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MEMORANDUM OF UNDERSTANDING
BETWEEN
THE CITY OF SALEM
AND
LOCAL #283
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS,
AFL-CIO

MEMORANDUM OF UNDERSTANDING REGARDING ARTICLE 16
HOSPITALIZATION INSURANCE

Due to the fact that the agreement between The City of Salem and Local #283 International Association of Firefighters agreed to reopen negotiations on health insurance, the following changes will be made effective October 1, 2016:

1. United Health Care will be replaced by Anthem Blue Cross/Blue Shield.
2. The City of Salem agrees to pay eighty eight and one half percent (88.5%) of the cost of the family, employee/spouse, employee/child or single plan and the employee agrees to pay the remaining eleven and one half percent (11.5%) of the family, employee/spouse, employee/child or single plan.

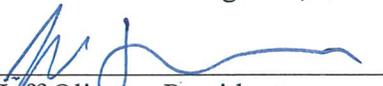
This agreement is hereby executed by the signatures below on this 2ND day of AUG., 2016.

For the City of Salem:



John C. Berlin, Mayor

For Salem Fire Fighters, Local #283:



Jeff Olinger, President



Brandon Lucas

Your Summary of Benefits



City of Salem - ERC

Lumenos Health Savings Accounts (with Copay) Option E1 with Rx Option CE (Essential)

Effective 10/01/2016

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Covered Benefits	Network	Non-Network
Deductible The single deductible applies to the Family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to coinsurance. Once the family deductible has been satisfied, benefits for the family are payable subject to coinsurance.	Single: \$2,600 Family: \$5,200	Single: \$5,000 Family: \$10,000
Out-of-Pocket Limit	Single: \$3,500 Family: \$7,000	Single: \$7,000 Family: \$14,000
Physician Home and Office Services (PCP/SCP) (3) Primary Care Physician(PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> · Allergy injections (PCP and SCP) \$5 · Allergy testing 0% · MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and Pharmaceuticals 0% 	\$30 /\$60	30%
Preventive Care Services Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening.	No Cost Share	30%
Emergency and Urgent Care <ul style="list-style-type: none"> · Emergency Room Services @Hospital (facility/other covered services) (copayment waived if admitted) \$250 · Urgent Care Center Services \$75 <ul style="list-style-type: none"> · MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-Maternity related Ultrasounds and Pharmaceuticals 0% · Allergy injections \$5 · Allergy testing 0% 	\$250 \$75 0% \$5 0%	\$250 30% 30% 30% 30%
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> · Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	0%	30%
Inpatient Facility Services Unlimited days except for: <ul style="list-style-type: none"> · 60 days Network/Non-Network combined for physical medicine / rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) · 100 days Network/Non-Network combined for skilled nursing facility 	0%	30%

Your Summary of Benefits



City of Salem - ERC

Lumenos Health Savings Accounts (with Copay) Option E1 with Rx Option CE (Essential)

Effective 10/01/2016

Covered Benefits	Network	Non-Network
Outpatient Surgery Hospital / Alternative Care Facility · Surgery and administration of general anesthesia	0%	30%
Other Outpatient Services (including but not limited to): · Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. · Home Care Services (Network/Non-network combined) 100 visits (excludes IV Therapy) · Durable Medical Equipment, Orthotics, and Prosthetics · Physical Medicine Therapy Day Rehabilitation programs · Ambulance Services	0%	30%
Outpatient Therapy Services (Combined Network & Non-Network limits apply) · Physician Home and Office Visits (PCP/SCP) · Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: · Physical therapy: 20 visits · Occupational therapy: 20 visits · Manipulation therapy: 12 visits · Speech therapy: 20 visits · Cardiac Rehabilitation: 36 visits · Pulmonary Rehabilitation: 20 visits · Accidental Dental Coverage \$3000 per accident	\$30/\$60 0%	30% 30%
Behavioral Health Services: Mental Health and Substance Abuse (1) · Inpatient Facility Services · Physician Home and Office Visits · Other Outpatient Services @ Hospital/Alternative Care Facility	0% \$30 0%	30% 30% 30%
Human Organ and Tissue Transplants · Acquisition and transplant procedures, harvest and storage.	0%	30%
Prescription Drugs: · Network Retail Pharmacies: (30 day supply) Includes diabetic test strip · Home Delivery (90 day supply) Includes diabetic test strip *4th Tier per script max- 30 day supply. Specialty medications are limited to a 30 day supply regardless of whether they are retail or home delivery. -Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits. - Member may be responsible for additional cost when not selecting the available generic drug. - Members have additional cost with retail supply greater than 30 days.	\$10 / \$35 / \$70 / 25% \$250 max* \$20 / \$105 / \$210 / 25% \$250 max*	50% , min \$70(2) Not Covered

Notes:

All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).

· Deductible(s) apply to all covered medical services listed with a percentage (%) coinsurance and copayment, including prescription drug cost shares.

· Network and Non-network deductibles, coinsurance, and out of pocket maximums are separate and do not accumulate towards each other.

· Dependent age: to the end of the month in which the child attains age 26.

07/22/2016

City of Salem - ERC

Proposed Effective Date: 10/01/2016

NEACE LUKENS INC

Health Insurance offered by Community Insurance Company

Lumenos Health Savings Accounts (with Copay) Option E1 with Rx Option CE (Essential)

	Network	Non-Network
Calendar Year Deductible (individual/family)	\$2,600 / \$5,200	\$5,000 / \$10,000
Annual Out-Of-Pocket Maximum (individual/family)	\$3,500 / \$7,000	\$7,000 / \$14,000
Physician Home and Office Services (PCP/SCP)	\$30 / \$60	30%
Preventive Care Services	No Cost Share	30%
Allergy injections	\$5	30%
Emergency Room Services: Facility/Other Covered Services	\$250	\$250
Urgent Care Center	\$75	30%
Inpatient/Outpatient Professional Services	0%	30%
Inpatient Facility Services (per admission)	0%	30%
Outpatient Hospital/Alternative Care Fac: Surgery (per visit)	0%	30%
Outpatient Services: Other (per visit)	0%	30%
Ambulance Services	0%	0%
Hospice Services	0%	0%

All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services). Network and Non-network deductibles, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other. Network and non-network deductibles are combined for 500 series plans. Deductible(s) apply to all covered medical services listed with a percentage (%) coinsurance and copayment, including prescription drug cost shares. 0% means no coinsurance up to the maximum allowable amount. No Cost Share means no deductible or coinsurance up to the maximum allowable amount.

Other Network Services:

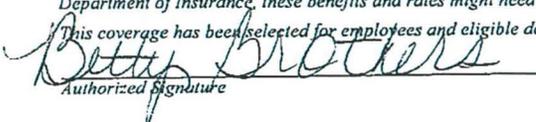
Durable Medical Equipment, Orthotics, and Prosthetics
 Outpatient Therapies
 - Physical Therapy: 20 visit limit
 - Occupational Therapy: 20 visit limit
 - Manipulation Therapy: 12 visit limit
 - Speech Therapy: 20 visit limit
 - Cardiac Rehabilitation: 36 visit limit
 - Pulmonary Rehabilitation: 20 visit limit
 - Accidental Dental Coverage \$3000 per accident
 Human Organ / Tissue Transplants
 0%

Behavioral Health (Mental Health and Substance Abuse)
 - Benefits provided in accordance with Federal Mental Health Parity
 Home Care Services
 - 100 visits excludes Private Duty Nursing and IV Therapy
 Private Duty Nursing
 -82 visits/Calendar Year
 Prescription Drugs (Network Pharmacy)
 - Retail (30-day Supply)
 \$10 / \$35 / \$70 / 25% \$250 max*
 - Home Delivery (90-day Supply)
 \$20 / \$105 / \$210 / 25% \$250 max*
 - *4th Tier per script max 30 day supply. Specialty medications are limited to a 30 day supply regardless of whether they are retail or home delivery.
 - Member may be responsible for additional cost when not selecting the available generic drug.
 - Members have additional cost with retail supply greater than 30 days.

Benefit ID: 186869

The benefits and rates reflected in this quotation have been adjusted to comply with changes required by the Affordable Care Act beginning in 2014. If not yet approved by the Department of Insurance, these benefits and rates might need to be adjusted.

This coverage has been selected for employees and eligible dependents; subject to the terms and conditions of this proposal and the application to which this is attached.


 Authorized Signature

8.2.2016
 Date

**Your Summary of Benefits
City of Salem
Anthem Dental Complete**



WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

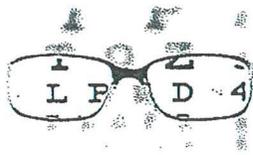
Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network	
Annual Benefit Maximum · Per insured person	Calendar Year	\$1,000	\$1,000	
Annual Maximum Carryover		No	No	
Orthodontic Lifetime Benefit Maximum · Per eligible insured person		\$1,000	\$1,000	
Annual Deductible (The Deductible does not apply to Orthodontic Services) · Per insured person · Family maximum	Calendar Year	\$50 3X Individual	\$50 3X Individual	
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes	
Out-of-Network Reimbursement Options:		90th percentile		
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services · Periodic oral exam · Teeth cleaning (prophylaxis) · Bitewing X-rays: 1X per 12 months · Intraoral X-rays		100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services · Amalgam (silver-colored) Filling · Front composite (tooth-colored) Filling · Back composite Filling, Alternated to Amalgam Benefit · Simple Extractions		80% Coinsurance	80% Coinsurance	No Waiting Period
Endodontics · Root Canal		80% Coinsurance	80% Coinsurance	No Waiting Period
Periodontics · Scaling and root planing		80% Coinsurance	80% Coinsurance	No Waiting Period
Oral Surgery · Surgical Extractions		80% Coinsurance	80% Coinsurance	No Waiting Period
Major Services · Crowns		50% Coinsurance	50% Coinsurance	No Waiting Period
Prosthodontics · Dentures · Bridges · Dental implants Not Covered		50% Coinsurance	50% Coinsurance	No Waiting Period
Prosthetic Repairs/Adjustments		50% Coinsurance	50% Coinsurance	No Waiting Period
Orthodontic Services · Dependent Children Only*		50% Coinsurance	50% Coinsurance	No Waiting Periods

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.



Proposal for Blue View VisionSM Plan
ERC Health
Group Name: City of Salem
Effective Date: October 1st, 2016



We have a unique perspective on vision care

As part of one of the largest health carriers in the United States, Blue View Vision will give your employees a vision plan that really does care for their health. We recognize the importance of overall health management. In fact, when our medical and vision plans are packaged together, our members' entire health care team can work together to share information, even identify gaps in care. That's a real advantage and it's something that strongly differentiates us from stand-alone vision carriers. After all we're not just a vision plan, we're Anthem.

Vision care doctors are often the first to identify chronic health conditions. During an exam, vision care doctors are able to see signs of a number of eye and other health conditions. This can lead to early detection of major health problems before they become more serious.



When your employees have our medical and vision plans...

- Network doctors can see relevant medical diagnoses, lab results and prescription drug history in a secure and HIPAA-compliant online format
- Doctors have access to patient health profiles and can view care alerts in advance of the appointment, so they're better informed
- Nearly 100% of the vision care doctors we surveyed said having this data results in better care

Enrollment & referrals into care management programs

Vision claims data is included in the risk categories that can trigger enrollment in disease management programs. Whether enrolled in a program or not, members can always access our nurse hotline 24/7.

What else makes us better?

Combined administration

We can offer the power of packaging multiple product lines, such as health and vision. This allows for the convenience of one bill, one ID card, and one point of contact.

Award winning customer service

BenchmarkPortal bestows their Center of Excellence Certification, one of the most esteemed recognitions in the customer service arena, only to call centers that rank in the top 10% of those surveyed. Our members can reach the award winning customer care center – staffed by U.S. based representatives – 7 days a week.



Provider Network

Over **33,000 doctors** at more than **26,000 locations** nationwide, with independent doctors, convenient retail stores and 1-800 CONTACTS – **all in-network** – makes it easy for employees to take care of their vision needs and they can do it outside of work hours. Plus, retail or independent, **every** network provider extends valuable discounts to our members.

Monthly Rates	
Renewal Date: 7/1/2018	
<input checked="" type="checkbox"/> Employer Paid	<input type="checkbox"/> Voluntary
Employee Only: \$4.77	\$6.40
Employee + Spouse: \$8.35	\$11.20
Employee + Child(ren): \$9.06	\$12.16
Family: \$13.83	\$18.56
Commission 10%	

INDEPENDENT PROVIDERS

1800 CONTACTS



PEARLE VISION

sears optical



Accepted on behalf of Group

Print Name

Betty Brothers

Signature

Betty Brothers

Date

8/4/16

City of Salem

PROPOSED BLUE VIEW VISION PLAN DESIGN

VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Routine eye exam Once every 12 months	\$10 copay	\$42 allowance
Eyeglass frame One pair every 24 months	\$130 allowance, 20% off any remaining balance	\$45 allowance
Eyeglass lenses One pair every 12 months in standard plastic with choice of the following options:		
o Single vision lenses	\$20 copay	\$40 allowance
o Bifocal lenses	\$20 copay	\$60 allowance
o Trifocal lenses	\$20 copay	\$80 allowance
Eyeglass lens enhancements When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the following lens enhancements at no extra cost.		
o Transitions® Lenses (for a child under age 19)	\$0 copay	No allowance on lens enhancements when obtained out-of-network
o Standard Polycarbonate (for a child under age 19)	\$0 copay	
o Factory Scratch Coating	\$0 copay	
Contact lenses		
Once every 12 months Instead of eyeglass lenses	<ul style="list-style-type: none"> o Elective Conventional Lenses; or \$130 allowance, 15% off any remaining balance o Elective Disposable Lenses; or \$130 allowance (no additional discount) o Non-Elective Contact Lenses Covered in full 	<ul style="list-style-type: none"> \$105 allowance \$105 allowance \$210 allowance

ADDITIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS

In-network Member Cost
(after any applicable copay)

Retinal Imaging	o At member's option can be performed at time of eye exam	Not more than \$39
Eyeglass lens upgrades	o Transitions® lenses (Adults)	\$75
When obtaining eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost.	o Standard Polycarbonate (Adults)	\$40
Eyeglass lens copayment applies.	o Tint (Solid and Gradient)	\$15
	o UV Coating	\$15
	o Progressive Lenses	
	o Standard	\$65
	o Premium Tier 1	\$85
	o Premium Tier 2	\$95
	o Premium Tier 3	\$110
	o Anti-Reflective Coating	
	o Standard	\$45
	o Premium Tier 1	\$57
	o Premium Tier 2	\$68
	o Other Add-ons and Services	20% off retail price
Additional Pairs of Eyeglasses	o Complete Pairs	40% off retail price
Anytime from any Blue View Vision network provider	o Eyeglass materials purchased separately	20% off retail price
Eyewear Accessories	o Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up	o Standard contact lens fitting	Up to \$55
Available following a comprehensive eye exam	o Premium contact lens fitting	10% off retail price
Conventional Contact Lenses		
After covered benefits have been used	o Discount applies to materials only	15% off retail price

Other discount offers on LASIK surgery and much more available through Anthem's SpecialOffers program.

This information is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the Certificate of Coverage. Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association. CR 12/14

Group Name: City of Salem Proposal ID: 1567093_1_1

Plan Design

Basic Group Term Life, Accidental Death and Dismemberment

Eligibility: All Eligible Employees Working 30 Hours Per Week

Benefit Schedule

Feature	Description
Basic Life benefits	
Basic life benefit	\$25,000
Guaranteed issue limit	\$25,000
Living benefit (accelerated death benefit)	75% up to \$250,000
Waiver of premium	Premiums can be waived for employees who become totally disabled before age 60, after the 6 month elimination period. Coverage terminates at age 65 or retirement, whichever is earlier.
Conversion	Included
Portability	Not Included
Age reductions	Benefit reduces by 35% at age 65; 50% at age 70. All coverage terminates at retirement.
Employee contribution	Non-contributory
Participation requirement	100% of eligible employees must be enrolled for coverage
Accidental Death and Dismemberment benefits	
AD&D benefit	Same as basic life
Guaranteed issue limit	All amounts are guaranteed issue
Age reductions	Same as basic life
Table of losses	Standard table included
Airbag benefit	10% of AD&D benefit, up to \$10,000 maximum
Seatbelt benefit	10% of AD&D benefit, up to \$15,000 maximum
Repatriation benefit	Up to \$5,000 for transportation and related expenses
Child education benefit	5% of AD&D benefit per year for each child's post-secondary education expenses; annual maximum of \$5,000 or actual expense. \$40,000 combined maximum for all children.
Coma benefit	1% of AD&D benefit for each full month of coma, up to 8 years
Common carrier benefit	25% of AD&D benefit
General Provisions	
Resource Advisor	Included
Travel Assistance	Included
Special Offers	Included
Rate guarantee	Rates in this Proposal are guaranteed for 24 months

Rate and Premium Summary

Group Name: City of Salem Proposal ID: 1567093_1_1

Rate and Premium Summary

Basic Coverage	Number of Lives	Monthly Rate	Volume	Monthly Premium
Basic Group Term Life	84	\$0.25 per \$1000	\$2,061,250.00	\$515.31
AD&D	84	\$0.02 per \$1000	\$2,061,250.00	\$41.23
Total Monthly Group Premium				\$556.54
Total Annual Group Premium				\$6,678.48

Contact your Anthem Life representative today to discuss the features of this proposal and hear more about Anthem Life's valuable programs.

Signature Betty Brothers Date 8/4/2016