

ADDENDUM AGREEMENT

This Addendum Agreement (the "Agreement") is entered into by and between the **SAYBROOK TOWNSHIP BOARD OF TRUSTEES** (the "Employer") and the **COMMUNICATIONS WORKERS OF AMERICA AFL-CIO, LOCAL 4340** (the "Union") as of the date hereinafter set forth.

WHEREAS, Employer and Union are parties to a Collective Bargaining Agreement which is effective from February 1, 2015 through January 31, 2018 (the "CBA"); and

WHEREAS, the parties have agreed to amend and restate the provisions of the CBA regarding health insurance and a contract re-opener, 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 24**, entitled **INSURANCE COVERAGE**, is hereby amended and restated with the following language:

24.1 Effective March 1, 2016 and continuing through the end of the CBA (subject to the provisions set forth below in paragraph 24.8 of this Addendum), the Township agrees to pay the entire cost of the premiums for hospitalization/medical coverage, under the Aetna Bronze, 5500 SP Integrated W HRA Plan, as more specifically defined in the Schedule of Benefits, identified on Attachment 1, which is attached hereto and incorporated by reference.

24.2 All employees and their family members who are insured under the hospitalization and prescription coverages of the HRA Plan shall be eligible to be reimbursed for their network deductible and co-insurance medical expenses, as hereinafter provided, under the Employer's HRA Plan. The HRA Plan 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.
- 24.3 The Township also agrees to pay the premiums for single vision coverage for Employees, as more specifically described on page 2 of Attachment 1. The vision coverage will include a \$20.00 co-payment. Employees will have the option of paying the difference in premium costs between single and family coverage in the event they elect to receive family vision coverage. The Township and Union hereby acknowledge and agree that the HRA Plan described herein does not apply to the terms and conditions of the vision coverage. Accordingly, there will be no reimbursement for co-payments made by an Employee or family members who receive benefits under the vision insurance coverage.
- 24.4 Should the insurance carrier or the Ohio Township Association inform the Employer of any changes to the Schedule of Benefits, the parties agree to reopen their negotiations to address any such changes in the hospitalization/medical insurance coverage.
- 24.5 Employer agrees to inform the Union, in writing, of any change in insurance carrier at least thirty (30) days prior to the effective date for the change of insurance carriers.
- 24.6 Employer shall continue to have the exclusive right to select the vendor(s) to provide the Schedule of Benefits to bargaining unit members and to change vendor(s) at will. The Employer hereby agrees that any new plan will have a Schedule of Benefits comparable to the Schedule of Benefits which are being provided in the Renewal Plan.

- 24.7 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 second year of the CBA (subject to the provisions of paragraph 24.8 below).
- 24.8 Employer agrees that it will participate in a contract reopener for wages and health insurance coverage for the third year of the CBA, beginning on February 1, 2017.
- 24.9 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.
- 24.10 The Union and Trustees agree to continue to participate in the Insurance Committee. The Insurance Committee shall consist of one bargaining unit employee and an alternate from the Union, one bargaining unit employee and an alternate from the International Association of Fire Fighters (IAFF), and the Township's Fiscal Officer and one Township Trustee. The Insurance Committee will explore alternatives for health care coverages and cost savings and will make recommendations for changes for the Townships insurance plan on or before Forty Five (45) days prior to the onset of each new plan year. The Township and Union agree to meet to review the recommendations from the Insurance Committee no later than fifteen (15) days prior to the new 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 January 31, 2018.

SIGNATURE PAGE TO FOLLOW

Entered into and executed this 20th day of April 2016.

**COMMUNICATIONS WORKERS
OF AMERICA**









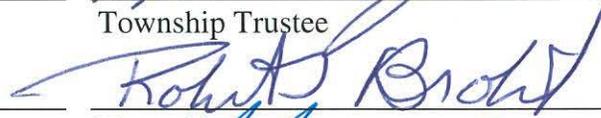
**BOARD OF TOWNSHIP TRUSTEES
OF SAYBROOK TOWNSHIP**



Township Trustee



Township Trustee



Township Trustee



Chief Negotiator

Approved as to legal form only:



Nicholas A. Iarocci
Ashtabula County Prosecutor

4/20/16

Date

Medical Benefits

Relative Value	IN-NETWORK SERVICES						OUT-OF-NETWORK		
	PCP/SPC.	Ded.	Coins.	Hosp. Copay / Ded.	OOPM.	Rx.	Ded.	OOPM.	
CURRENT PRODUCT(S)									
OH Bronze SP HNOption 5500 80/50 (Integ) CLV	\$40 / Ded\$75 / Ded40%	\$5500/11000 / \$6000/12000	20% / 40%	Ded20% / Ded40%	\$8800/15200 / \$6600/15200	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	\$18000/36000	\$19800/39600	
PROPOSED RENEWING PRODUCT(S)									
ACA Plan(s)									
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
ALTERNATE PRODUCT(S)									
ACA Plan(s)									
OH Bronze SP HNOption 5000 80/50 HSA EMB CLV	0.97	Ded20% / Ded40%	\$5000/10000 / \$6000/12000	20% / 40%	Ded20% / Ded40%	\$6450/12900 / \$6450/12900	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	\$18000/36000	\$19350/38700

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

