event that the Expected Plan Cost for **Aetna Bronze 5500 S P Integrated W HRA Plan** for plan year 2016 exceed the actual cost for providing health insurance coverage to members of the bargaining unit for the prior plan year.

2. The Employer and the Union hereby acknowledged and agree that the aforementioned terms and conditions set forth above constitute their entire agreement relative to the re-opener of negotiations identified above.

3. The parties further acknowledge and agree that all of the remaining terms and conditions of the CBA, which are not specifically modified herein, are intended to remain in full force and effect for the duration of the CBA through December 31, 2016.

Entered into and executed this 3/31 day of March 2015.

FOR THE EMPLOYER:

FOR THE UNION:

Jane Haru-Jackoe
Township Trustee

[Signature]
Township Trustee

Robert Brode
Township Trustee

[Signature]
Chief Negotiator

[Signature]
President

David Whitale
Secretary-Treasurer

[Signature]
Negotiating Team Member

Approved as to legal form only:

[Signature]
Nicholas A. Iarocci
Ashtabula County Prosecutor

March 17, 2015
Date