

**SECOND ADDENDUM AGREEMENT**

This Second Addendum Agreement (the "Second Addendum") 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"), as amended and restated in the Addendum Agreement between the parties of March 31, 2015 (the "Addendum"); and

**WHEREAS**, the parties have agreed to amend and restate the provisions of the CBA, as amended and restated in the Addendum, 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**, which was amended and restated in the Addendum, is hereby amended and restated as follows:

18.1 Employer agrees that from the effective date of March 1, 2016 through midnight December 31, 2016, 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 OH Silver SP HNOption 5000, 80/50 (Integrated) CLV Plan. A copy of the Schedule of Benefits for the OH Silver SP HNOption 5000, 80/50 (Integrated) CLV 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, 2016 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 OH Silver SP HNOption 5000, 80/50 (Integrated) CLV 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 OH Silver SP HNOption 5000, 80/50 (Integrated) CLV 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 \$1,200.00 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. 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 \$2,400.00 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 Effective with the payroll period beginning February 18, 2016 and continuing until the end of the term of the CBA, Employer agrees to pay ninety one percent (91%) of the premium cost for each bargaining unit member's hospitalization/medical coverage and each bargaining unit member will pay nine percent (9%) of the aforementioned premium cost. In exchange for same, bargaining unit members shall retain their negotiated wage increase for the final year of the CBA.
- 18.4 The Employer agrees to pay the premiums for single vision coverage, as identified on page 2 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.

18.5 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.

18.6 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.

18.7 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.

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.

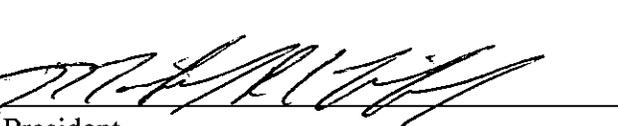
3. The parties further acknowledge and agree that all of the remaining terms and conditions of the CBA, which are not specifically modified herein, are intended to remain in full force and effect for the duration of the CBA through December 31, 2016.

Entered into and executed this 28<sup>th</sup> day of April 2016.

**FOR THE EMPLOYER:**

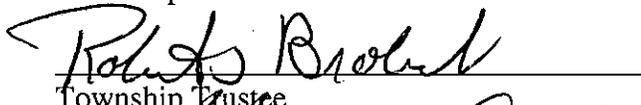
**FOR THE UNION:**

  
\_\_\_\_\_  
Township Trustee

  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Township Trustee

  
\_\_\_\_\_  
Secretary-Treasurer

  
\_\_\_\_\_  
Township Trustee

  
\_\_\_\_\_  
Negotiating Team Member

  
\_\_\_\_\_  
Chief Negotiator

Approved as to legal form only:

  
\_\_\_\_\_  
Nicholas A. Iarocci  
Ashtabula County Prosecutor

March 30, 2016  
\_\_\_\_\_  
Date

# Medical Benefits

Relative Value	IN-NETWORK SERVICES						OUT-OF-NETWORK		
	PCP/SPC.	Ded.	Coins.	Hosp. Copay / Ded.	OOPM.	Rx.	Ded.	OOPM.	
<b>CURRENT PRODUCT(S)</b>									
<del>OH Bronze SP HNOption 5500 80/50 (Integ) CLV</del>	<del>\$40 / Ded\$75 / Ded40%</del>	<del>\$5500/11000 / \$6000/12000</del>	<del>20% / 40%</del>	<del>Ded20% / Ded40%</del>	<del>\$8800/15200 / \$6600/13200</del>	<del>3/10/50/90/P30%to250 /NP40%to400 Med Ded Applies Tiers 2-4 / 3/10/50/90/P30%to250 /NP40%to400 Med Ded Applies Tiers 2-4</del>	<del>\$18000/36000</del>	<del>\$19800/39600</del>	
<b>PROPOSED RENEWING PRODUCT(S)</b>									
<b>ACA Plan(s)</b>									
OH Silver SP HNOption 5000 80/50(Integrated)CLV	1.00	\$20 / \$50 / Ded40%	\$5000/10000 / \$5300/10600	20% / 40%	Ded20% / Ded40%	\$6200/12400 / \$6200/12400	3/10/50/90/30% up to 250/40% up to 400 Med Ded Applies Tiers 2-5 / 3/10/50/90/30% up to 250/40% up to 400 Med Ded Applies Tiers 2-5	\$15000/30000	\$16500/33000
<b>ALTERNATE PRODUCT(S)</b>									
<b>ACA Plan(s)</b>									
<del>OH Bronze SP HNOption 5000 80/50 HSA EMB CLV</del>	<del>0.97</del>	<del>Ded20% / Ded40%</del>	<del>\$5000/10000 / \$6000/12000</del>	<del>20% / 40%</del>	<del>Ded20% / Ded40%</del>	<del>\$6150/12300 / \$6450/12300</del>	<del>3/10/50/90/30% up to 250/40% up to 400 Med Ded Applies / 3/10/50/90/30% up to 250/40% up to 400 Med Ded Applies</del>	<del>\$18000/36000</del>	<del>\$19350/38700</del>

Proposal Type: Renewal  
 Group name: SAYBROOK TOWNSHIP ASHTABULA COUNTY  
 PSUID: 92700509

Quote ID: 12603553  
 Effective Date: 03/01/16 to 03/01/17  
 Proposal Generated On: 12/03/2015 00:05

