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L.O.G.I.C.

Regional Emergency Dispatch Center

and

The Fraternal Order Of Police  
Ohio Labor Council Inc.

Collective Bargaining Agreement

January 1, 2014 to December 31, 2016

SERB Case #13-MED-09-1087

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**ARTICLE 1**  
**PURPOSE AND INTENT**

**Section 1.1.** This Agreement is hereby entered into by and between the Local Governments in Cooperation, L.O.G.I.C. hereinafter referred to as the Employer and the Fraternal Order of Police, Ohio Labor Council, Inc., hereinafter referred to as the FOP/OLC or The Union.

**Section 1.2** In an effort to continue harmonious and cooperative relationships with its employees and to insure its orderly and uninterrupted efficient operations, the Employer now desires to enter into an agreement reached through collective bargaining which will have for its purpose, among others, the following:

- A. To recognize the legitimate interests of the employees of the Employer to participate through collective bargaining in the determination of the terms and conditions of their employment;
- B. To promote fair and reasonable working conditions;
- C. To promote individual efficiency and service to L.O.G.I.C.;
- D. To avoid interruption or interference with the efficient operation of the Employer's business;
- E. To provide a basis for the adjustment of matters of mutual interest by means of amicable discussion.

**Section 1.3** In order to assist researchers any changes made by the Parties for this January 1, 2014 through December 31, 2016 Collective Bargaining Agreement are entered in bold type.

**ARTICLE 2**  
**RECOGNITION**

**Section 2.1** The Employer hereby recognizes the FOP/OLC as the sole and exclusive representative for those employees of L.O.G.I.C. in the Bargaining Unit. Wherever used in this Agreement, the term "Bargaining Unit" shall be deemed to include all full-time dispatchers and/or communication officers and supervisors in the public entity known as L.O.G.I.C.. All other employees of L.O.G.I.C. are excluded from the Bargaining Unit. All positions and classifications not specifically established as being included in the Bargaining Unit shall be excluded from the Bargaining Unit. "Employee" as used in this Agreement shall refer to members of the Bargaining Unit.

**Section 2.2** Notwithstanding the provisions of this Article, management, confidential, supervisory, part-time, temporary, auxiliary, and seasonal employees shall not be included in the Bargaining Unit.

**Section 2.3** A Labor-Management Committee shall be established for the sole purpose of communicating matters of mutual concern within the Department. The Labor Management Committee shall consist of The L.O.G.I.C. Center Director, The Management Team Leader, and two members of the Bargaining Unit. It is mutually agreed, that this committee shall meet on a quarterly basis, or after a written request from either party for the following purpose(s):

- A. To disseminate general information of interest to the parties;
- B. To give the FOP Representatives the opportunity to share the views of their members and/or suggestions on the subjects of interest to their members;
- C. To discuss ways to improve efficiency within the Department;
- D. To promote harmonious relations between the Employer and the FOP in the best interest of the community;
- E. To discuss safety and health issues of the Department.

Employees who participate during their normal scheduled shift shall not suffer any loss of pay.

### **ARTICLE 3** **UNION SECURITY**

**Section 3.1** All current members of the Bargaining Unit who have completed their probationary period prescribed in this Agreement and all other members, current or new, upon completion of the probationary period shall at their option:

- A. Maintain membership in the FOP/OLC;
- B. Become members of the FOP/OLC; or
- C. Pay a fair share service fee to the FOP/OLC in amount not to exceed the normal dues and in accordance with Ohio Revised Code Section 4117.09.

**Section 3.2** Fair share fees shall be deducted by the Employer in the same manner as dues deduction as provided in Article 4 of this Agreement.

**ARTICLE 4**  
**DUES DEDUCTIONS**

- Section 4.1** The Employer agrees to deduct regular FOP/OLC membership dues, initiation fees, or assessments from the first pay in each calendar month of any employee eligible for membership in the Bargaining Unit receiving written authorization signed individually and voluntarily by the employee. If an employee has no pay due on that pay date, such amounts shall be deducted from the next pay. The signed payroll deduction form must be presented to the Employer by the employee.
- Section 4.2** The initiation fees, dues, or assessments so deducted shall be in the amounts established by the FOP/OLC from time to time in accordance with its Constitution and Bylaws. The FOP/OLC shall certify to the Employer the amounts due and owing from the employees involved during January of each year. One (1) month advance notice must be given to the L.O.G.I.C. Clerk prior to making any changes in an individuals initiation fees, assessments, or dues deductions.
- Section 4.3** A check in the amount of the total dues withheld from these employees authorizing a dues deduction shall be tendered to the treasurer of the FOP/OLC within thirty (30) days from the date of making said deductions.
- Section 4.4** It is specifically agreed that the Employer assumes no obligation, financial or otherwise, arising out of the provisions of this Article regarding the deduction of dues, initiation fees, or assessments, and the FOP/OLC hereby agrees that it will indemnification and hold the Employer harmless from any claims, actions, or proceedings by any employee arising from deductions made by the Employer pursuant to this Article. Once the funds are remitted to the FOP/OLC, their disposition thereafter shall be the sole and exclusive obligation and responsibility of the FOP/OLC.
- Section 4.5** The Employer shall be relieved from making such individual check-off deductions upon: (a) termination of employment, or (b) transfer to a job other than the one covered by the Bargaining Unit, or (c) layoff from work, or (d) an agreed unpaid leave of absence, or (e) revocation of the check-off authorization in accordance with applicable law.
- Section 4.6** It is agreed that neither the employees nor the FOP/OLC shall have a claim against the Employer for errors in the processing of deductions unless a claim of error is made to the Employer in writing within sixty (60) days after the date such an error is claimed to have occurred. If it is found an error was made, it will be corrected at the next pay period that the union dues deduction will normally be made by deducting the proper amount.

**ARTICLE 5**  
**MANAGEMENT RIGHTS**

**Section 5.1** The FOP/OLC shall recognize the right and authority of the Employer to administer the business of L.O.G.I.C. and, in addition to other functions and responsibilities which are required by the law, the FOP/OLC shall recognize that the Employer has and will retain the full right and responsibility to:

- A. Determine matters of inherent managerial policy which include, but are not limited to areas of discretion or policy such as the functions and programs of the public Employer, standards of services, its overall budget, utilization of technology, and organizational structure;
- B. Direct, supervise, evaluate, or hire employees;
- C. Maintain and improve the efficiency and effectiveness of governmental operations;
- D. Determine the overall methods, process, means, or personnel by which governmental operations are to be conducted;
- E. Suspend, discipline, demote, or discharge for just cause, or lay off, transfer, assign, schedule, promote, or retain employees;
- F. Determine the adequacy of the work force;
- G. Determine the overall mission of the Employer as a unit of government;
- H. Effectively manage the work force;
- I. Take actions to carry out the mission of the public Employer as a governmental unit;
- J. Adopt and enforce operational procedure relating to telecommunications and/or dispatching.

**Section 5.2** The FOP/OLC recognizes and accepts that all rights and responsibilities of the Employer not specifically modified by this Agreement or ensuing Agreements shall remain the function of the Employer.

**ARTICLE 6**  
**NO STRIKE/NO LOCKOUT**

Inasmuch as this Agreement provides machinery for the orderly resolution of grievances, the Employer and the FOP/OLC recognize their mutual responsibility to provide for uninterrupted services to the citizens. Therefore:

**Section 6.1** The FOP/OLC agrees that it will, within two (2) weeks of the date of the signing of this Agreement, serve upon the Employer a written notice stating FOP/OLC's authorized representatives who will deal with the Employer and make commitments for the FOP/OLC. When there is a change in the listed authorized representatives, the Employer will be notified in writing.

**Section 6.2** The FOP/OLC further agrees that neither it, its officers, agents, representatives, nor members of the Bargaining Unit will, directly or indirectly, authorize, sanction, instigate, cause, aid, finance, participate in or assist in any way any strike including, but not limited to, a concerted sick leave, slowdown, walkout, work stoppage, or any other interruption of operations or services of the Employer by its members during the life of this Agreement. The FOP/OLC shall undertake every reasonable means to notify all employees that an unauthorized strike is unlawful and not sanctioned by the FOP/OLC, and the FOP/OLC shall undertake every reasonable means to induce such employees to return to their jobs during any such period of unauthorized stoppage of work mentioned above.

**Section 6.3** It is specifically understood and agreed that the Employer, during the first twenty-four (24) hour period of such unauthorized work stoppage, shall have the whole and complete right of discipline, short of discharge.

After the first twenty-four (24) hour period of such stoppage and, if such stoppage continues, the Employer shall have the sole and complete right to immediately discharge any Bargaining Unit member participating in any unauthorized strike, slowdown, walkout, or any other cessation of work.

**Section 6.4** The Employer agrees that neither it, its officers, agents, or representatives, individually or collectively, will authorize, instigate, cause, aid or condone any lockout of members of the Bargaining Unit unless those members shall have violated Section 2 of this Article.

**ARTICLE 7**  
**NON-DISCRIMINATION**

**Section 7.1** The Employer and the FOP/OLC agree not to discriminate against any employee(s) on the basis of race, religion, color, creed, national origin, age, sex or against a qualified individual with a disability, in accordance with state, federal and constitutional law.

**Section 7.2** The FOP/OLC expressly agrees that membership in the FOP/OLC is at the option of the employee and that it will not discriminate with respect to representation between members and non-members.

**ARTICLE 8**  
**SEVERABILITY**

**Section 8.1** If the enactment of legislation or a determination by a court of competent jurisdiction (whether in a proceeding between the parties or in one not between the parties), or a determination by any official or employee of the State Employment Relations Board having authority to rule in the matter, renders any provision(s) of this Agreement invalid or unenforceable, such provision(s) shall be of no further force and effect, but such legislation, decision, or ruling shall not affect the validity of the surviving portions of this Agreement which shall remain in full force and effect as if such invalid portion thereof had not been included herein.

**ARTICLE 9**  
**GENDER AND PLURAL**

**Section 9.1** Whenever the context so requires, the use of the words herein in the singular shall be construed to include the plural, and words in the plural, the singular, and words whether in the masculine, feminine or neutral genders shall be construed to include all of said genders. By the use of either the masculine or feminine genders it is understood that said use is for convenience purposes only and is not to be interpreted to be discriminatory by reason of sex.

**ARTICLE 10**  
**ASSOCIATION REPRESENTATION**

**Section 10.1** One employee representative of the FOP/OLC shall be allowed reasonable time off to attend grievance meetings or hearings after the grievance has been filed pursuant to the Grievance Procedure and two employee representatives to attend arbitration hearings required under the Grievance and Arbitration Procedure set forth in Article 13 of this Agreement during the employee representatives normal work hours without loss of pay.

**Section 10.2** Two (2) employee members of the negotiating committee shall be allowed reasonable time off to participate in collective bargaining meetings with the Employer if scheduled by mutual agreement during a member's regular working hours without loss of pay.

**Section 10.3** The Employer shall grant the FOP/OLC Associate and Assistant Associate each one (1) day off with pay per year to attend an FOP/OLC Conference. The Union shall furnish the Employer with thirty (30) days notice of such meeting. Such request shall not be unreasonably denied.

**ARTICLE 11**  
**EMPLOYEE RIGHTS AND INVESTIGATIONS**

**Section 11.1** An employee has the right to the presence of an FOP/OLC representative at all disciplinary interrogations.

**Section 11.2** Before an employee may be charged with any violation of the Rules and Regulations for a refusal to answer questions or participate in an investigation, he shall be advised that his refusal to answer or participate will be the basis of such a charge.

**Section 11.3** Questioning or interviewing of an employee in the course of an internal investigation will be conducted at hours reasonably related to the employee's shift, unless operational necessities require otherwise.

**Section 11.4** When a criminal act is not involved, an employee will be informed of the nature of any disciplinary investigation of himself prior to the interrogation.

**Section 11.5** An employee shall have the right to review his personnel file upon request and at times when the offices maintaining those records are normally open. The employee may append clarifying statements to any document he considers to be prejudicial. Copies of all documents of a disciplinary nature shall be provided upon request.

**Section 11.6** In the course of any internal affairs investigation, polygraph examinations may be administered only with the consent of the employee.

**Section 11.7** When an anonymous complaint is made against a member and there is no corroborative evidence, then the complaint shall be classified as unfounded and the accused member shall not be required to submit a written report. Complaints designated to be unfounded shall not be included in the personnel file of the member and may not be used in any subsequent disciplinary proceeding.

**Section 11.8** A member who is charged with violating the L.O.G.I.C. Center Rules and Regulations, and his Bargaining Unit Representative when one is involved, shall be provided access to transcripts, records, written statements, video tapes, and results of any polygraph examinations being submitted at the investigations meeting. Such access shall be provided reasonably in advance of said meeting.

**Section 11.9** Any member who has been under investigation by the L.O.G.I.C. Center and has been interviewed shall be informed in writing of the outcome of the case at the conclusion of the investigation.

**Section 11.10** Classification of complaints:

**SUSTAINED:** When the facts obtained support the complaint, the case is classified as Sustained.

**EXONERATED:** When the evidence indicates that the act complained of did in fact occur but was legal, proper, and necessary, the case is classified as Exonerated.

**UNFOUNDED:** The act complained of did not occur and that the complaint was false, the case is classified as Unfounded.

**NOT SUSTAINED:** Those cases which cannot be resolved by investigation, either because sufficient evidence is not available or because of material conflicts in the evidence, are resolved in favor of the accused employee and are classified as Not Sustained.

**MISCONDUCT NOT BASED ON THE COMPLAINT:** Should an investigation reveal that the employee was guilty of misconduct not part of the original complaint, the case may be classified Misconduct Not Based on the Complaint.

**Section 11.11** Records of disciplinary action shall cease to have force and effect upon the completion of a twenty-four (24) month period following the effective date of such disciplinary action providing there is not intervening disciplinary action taken during that time period.

**ARTICLE 12**  
**DISCIPLINARY PROCEDURE**

**Section 12.1** Discipline shall be administered for just cause. Probationary employees are not entitled to the process established in this Article and may be suspended, discharged or otherwise disciplined during their probationary period without recourse to this Article or this Agreement.

**Section 12.2** A non-probationary employee may be suspended or discharged with just cause including, but not limited to, if he has been guilty in the performance of his official duty of bribery, dishonesty, misfeasance, malfeasance, nonfeasance, misconduct in office, neglect of duty, inefficiency, discourteous treatment of the public, gross immorality, habitual alcohol or drug intoxication, incompetence, failure to obey orders given to him by a proper authority, or failure to follow any rules adopted by the L.O.G.I.C. Board which the adoption of, addition to or amendment of at anytime, including during the term of this contract, is within the sole discretion of the Employer. If criminal conduct is not involved, the employee shall be notified of the investigation of disciplinary charges against the employee no later than forty-five (45) days after commencement of the investigation. Where criminal conduct is involved, the employee shall be notified of a criminal

investigation involving the employee after termination of the investigation.

### Section 12.3

- A. Whenever the Employer or his designee determines that an employee may be suspended or discharged, a pre-disciplinary conference will be scheduled to give the employee an opportunity to offer an explanation of the alleged conduct.
- B. Not less than five (5) days prior to the scheduled starting time of the conference, the Employer will provide to the employee a written outline of the charges which may be the basis for the action. The employee must choose to: (1) appear at the conference to present an oral or written statement in his/her defense; (2) appear at the conference and have an employee or FOP/OLC representative present an oral or written statement in defense of the employee; or (3) elect in writing to waive the opportunity to have a pre-disciplinary conference.
- C. The pre-disciplinary conference will be held by the L.O.G.I.C. Management Team within ten (10) days of the service of the written charges. An employee can be suspended with pay until the pre-disciplinary conference.
- D. At the pre-disciplinary conference, the Employer will ask the employee or his/her representative to respond to the allegations of misconduct which were outlined to the employee. The Employer, employee or their representatives may present any testimony, witnesses, or documents which explain whether or not the alleged conduct occurred. The employee and the Employer shall provide a list of witnesses to each other not later than two (2) days prior to the pre-disciplinary conference. The Employer, employee or their representative will be permitted to confront and cross-examine witnesses.
- E. A written report will be prepared by the L.O.G.I.C. Management Team concluding whether or not the alleged conduct occurred and deciding what disciplinary action, if any, is appropriate. A copy of this report will be provided to the employee within seven (7) days following the hearing.
- F. An employee who had received an unfavorable written report from the Employer or who has elected, pursuant to Section 3 (B) of this Article, to waive the opportunity to have a pre-disciplinary conference may, within seven (7) days of receipt of the written report or written outline of charges required under Section 3 (B), appeal the written decision or outline of charges by filing a written grievance at Step 2 of the Grievance Procedure in accordance with the provision contained in Article 13 of this Agreement. The remedy provided for in this

Agreement for appealing discipline decisions covered by this Article is in lieu of any statutory rights provided to the employee under the Ohio Revised Code or otherwise provided by law.

**Section 12.4** The Employer agrees that all disciplinary procedures set forth herein shall be carried out in a private, non-biased and business-like manner.

**Section 12.5** Forms of disciplinary action are as follows:

- 1) Counseling Report
- 2) Written warning
- 3) Written reprimand
- 4) Suspension without pay to be served as follows:
  - a) At the option of the employee, and with the concurrence of the Employer, accrued vacation or holiday time may be forfeited equal to the length of the suspension. The record of suspension will be maintained.
  - b) At the option of the Employer, and with the concurrence of the employee, the employee will be required to work an appropriate number of days at sixty-six percent (66%) of his/her hourly rate. The record of suspension will be maintained.
- 5) Reduction in rank
- 6) Discharge

### **ARTICLE 13** **GRIEVANCE AND ARBITRATION PROCEDURE**

**Section 13.1** **Purpose** The Grievance Procedure is a formal mechanism intended to ensure that employee grievances arising from those misunderstandings that may develop in the day-to-day activities of public service are promptly heard, answered, and appropriate action taken to correct a particular situation. The Parties agree that the terms and conditions of this Agreement are binding on both the Employer and the FOP/OLC.

**Section 13.2** **Definitions**

- A. The term "grievance" shall mean an allegation by a Bargaining Unit employee(s) that there has been a breach, misinterpretation, or improper application of the express written provisions of this Agreement.
- B. For purposes of counting time under this procedure, a "day" as used in the grievance procedure shall mean a calendar day.

- C. A "grievant" is an employee or group of employees within the Bargaining Unit of the FOP/OLC.

**Section 13.3**

The following procedures shall apply to the administration of all grievances filed under this Article:

- A. A grievance may be brought by any member of the Bargaining Unit or by the FOP/OLC. Where a group of Bargaining Unit members desires to file a grievance involving a situation affecting each member in the same manner, one member selected by each group shall process the grievance.
- B. Any grievant may withdraw their grievance at any point by submitting, in writing, a statement to that effect, or by permitting the time requirements of any step to lapse without further appeal.
- C. All grievances must be filed on the Grievance Procedure Form attached hereto as Appendix C and contain the following information to be considered:
  - 1. Aggrieved employee's name, address, and signature;
  - 2. Aggrieved employee's classification;
  - 3. Date grievance was filed in writing;
  - 4. Date when grievant first became aware of grievance;
  - 5. Person or persons to whom grievance is directed;
  - 6. Description of incident giving rise to the grievance;
  - 7. Articles and Sections of Agreement alleged to be violated.
- D. All grievances must be processed at the proper step in the order of progression to be considered at the subsequent step.
- E. All decisions shall be rendered in writing at each step of the Grievance Procedure. Each decision shall be transmitted to the grievant and his/her representative, if any.
- F. Nothing contained herein shall be construed as limiting the right of any employee having a grievance to discuss the matter informally with any appropriate member of the administration and having said matter informally adjusted without the intervention of the FOP/OLC provided that the adjustment is not inconsistent with the terms of this Agreement. In the event that the grievance is adjusted without formal determination, pursuant to this procedure, while such adjustment shall be binding upon the grievant and shall, in all respects, be final, said adjustment shall not create a precedent or ruling binding upon the Employer in future proceedings.

- G. A grievant may be represented beginning at Step 1 of the Grievance Procedure by a representative of the FOP/OLC or one other member of the Bargaining Unit.
- H. As this Agreement provides for final and binding arbitration, all employees are confined solely to the provisions contained in this Article as their sole and exclusive remedy for all matters that are the subject of the Grievance Procedure contained in this Agreement and shall have no other remedy, either at law, equity, or otherwise for matters that are the subjects of this Article.
- I. The time limits provided herein will be strictly adhered to and any grievance not filed initially or appealed within the specified time limits will be deemed waived and void. If the Employer fails to reply within the specified time limit, the grievance shall automatically be sustained in favor of the grievant. The time limits specified for either party may be extended only by written mutual agreement.
- J. This procedure shall not be used for the purposes of adding to, subtracting from, or altering, in any way, any of the provisions of this Agreement or any provisions of the United States or Ohio Constitutions.

#### **Section 13.4**

#### **Grievance Steps**

##### **Step 1.**

An employee who believes he may have a grievance shall complete and submit the attached Grievance Form to the L.O.G.I.C. Director within five (5) days of the occurrence of the facts giving rise to the grievance. The employee is entitled to one (1) representative at this Step. The L.O.G.I.C. Director will schedule a meeting with the employee within five (5) days of the notice to the employee, at which time the issue in dispute will be discussed with the objective of resolving the matter. The L.O.G.I.C. Director shall provide a written answer to the grievant within five (5) days of the conference.

##### **Step 2.**

If the grievant is not satisfied with the written decision at the conclusion of Step 1, a copy of the grievance submitted at Step I may be filed with the L.O.G.I.C. Management Team within seven (7) days from the date of the rendering of the decision at Step I. Copies of the written decision shall be submitted with the appeal. The L.O.G.I.C. Management Team shall convene a hearing within ten (10) days of the receipt of the written grievance. The hearing will be held with the grievant, his FOP/OLC or employee representative, and any other party necessary to provide the required information for the rendering of a proper decision. The L.O.G.I.C. Management Team shall issue a written decision to the employee and representative within ten (10) days from the conclusion of the hearing.

### Step 3 Arbitration

- A. If the FOP/OLC is not satisfied with the disposition at Step 2, the FOP/OLC may, within seven (7) days of the receipt of the written decision at Step 2, request, in writing, that the grievance be submitted to a disinterested third party for arbitration. No later than ten (10) working days after such notice is given, representatives of the Employer and the FOP/OLC shall meet to mutually agree on an arbitrator who shall be located in the Northeastern Ohio area. If unable to agree within ten (10) working days after the notice to arbitrate is given, the Parties shall promptly request the Federal Mediation and Conciliation Service (hereinafter FMCS) to submit a panel of seven (7) arbitrators who shall be located in the Northeastern Ohio area, and the Parties will choose one (1) by the alternative strike method. Prior to striking names, either party may request that the list be rejected. If the Parties are unable to choose an arbitrator within five (5) days of receipt of the panel list or the panel list is rejected by either party, the Parties shall request the FMCS to submit another panel of seven (7) arbitrators who shall be located in the Northeastern Ohio area. The selection of the arbitrator shall be in accordance with the voluntary labor arbitration rules promulgated by the FMCS.
- B. The arbitrator shall have no power or authority to add to, subtract from, modify, change, or, in any manner, alter the specific written provisions of this Agreement or the language contained therein in arriving at a determination or to make any award requiring the commission of any act prohibited by law or to make any award that itself is contrary to law or violates any of the terms and conditions of this Agreement. The arbitrator shall expressly confine himself to the precise issue(s) submitted for arbitration and shall have no authority to determine any other issue(s) not so submitted to him, or to submit observations or declarations of opinion which are not directly essential in reaching a determination.
- C. The hearing or hearings shall be conducted pursuant to the "Rules of Voluntary Arbitration" of the American Arbitration Association.
- D. The fees and expenses of the arbitrator and the hearing room will be borne equally by the parties. All other expenses shall be borne by the party incurring them.
- E. The arbitrator shall hold the necessary hearings promptly and issue his findings and recommendation in writing within thirty (30) days from the date the record is closed. The decision of the arbitrator shall be final and binding upon the parties.

**ARTICLE 14**  
**SENIORITY**

**Section 14.1** Seniority shall be defined as an employee's uninterrupted length of continuous full-time employment with the Red Center function of L.O.G.I.C.. However, a part-time employee may be assigned to the duties of a full-time vacancy, by working forty (40) hours per week in order to fill that vacancy. If said assignment occurs prior to his/her appointment by the L.O.G.I.C. board as a full-time employee of L.O.G.I.C., then said employee's seniority date shall commence at the date the employee assumed the duties of that full-time vacancy. If two (2) or more employees have the same date of hire then the time stamped date on their original applications for employment shall determine which employee has greater seniority.

**Section 14.2** An employee's seniority shall be terminated when one or more of the following occur(s):

- A. Resignation from employment with L.O.G.I.C.;
- B. Discharge in accordance with the procedures set forth in this Agreement;
- C. Layoff or otherwise fails to perform Bargaining Unit work for a period of time exceeding two (2) years;
- D. Employee's retirement;
- E. The employee refuses a recall or fails to report to work within seven (7) working days from the receipt from the Employer of the recall notice.
- F. Failure to return to work upon the expiration of a leave of absence.

**Section 14.3** The above definition of seniority is applicable only where seniority is specifically referenced in this Agreement.

**Section 14.4** Full-Time Employees, during their six (6) month probationary period, shall not be covered by this Agreement and have no recourse to the Grievance Procedure. The continued employment of probationary employees is within the complete discretion of L.O.G.I.C.. Upon successful completion of the probationary period, a Bargaining Unit member's seniority shall be retroactive to the date of hire.

**ARTICLE 15**  
**LAYOFFS**

- Section 15.1** If it becomes necessary, in the determination of L.O.G.I.C. because of lack of work, lack of funds or job abolishment to reduce the number of employees in the Bargaining Unit by layoff, members of the communications officers classification of the Bargaining Unit will be laid off before supervisors in accordance with their seniority (last hired by L.O.G.I.C., first laid off). After all the communications officers have been laid off, the supervisors will be laid off in accordance with their seniority (last hired by L.O.G.I.C. as supervisor, first laid off).
- Section 15.2** An employee who is laid off retains reinstatement rights with L.O.G.I.C.. Reinstatement rights continue for two years from the date of layoff. During this two year period, L.O.G.I.C. shall not hire or promote anyone into that classification until all laid-off persons on a recall list for that classification are reinstated or decline the position when it is offered.
- Section 15.3** If L.O.G.I.C. decides to reinstate laid-off employees in accordance with the provisions of Section 15.2, supervisors will be offered reinstatement first based on seniority after which the communications officers will be offered reinstatement based on seniority.
- Section 15.4** Before any full-time employees may be laid off, all part-time employees will be first laid off.

**ARTICLE 16**  
**PROMOTION**

- Section 16.1** Whenever the Employer determines that a permanent vacancy exists in the supervisor classification, a notice of such vacancy shall be posted on the Employer's bulletin board for a period of five (5) consecutive work days, not including the date of posting. During the posting period, anyone wishing to apply for the vacant positions shall do so by submitting a written application to the Employer. The Employer shall not be obligated to consider applications submitted after the five (5) day period has expired.
- Section 16.2** Every qualified applicant for the vacant position will be considered based upon the following criteria:
- A. Having a passing score of at least 75 or more on the promotional examination for the vacant position. All promotional examinations must be job related;
  - B. Passing a job related psychological examination. All psychological examinations must be given by a licensed practitioner;

- C. Work experience;
  - 1. Agency
  - 2. Outside
- D. Management skills and abilities;
- E. Interview of applicants;
- F. Job performance;
  - 1. Within the REGIONAL EMERGENCY DISPATCH CENTER.
  - 2. References of other Employers
- G. Evaluations by the L.O.G.I.C. Management Team;

Section 2 (A) through (G) will be completed within ninety days of the posting of the notice of vacancy described in Section 1. Using the above criteria only, each applicant will be considered by L.O.G.I.C. and L.O.G.I.C., using its discretion, shall determine, within thirty days of the completion of Section 2 (A) through (G), which applicant is the best qualified to perform the job duties of the supervisory position.

- Section 16.3** The FOP/OLC shall be notified of the individual selected within five (5) working days of appointment. The individuals who are not selected shall be notified within five (5) working days of the selection of the specific reasons for their rejection.
- Section 16.4** An employee selected shall serve a one (1) year probationary period. An employee who fails to complete the probationary period will be returned to their former position without a loss in seniority.
- Section 16.5** The Employer may temporarily appoint Bargaining Unit employees to the supervisory position for a period of up to ninety (90) days at any time the Employer is in a promotional process as defined in this Article. If it becomes necessary for the Employer to continue the temporary appointment in excess of the ninety (90) day period, such extension may only occur if agreed to in writing by the Employer and the FOP/OLC.
- Section 16.6** The assignment of supervisor duties to communication officers when there is no supervisor scheduled or otherwise not on shift is not contemplated by this Article. A communication officer when assigned to supervisor duties, shall be compensated at the supervisor's base rate.

**ARTICLE 17**  
**WAGES**

**Section 17.1** Effective January 1, 2014, each employee shall receive an annual base salary and hourly wage as follows:

|   |                          | Increase     | Annual             | Hourly  |
|---|--------------------------|--------------|--------------------|---------|
| <b><u>Starting Salary</u></b>                     | 2013                     | Base         | \$30,076.80        | \$14.46 |
| <b><u>First Six Months</u></b>                    | 2014                     | 1.5%         | \$16,740.00        | \$16.10 |
| 90% Full-Time Dispatcher Rate                     | 2015                     | ?%           | \$00,000.00        | \$00.00 |
|   | 2016                     | ?%           | \$00,000.00        | \$00.00 |
| <br>  |                          |              |                    |         |
| <b><u>Second Six Months</u></b>                   |                          |              |                    |         |
| 95% Full-Time Dispatcher Rate                     | 2014                     | 1.5%         | \$17,670.00        | \$16.99 |
|   | <i>1<sup>st</sup> Yr</i> | <i>Total</i> | <i>\$34,409.00</i> |         |
| <b><u>Wage Re-Opener</u></b>                      | 2015                     | ?%           | \$00,000.00        |         |
| <b><u>Wage Re-Opener</u></b>                      | 2016                     | ?%           | \$00,000.00        |         |
| <br>  |                          |              |                    |         |
| <b><u>After One Year</u></b>                      | 2013                     | Base         | \$36,649.60        | \$17.62 |
|   | 2014                     | 1.5%         | \$37,199.00        | \$17.88 |
| <b><u>Wage Re-Opener</u></b>                      | 2015                     | ?%           | \$00,000.00        | \$00.00 |
| <b><u>Wage Re-Opener</u></b>                      | 2016                     | ?%           | \$00,000.00        | \$00.00 |
| <br>  |                          |              |                    |         |
| <b><u>L.O.G.I.C. Supervisor</u></b>               | 2013                     | Base         | \$38,896.00        | \$18.70 |
| Shall receive 6% more than a Full-Time Dispatcher | 2014                     | 1.5%         | \$39,479.00        | \$18.98 |
| <b><u>Wage Re-Opener</u></b>                      | 2015                     | ?%           | \$00,000.00        | \$00.00 |
| <b><u>Wage Re-Opener</u></b>                      | 2016                     | ?%           | \$00,000.00        | \$00.00 |
| <br>  |                          |              |                    |         |
| <b><u>Technical Coordinator</u></b>               | 2013                     | Base         | \$39,145.60        | \$18.82 |
| Shall receive 7% more than a Full-Time Dispatcher | 2014                     | 1.5%         | \$39,733.00        | \$19.10 |
| <b><u>Wage Re-Opener</u></b>                      | 2015                     | ?%           | \$00,000.00        | \$00.00 |
| <b><u>Wage Re-Opener</u></b>                      | 2016                     | ?%           | \$00,000.00        | \$00.00 |

- A. The Technical Coordinator position shall be filled at the sole discretion of the L.O.G.I.C. Director. The provisions of R.C. § 124.321 are explicitly preempted by this section. The L.O.G.I.C. Director may also lay off the Technical Coordinator at his sole discretion.
- B. The Technical Coordinator shall perform duties as prescribed by the Director.

**Section 17.2** Employees assigned as training officer will be compensated at a premium of **two dollars (\$2.00)** per hour for all hours they are assigned to train and/or re-train other employees.

**Section 17.3** Employees required to work the afternoon or midnight shift will be compensated, in addition to their regular pay, at the rate of forty cents (\$.40) per hour for both afternoon and midnight shift.

## ARTICLE 18 DUTY HOURS

**Section 18.1** The work week for L.O.G.I.C. employees shall constitute forty (40) hours per week to be performed Sunday through Saturday. The Director retains the right to establish shift times.

**Section 18.2** Two six (6) month schedules will be established each calendar year for the duration of the agreement. Employees will bid on the schedules based on departmental seniority. Permanent days off will be assigned to each position on the schedule. The Director may reassign the least senior dispatcher to any permanent vacancy, if a more senior dispatcher does not fill such vacancy. Anytime a permanent vacancy or subsequent vacancies occurs the position shall be filled by seniority bidding.

Employees shall start bidding on the first six (6) month schedule during the first week in December and the first week in June for the second schedule. The schedules will commence on or about the first week in January and July.

Any new hire shall assume the schedule vacancy during any 6 month bid schedule.

**Section 18.3** Employees covered by this agreement shall be allowed to exchange work days or hours with each other within a scheduled pay period up to a total of twelve (12) work days per year provided that the employee is responsible for insuring that their work assignment is filled by another employee and the exchange does not create overtime for either employee, require the need for a part-time employee, or create additional expenses for the Red Center. **The exchange will count towards both employees.**

**Section 18.4** Employees shall not work more than sixteen (16) hours in any twenty-four (24) hour period.

**Section 18.5** While the L.O.G.I.C. Center is at full staff, a fill-in shift shall be established to work open shifts created by vacation, sick leave, training or other leaves of absence. The normal shift of this dispatcher will be to provide additional coverage during peak traffic times when the above schedule openings do not exist. The shift times

and days off will be established by the Red Center Director as needed. Days off will be consecutive unless otherwise agreed to by the employee and the Director.

This shift posting shall be subject to bidding as outlined in Article 18, Section 2. The dispatcher bidding/assigned to this shift must be cross-trained as a police and fire dispatcher.

## ARTICLE 19 OVERTIME

**Section 19.1** All employees, for hours of work performed in excess of forty (40) hours in one week or eight (8) hours in one day, shall be compensated at the rate of one and one-half (1 1/2) times the employee's hourly base wage as set forth in Article 17. For purposes of this Section 19.1 Vacation Hours shall be considered as hours of work performed.

**Section 19.2** All scheduled vacancies will be filled with part-time employees.

A. If part-time employees are not available, then the overtime will be offered to full-time employees. Interested employees will have the opportunity to accept or reject the overtime offered. Voluntary overtime will be offered in a fair and equal manner.

B. Any overtime vacancy less than four (4) hours and which occurs within 72 hours or less due to sick leave or personal leave will not be equalized. This overtime will be considered an emergency and will be filled first by full-time employees who elect to work the overtime, part-time employees, or assigned by the RED Center Director.

When off duty part or full-time employees cannot fill the overtime vacancy, then the overtime will be assigned to the on duty, full-time employee(s) **that are not on their scheduled day off. The employee who has least amount of forced overtime hours shall be assigned the vacancy. If no employee is available for the overtime vacancy, the employee working on their scheduled day off may be assigned to fill the vacancy.** When two (2) full-time, on duty employees, have the same amount of forced overtime hours, the least senior employee shall be assigned the forced overtime. **If the employee does not work the forced overtime shift, the forced hours will not be added to the running total of forced overtime.**

**Section 19.3** An employee appearing in court on behalf of the Employer during non-scheduled time, shall receive a minimum of two (2) hours pay at the appropriate rate for time spent by the employee traveling to and from court and before, during and after the employee's appearance for actual

time spent at the court location up to two (2) hours. If an employee is required to spend more than two (2) hours at the court location for an appearance he/she shall receive pay at the appropriate rate, if applicable, for any time spent at the court location exceeding two (2) hours, which is in addition to, the pay received for the first two (2) hours spent at the court location.

**Section 19.4** **CALL-IN-PAY** - If an employee is ordered to work and does report, he/she will be guaranteed a minimum of two (2) hours pay at the appropriate rate.

## ARTICLE 20 HOLIDAY PAY

**Section 20.1** All full-time employees at L.O.G.I.C. shall receive holiday pay for the days designated:

- A. New Year's Day, the first day of January;
- B. Martin Luther King Day, the third Monday in January;
- C. Washington-Lincoln Day, the third Monday in February;
- D. Memorial Day, the last Monday in May;
- E. Independence Day, the fourth day of July;
- F. Labor Day, the first Monday in September;
- G. Columbus Day, the second Monday in October;
- H. Veteran's Day, the eleventh day of November;
- I. Thanksgiving Day, the fourth Thursday in November;
- J. Christmas Day, the twenty-fifth day of December.

**Section 20.2** An employee who is not required to work, works overtime or takes vacation or a personal day on the designated holiday shall receive an additional eight (8) hours regular straight time pay for each designated holiday that falls in a particular pay period. An employee who actually works on a designated holiday (except if it is overtime which is covered by the preceding sentence) shall receive an additional twelve (12) hours of regular straight time pay for each designated holiday that falls in a particular pay period. Holiday pay hours are not contemplated by the Overtime provision contained in Article 19 of this Agreement.

**Section 20.3** An employee will not be entitled to holiday pay for a designated holiday if the employee reports off sick the scheduled day before, day of, or the day after the designated holiday.

## ARTICLE 21 VACATION

**Section 21.1** All full-time employees of L.O.G.I.C. shall be entitled to vacation in the following manner:

| <u>Anniversary Date</u> | <u>Full-time Employees</u> | <u>Amount of Vacation</u> |
|-------------------------|----------------------------|---------------------------|
|                         | Less than 1 year           | 0                         |
|                         | After 1 year               | 10 days                   |
|                         | After 5 years              | 15 days                   |
|                         | After 10 years             | 20 days                   |
|                         | After 15 years             | 25 days                   |

One day equals eight (8) hours; one week equals forty (40) hours.

**Section 21.2** Full-time employee means an employee whose regular hours of service for L.O.G.I.C. total forty (40) hours per week, or who renders any other standard of service accepted as full-time by the Employer.

**Section 21.3** For the purpose of administering vacations, the workweek shall be Sunday through Saturday, and all days included therein shall be deemed workdays.

**Section 21.4** Anniversary date shall be the last date of hiring by L.O.G.I.C..

**Section 21.5** A maximum of one (1) week of earned, unused vacation may be carried over to the next year. At least one (1) week of earned vacation be taken during each eligibility year. All vacation due but not taken carried over shall be cashed out at the end of the year at the base rate of pay.

**Section 21.6** The vacation schedule period shall be from January 1 to December 31 of each year.

**Section 21.7** Vacation time shall be taken at a time approved of by the Director.

At the beginning of each year, during one designated week, each employee shall publicly post his requested vacation dates. Should an employee fail to submit his request during the designated week, his name and request will drop to the bottom of the list, and be given the least priority. Approval of vacation time shall be made in accordance with seniority as outlined in Article 14.

Vacation can be used in increments of four (4) hours or more with the Director's approval provided the employee gives seven (7) days prior notice **to the first day to be taken** to the Director.

Approved vacation requests cannot be rescinded unless an emergency has been declared by the Management Team.

- Section 21.8** Annual vacation leave is earned during the time the employee is on active pay status. It is not earned while on unpaid leave of absence, unpaid military leave, or while working on a part-time basis.
- Section 21.9** In accordance with the provisions of Ohio Revised Code Section 9.44, an employee earning vacation credits currently is entitled to have his prior service with the state or any political subdivision of the state counted as service with L.O.G.I.C. for the purpose of computing the amount of his vacation leave.
- Section 21.10** Any employee who resigns or is terminated or retires and has unused vacation time shall receive such vacation time. This unused vacation time shall be paid to the employee within thirty (30) days of the employee's separation from employment. Upon death of a full-time employee, one lump sum payment of earned but unused vacation leave shall be paid in accordance with Ohio Revised Code Section 2113.04. Payment shall be made within ninety (90) days of the time it is determined under Ohio Revised Code Section 2113.04 which person will receive payment.

## **ARTICLE 22** **PERSONAL DAYS**

- Section 22.1** An employee with more than one year in the unit may use one (1) day of accumulated sick leave as a personal leave day and shall receive an additional day of personal leave that is not connected with sick leave accumulation provided the leave does not create overtime costs for the Employer. Advance scheduling of the two (2) personal days shall be subject to the approval of the Employer based on operational necessities. The employee shall notify the Employer at least seven (7) days in advance of such leave except in cases of personal or family emergency, in which case the employee shall notify the Employer as far in advance of his scheduled shift as possible.

## **ARTICLE 23** **SICK LEAVE**

- Section 23.1** Full-time employees will be credited with 4.8 hours of sick leave per pay period while in active pay status. Employees may use sick leave for personal illness, pregnancy, injury, or for the illness, injury, or death in the employee's immediate family. The Director must approve all sick leaves.
- Section 23.2** Immediate family is defined as: grandparents, brother, sister, stepbrother, stepsister, daughter-in-law, son-in-law, father, mother, spouse, child, stepchild, grandchild, a legal guardian, or other person who stands in the place of a parent.

- Section 23.3** Unused sick leave shall be cumulative without limit. When sick leave is used, it shall be deducted from the employee's credit on the basis of one (1) hour for every one (1) hour of absence from previously scheduled work. Sick leave may be used in increments of one (1) hour or more.
- Section 23.4** The employee shall submit to the Director a satisfactory written, signed statement on Attachment 2 to justify the use of sick leave upon returning to work. After one warning, the Director may require the employee to furnish a physician's statement related to a future illness if absent three (3) or fewer days. An employee absent four (4) consecutive calendar days or more is required to furnish a medical statement on Attachment 3 from his/her physician or other professional verifying the illness, the employee's inability to perform his/her required duties, and the employee's expected date of recovery.
- Section 23.5** The Employer may also require the employee, at the Employer's expense, to submit to an examination by a physician or other professional designated by the Employer for the purpose of verifying an illness and/or determining an expected date of recovery and/or determining whether the employee is able to perform his/her required duties. The Employer may supply the examining physician with facts relating to the illness, injury, or condition. Additional information may include; physical and mental requirements of the employee's position, duty statements, job classification specifications, and position descriptions.
- Section 23.6** Falsification of either the signed statement or physician's or other professional's certificate shall be grounds for disciplinary action which may include dismissal. Applications for use of sick leave with the intent to defraud, abuse of sick leave, or the patterned use of sick leave, shall all be grounds for disciplinary action including dismissal.
- Section 23.7** An employee who is unable to report for work, and who is not on a previously approved leave for vacation, sick leave, compensatory leave or approved leave of absence, shall be responsible for notifying the Director or his designated representative that he/she will be unable to report for work. The notification must be made at least **two (2)** hour(s) before the employee's scheduled start time for work. Any employee failing to make the required notification will not be paid for that day.
- Section 23.8** It shall be the obligation of the employee to receive necessary medical treatment and to return to active work status at the earliest time permitted by the attending physician.
- Section 23.9** An employee who fails to comply with any of the provisions of this policy shall not be allowed to use sick leave for time absent from work under such non-compliance.

**Section 23.10** Sick leave balances will be maintained by the Employer and will be made available at the request of the employee.

**Section 23.11** An employee, at the time of service or disability retirement from active service with L.O.G.I.C. and with ten (10) or more years of service with L.O.G.I.C., shall be paid in cash for one-fourth (1/4) the value of accrued unused sick leave credit at the employee's base pay rate.

#### **ARTICLE 24** **SICK LEAVE BONUS**

**Section 24.1** The following sick leave bonus will be paid once each year to those full-time employees who have:

Taken eight (8) hours or less sick leave \$300,  
Taken eighteen (18) hours or less sick leave \$200,  
Taken twenty-four (24) hours or less sick leave \$100

**Section 24.2** The Sick Leave Bonus year will run from December 1 to November 30. The Sick Leave Bonus will be paid in the first full pay period in December.

#### **ARTICLE 25** **BEREAVEMENT LEAVE**

**Section 25.1** An employee shall be granted time off with pay (not to be deducted from the employee's sick leave) for the purposes of attending the funeral of a member of the employee's immediate or extended family. The employee shall be entitled to a maximum of three (3) work days for each death in his immediate or extended family.

**Section 25.2** An employee's immediate or extended family for purposes of bereavement leave shall include the employee's spouse, mother, mother-in-law, father, father-in-law, grandparents, grandchildren, brother, sister, stepbrother, stepsister, children, stepchildren. The employee may be able to attend the funeral of other relatives with the approval of the Director but must utilize sick leave.

**Section 25.3** An employee shall be granted time off with pay (not to be deducted from the employee's sick leave) for the purposes of attending the funeral of the employee's aunt or uncle. The employee shall be entitled to a maximum of one (1) work day for each death of an aunt or uncle.

**ARTICLE 26**  
**JURY DUTY LEAVE**

**Section 26.1** Any employee who is called for jury duty, either Federal, County, or Municipal, shall be paid his or her regular salary, less any compensation received from such court for jury duty as provided for in the Ohio Revised Code. It shall be the employee's responsibility to secure the payment due from the Court.

**ARTICLE 27**  
**LEAVES OF ABSENCE**

**Section 27.1** After the exhaustion of sick leave and vacation leave, employees may request a leave of absence without pay for a period not to exceed ninety (90) days for any of the following reasons:

- A. Illness to employee or spouse;
- B. Pregnancy to employee.

**Section 27.2** Requests for and the granting of leaves of absence is subject to the approval of L.O.G.I.C. who will supply written reasons in the event of denial.

**Section 27.3** Sections 1 and 2 notwithstanding, the Employer, at its sole and complete discretion, may grant a leave of absence without pay in the event of extraordinary circumstances.

**ARTICLE 28**  
**TRAINING**

**Section 28.1** Employees are encouraged to further their training and will be allowed to attend job related training so long as operational needs **and budgetary constraints** permit and the employee's attendance at the training does not create any overtime costs. The Employer will pay for the employee's tuition, books, and course materials for all approved training. Reimbursement for expenses for approved training shall be in accordance with existing L.O.G.I.C. Travel Policy.

**Section 28.2** The Employer will provide training to all dispatchers and/or communications officers to effectively perform all job functions as a police and fire dispatcher. Training will be at Management's discretion and subject to operational needs, budget constraints, and availability of personnel.

**ARTICLE 29**  
**LONGEVITY**

**Section 29.1** Annual longevity payments shall be made in a lump sum during the first half of the month of December. All employees who shall have completed at least two (2) years of continuous service and who shall be in the employ of L.O.G.I.C. as of November 30th of the year shall be entitled to longevity payment in the amount of \$150.00. Employees completing three or more years of service will receive an additional \$75.00 for each additional year of continuous service.

**ARTICLE 30**  
**UNIFORM ALLOWANCE**

**Section 30.1** All employees shall receive an annual uniform allowance credit in the amount of two hundred fifty-five (\$255.00). The uniform allowance shall take the form of an account to be maintained by the Employer where the employee will make a request to the Employer to purchase uniform clothing. If the Employer approves the request, the employee can purchase the item under a blanket purchase order from any **Director approved** supply company. Upon receipt of the invoice, the Employer shall apply the invoice amount to the employee's uniform allowance credit set forth in the preceding sentence.

**ARTICLE 31**  
**HEALTH INSURANCE**

**Section 31.1** Effective **May 1, 2014** bargaining Unit Members shall be provided with hospitalization under the **Anthem Blue Cross Blue Shield PPO plan**, prescription drug coverage, and Principal dental and vision coverage. Outlines of the plans' coverage's are attached to this Agreement as Appendix A.

**Section 31.2** During the course of this Agreement the Employer may change providers and/or Plan Administrators but will maintain equivalent coverage(s). Should the **Anthem Blue Cross Blue Shield PPO**, or another provider's equivalent plan, no longer become available L.O.G.I.C. will notify the FOP/OLC as soon as possible so that the Parties may negotiate an alternate plan. Said negotiations shall be conducted according to the provisions of O.R.C. 4117.

**Section 31.3** Effective *May 1, 2014 employees shall contribute 7.9% to their cost of monthly Health Insurance Premiums for the Plan year (May 1, 2014 to April 30, 2015).*

**Section 31.4** Employee contributions as referenced in Section 31.3 will be deducted on a bi-weekly basis based on the Employee's dependency status. The Employer would agree to establish a Section 125 plan in order to make said deductions pre-tax.

**ARTICLE 32**  
**MISCELLANEOUS**

**Section 32.1** Paychecks shall be issued by direct deposit to a bank of the employee's choice every other Thursday.

**Section 32.2** The Employer agrees to provide space for a bulletin board in the RED Center. The space provided for the bulletin board shall be approximately 2' x 4'. The FOP/OLC agrees that this shall be the only area used by the FOP/OLC or its members for the posting of notices of FOP/OLC business. All notices which appear on the FOP/OLC's bulletin board shall be posted and signed by the FOP/OLC official in the Bargaining Unit during non-working time and shall relate to items of interest to the members. FOP/OLC notices relating to the following matters may be posted without the necessity of receiving the Employer's prior approval:

- A. FOP/OLC's recreational and social affairs;
- B. Notice of FOP/OLC's meetings;
- C. FOP/OLC's appointments;
- D. Notice of FOP/OLC's elections;
- E. Results of FOP/OLC's elections;
- F. Reports of standing committees and independent arms of the FOP/OLC; and
- G. Legislative reports.

**Section 32.3** It is also understood that no material may be posted on the FOP/OLC bulletin board at any time, which contains the following:

- A. Personal attacks upon any other member or any other employee;
- B. Scandalous, scurrilous or derogatory attacks upon the Administration; and
- C. Attacks on and/or favorable comments regarding a candidate for public office.

**ARTICLE 33**  
**CRITICAL INCIDENTS**

**Section 33.1** Normal day-to-day situations encountered by Bargaining Unit members shall not be considered critical incidents. For the purpose of this Article a Critical Incident shall be defined as;

Any event that occurs that has the ability to overpower the Bargaining Unit Member's ability to cope mentally, physically, or emotionally with the effects of the incident. Some examples of Critical Incidents (but not limited to);

Any lone of duty death, officer involved shooting, physical assault, hostage situations, suicides, sudden or unexpected death of an employee or family member, child fatalities, or mass casualty incidents.

**Section 33.2** The Employer and the Union agree that within ninety (90) days of the execution of this Agreement the parties shall jointly put into effect a policy on dealing with Critical Incidents. The parties agree that this policy will be the product of joint labor/management meetings conducted at times and locations mutually agreed to by and between the parties and that all elements of the policy must be agreed upon by both the Employer and the Union before any part of the policy may be implemented.

The parties also agree that this policy may be modified/changed from time to time as new information becomes available and that all changes/modifications to the policy must be in writing and agreed to be both parties prior to implementation of the change/modification.

**Section 33.3** The Employer and the Union agree that when a Critical Incident occurs, every effort will be made to involve the F.O.P. Critical Incident Response Service (C.I.R.S) in dealing with the incident, The Union understands and agrees that utilization of (C.I.R.S.) will be without cost to the Employer. The Employer understands and agrees any/all other cost(s) related to assisting any Bargaining Unit Member in his/her recovery from the Critical Incidents that are covered by the Employer's medical insurance coverage, workers compensation, retirement system, or L.O.G.I.C. policy shall be born entirely by the Employer.

**ARTICLE 34**  
**DURATION AND EFFECT OF AGREEMENT**

**Section 34.1** This Agreement shall be effective January 1, 2014, and shall remain in full force and effect until December 31, 2016

- Section 34.2** If either party desires to Modify, Amend, or Terminate this Agreement, **the Notice to Modify, Amend or Terminate shall be filed electronically with State Employment Relations Board (SERB) pursuant to O.R.C. 4117-1-02** no earlier than one hundred twenty (120) days prior to the expiration date, no later than ninety (90) calendar days prior to the expiration date of Agreement. Such notice shall be a State Employment Relations Board (SERB) Notice to Negotiate.
- Section 34.3** In cases of emergency, such as acts of god, declared by the President of the United States, the Governor of the State of Ohio, L.O.G.I.C., or the United States Congress, or the Ohio State Legislature, the conditions of this Agreement relating to time limits for Management or the FOP/OLC's replies on grievances shall automatically be suspended. Upon the termination of the emergency, should valid grievances exist, they shall be processed in accordance with the provisions outlined in the Grievance Procedure to which they (the grievance(s)) had properly progressed.
- Section 34.4** L.O.G.I.C. and the FOP/OLC acknowledge that during the negotiations which preceded this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject matter not removed by law from the area of collective bargaining, and that the understandings and agreements arrived at by the parties after the exercise of that right and opportunity are set forth in this Agreement. Therefore, for the life of this Agreement, LOGIC and the Local each voluntarily and unqualifiedly waives the right, and each agrees that the other shall not be obligated to negotiate collectively with respect to any subject or matter referred to or covered in this Agreement, or with respect to any subject or matter not specifically referred to or covered in this Agreement even though such subjects or matters may not have been within the knowledge or contemplation of either or both of the parties at the time they negotiated and signed this Agreement.
- Section 34.5** This Agreement constitutes the entire Agreement between L.O.G.I.C. and the FOP/OLC, and all other agreements written or verbal are hereby canceled.
- Section 34.6** **The parties, Local Organized Governments In Cooperation (L.O.G.I.C.) and the Fraternal Order of Police, Ohio Labor Council (FOP/OLC) agree to reopen the Collective Bargaining Agreement to negotiate Article 17 - Wages and Article 31 - Health Insurance the 2015 and 2016 contract years.**

ARTICLE 35  
EXECUTION

Section 35.1 IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed this 24<sup>th</sup> day of JUNE, 2014.

FOR L.O.G.I.C.

FOR THE FOP/OLC

Mark Brink 6-24-14

Otto J. Holm, Jr. 6-18-14

Mark Brink  
L.O.G.I.C. President

Otto J. Holm, Jr.  
FOP/OLC Senior Staff Representative

Mark Busto (06-23-14)

Donald Harpster 6-18-14

Mark Busto  
L.O.G.I.C. Director

Donald Harpster  
FOP/OLC Bargaining Unit

Robert J. Tscholl 6-24-14

Christi Redleski 6-18-14

Robert J. Tscholl  
Legal Representative

Christi Redleski  
FOP/OLC Bargaining Unit

**APPENDIX A**  
**Anthem Blue Cross Blue Shield PPO**

| <b>Medical Benefit Summary</b>         | <b>Applicable Provider Network</b> | <b>Benefit Level</b>    |
|--|------------------------------------|-------------------------|
| <b>☑ Ambulance</b>                     |                                    |                         |
| <b>Air Ambulance</b>                   |                                    |                         |
| In Network Deductible - Individual     | Participating                      | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating                      | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating                      | 80% Per Benefit Year    |
| In Network Deductible - Individual     | Non-Participating                  | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Non-Participating                  | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Non-Participating                  | 80% Per Benefit Year    |
| <b>Other Medical Transport</b>         |                                    |                         |
| <b>Surface Ambulance</b>               |                                    |                         |
| In Network Deductible - Individual     | Participating                      | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating                      | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating                      | 80% Per Benefit Year    |
| In Network Deductible - Individual     | Non-Participating                  | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Non-Participating                  | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Non-Participating                  | 80% Per Benefit Year    |
| <b>Wait Time</b>                       |                                    |                         |
| <b>☑ Durable Medical Equipment</b>     |                                    |                         |
| <b>Lease Rental</b>                    |                                    |                         |
| In Network Deductible - Individual     | Participating                      | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating                      | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating                      | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating                  | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating                  | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating                  | 60% Per Benefit Year    |
| <b>Purchase</b>                        |                                    |                         |
| In Network Deductible - Individual     | Participating                      | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating                      | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating                      | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating                  | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating                  | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating                  | 60% Per Benefit Year    |
| <b>Repair</b>                          |                                    |                         |
| In Network Deductible - Individual     | Participating                      | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating                      | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating                      | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating                  | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating                  | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating                  | 60% Per Benefit Year    |

## Emergency Room Care

### Emergency Professional

|                                    |                   |                         |
|------------------------------------|-------------------|-------------------------|
| In Network Deductible - Individual | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance             | Participating     | 80% Per Benefit Year    |
| In Network Deductible - Individual | Non-Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Non-Participating | \$1500 Per Benefit Year |
| In Network Coinsurance             | Non-Participating | 80% Per Benefit Year    |

### Emergency Room

|                                     |                   |                         |
|-------------------------------------|-------------------|-------------------------|
| In Network Deductible - Individual  | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family      | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance              | Participating     | 80% Per Benefit Year    |
| In Network Emergency Room Copayment | Participating     | \$200 Per Visit         |
| In Network Deductible - Individual  | Non-Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family      | Non-Participating | \$1500 Per Benefit Year |
| In Network Coinsurance              | Non-Participating | 80% Per Benefit Year    |
| In Network Emergency Room Copayment | Non-Participating | \$200 Per Visit         |

## Health Education Classes

### Disease Management

### Nutrition Education

## Home Health Care

### Custodial Care Services

### Skilled Nursing Services

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network & Out Of Network Home Health Care Visit Limit | Participating     | 100 Per Benefit Year    |
| In Network Home Health Copayment                         | Participating     | \$25 Per Visit          |
| In Network Coinsurance                                   | Participating     | 100% Per Benefit Year   |
| In Network & Out Of Network Home Health Care Visit Limit | Non-Participating | 100 Per Benefit Year    |
| Out Of Network Deductible - Individual                   | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family                       | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance                               | Non-Participating | 60% Per Benefit Year    |

## Hospice

### Bereavement

### Home Hospice

|                                    |               |                         |
|------------------------------------|---------------|-------------------------|
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |

### Home

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Coinsurance                 | Participating     | 100% Per Benefit Year   |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Home**

|                            |                   |                      |
|----------------------------|-------------------|----------------------|
| Out Of Network Coinsurance | Non-Participating | 60% Per Benefit Year |
|----------------------------|-------------------|----------------------|

**Inpatient Hospice**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 100% Per Benefit Year   |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

**Respite Care**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 100% Per Benefit Year   |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

**☒ Inpatient Institutional Care****Bariatric****Behavioral Health**

|                                    |               |                         |
|------------------------------------|---------------|-------------------------|
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |

**Inpatient**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Inpatient**

|                            |                   |                      |
|----------------------------|-------------------|----------------------|
| Out Of Network Coinsurance | Non-Participating | 60% Per Benefit Year |
|----------------------------|-------------------|----------------------|

**Detoxification**

|                                    |               |                         |
|------------------------------------|---------------|-------------------------|
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |

**Inpatient**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Inpatient**

|                            |                   |                      |
|----------------------------|-------------------|----------------------|
| Out Of Network Coinsurance | Non-Participating | 60% Per Benefit Year |
|----------------------------|-------------------|----------------------|

**Inpatient Ancillary**

|  |                   |                         |
|--|-------------------|-------------------------|
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Inpatient**

|                                    |                   |                         |
|------------------------------------|-------------------|-------------------------|
| Out Of Network Coinsurance         | Non-Participating | 60% Per Benefit Year    |
| In Network Deductible - Individual | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating     | \$1500 Per Benefit Year |

**Inpatient**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Coinsurance   | Participating     | 80% Per Benefit Year    |
| <b>Maternity</b>   |                   |                         |
| <b>Physical Rehabilitation</b>   |                   |                         |
| In Network & Out Of Network Skilled Nursing Facility Inpatient Rehab Day Limit | Participating     | 150 Per Benefit Year    |
| <b>Inpatient</b>   |                   |                         |
| In Network Deductible - Individual   | Participating     | \$500 Per Benefit Year  |
| <b>Inpatient</b>   |                   |                         |
| In Network Deductible - Family   | Participating     | \$1500 Per Benefit Year |
| <b>Inpatient</b>   |                   |                         |
| In Network Coinsurance   | Participating     | 80% Per Benefit Year    |
| In Network & Out Of Network Skilled Nursing Facility Inpatient Rehab Day Limit | Non-Participating | 150 Per Benefit Year    |
| <b>Inpatient</b>   |                   |                         |
| Out Of Network Deductible - Individual   | Non-Participating | \$1500 Per Benefit Year |
| <b>Inpatient</b>   |                   |                         |
| Out Of Network Deductible - Family   | Non-Participating | \$4500 Per Benefit Year |
| <b>Inpatient</b>   |                   |                         |
| Out Of Network Coinsurance   | Non-Participating | 60% Per Benefit Year    |
| <b>Skilled Nursing Facility</b>  |                   |                         |
| In Network & Out Of Network Skilled Nursing Facility Inpatient Rehab Day Limit | Participating     | 150 Per Benefit Year    |
| In Network Deductible - Individual   | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family   | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance   | Participating     | 80% Per Benefit Year    |
| In Network & Out Of Network Skilled Nursing Facility Inpatient Rehab Day Limit | Non-Participating | 150 Per Benefit Year    |
| Out Of Network Deductible - Individual   | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family   | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance   | Non-Participating | 60% Per Benefit Year    |

## Orthotics

### Custom Made

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network & Out Of Network Orthotics Unit Lmt | Participating     | 1 Per Occurrence        |
| In Network Deductible - Individual             | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family                 | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                         | Participating     | 80% Per Benefit Year    |
| In Network & Out Of Network Orthotics Unit Lmt | Non-Participating | 1 Per Occurrence        |
| Out Of Network Deductible - Individual         | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family             | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance                     | Non-Participating | 60% Per Benefit Year    |

### PreFabricated

|  |               |                         |
|--|---------------|-------------------------|
| In Network & Out Of Network Orthotics Unit Lmt | Participating | 1 Per Occurrence        |
| In Network Deductible - Individual             | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family                 | Participating | \$1500 Per Benefit Year |
| In Network Coinsurance                         | Participating | 80% Per Benefit Year    |

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network & Out Of Network Orthotics Unit Lmt | Non-Participating | 1 Per Occurrence        |
| Out Of Network Deductible - Individual         | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family             | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance                     | Non-Participating | 60% Per Benefit Year    |

## ■ Pain Management

### Artificial Device

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

### Conscious Sedation

|  |                   |                         |
|--|-------------------|-------------------------|
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |

### General Anesthesia

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

### Local Anesthesia

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

## ■ Physician and Medical Services

### Case Management

#### Consultation

|                                    |               |                         |
|------------------------------------|---------------|-------------------------|
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |
| In Network Coinsurance             | Participating | 80% Per Benefit Year    |
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |

#### Inpatient

|                          |               |                      |
|--------------------------|---------------|----------------------|
| In Network Coinsurance   | Participating | 80% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit       |

**Office PCP**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| In Network Coinsurance          | Participating | 100% Per Benefit Year |
| In Network Specialist Copayment | Participating | \$50 Per Visit        |

**Office Specialist**

|                          |               |                       |
|--------------------------|---------------|-----------------------|
| In Network Coinsurance   | Participating | 100% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit        |

**Independent Clinic PCP**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| In Network Coinsurance          | Participating | 100% Per Benefit Year |
| In Network Specialist Copayment | Participating | \$50 Per Visit        |

**Independent Clinic Specialist**

|                          |               |                       |
|--------------------------|---------------|-----------------------|
| In Network Coinsurance   | Participating | 100% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit        |

**Home Primary Care Physician**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| In Network Coinsurance          | Participating | 100% Per Benefit Year |
| In Network Specialist Copayment | Participating | \$50 Per Visit        |

**Home Specialist**

|                          |               |                       |
|--------------------------|---------------|-----------------------|
| In Network Coinsurance   | Participating | 100% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit        |

**Outpatient PCP**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| In Network Coinsurance          | Participating | 100% Per Benefit Year |
| In Network Specialist Copayment | Participating | \$50 Per Visit        |

**Outpatient Specialist**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Coinsurance                 | Participating     | 100% Per Benefit Year   |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Home**

|  |                   |                         |
|--|-------------------|-------------------------|
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Inpatient**

|  |                   |                         |
|--|-------------------|-------------------------|
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Outpatient**

|  |                   |                         |
|--|-------------------|-------------------------|
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Office**

|  |                   |                         |
|--|-------------------|-------------------------|
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Independent Clinic**

|                            |                   |                      |
|----------------------------|-------------------|----------------------|
| Out Of Network Coinsurance | Non-Participating | 60% Per Benefit Year |
|----------------------------|-------------------|----------------------|

**Counseling****Exam Visit**

|                                    |               |                         |
|------------------------------------|---------------|-------------------------|
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |
| In Network Coinsurance             | Participating | 80% Per Benefit Year    |
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |

**Inpatient**

|                          |               |                      |
|--------------------------|---------------|----------------------|
| In Network Coinsurance   | Participating | 80% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit       |

**Office PCP**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| In Network Coinsurance          | Participating | 100% Per Benefit Year |
| In Network Specialist Copayment | Participating | \$50 Per Visit        |

**Office Specialist**

|                          |               |                       |
|--------------------------|---------------|-----------------------|
| In Network Coinsurance   | Participating | 100% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit        |

**Independent Clinic PCP**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| In Network Coinsurance          | Participating | 100% Per Benefit Year |
| In Network Specialist Copayment | Participating | \$50 Per Visit        |

**Independent Clinic Specialist**

|                          |               |                       |
|--------------------------|---------------|-----------------------|
| In Network Coinsurance   | Participating | 100% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit        |

**Home Primary Care Physician**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| In Network Coinsurance          | Participating | 100% Per Benefit Year |
| In Network Specialist Copayment | Participating | \$50 Per Visit        |

**Home Specialist**

|                          |               |                       |
|--------------------------|---------------|-----------------------|
| In Network Coinsurance   | Participating | 100% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit        |

**Outpatient PCP**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| In Network Coinsurance          | Participating | 100% Per Benefit Year |
| In Network Specialist Copayment | Participating | \$50 Per Visit        |

**Outpatient Specialist**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Coinsurance                 | Participating     | 100% Per Benefit Year   |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Home**

|  |                   |                         |
|--|-------------------|-------------------------|
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Inpatient**

|  |                   |                         |
|--|-------------------|-------------------------|
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Outpatient**

|  |                   |                         |
|--|-------------------|-------------------------|
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Office**

|  |                   |                         |
|--|-------------------|-------------------------|
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Independent Clinic**

|                            |                   |                      |
|----------------------------|-------------------|----------------------|
| Out Of Network Coinsurance | Non-Participating | 60% Per Benefit Year |
|----------------------------|-------------------|----------------------|

**Injection**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

**Second Opinion**

|                                    |               |                         |
|------------------------------------|---------------|-------------------------|
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |
| In Network Coinsurance             | Participating | 80% Per Benefit Year    |
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |

**Inpatient**

|                          |               |                      |
|--------------------------|---------------|----------------------|
| In Network Coinsurance   | Participating | 80% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit       |

**Office PCP**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| In Network Coinsurance          | Participating | 100% Per Benefit Year |
| In Network Specialist Copayment | Participating | \$50 Per Visit        |

**Office Specialist**

|                          |               |                       |
|--------------------------|---------------|-----------------------|
| In Network Coinsurance   | Participating | 100% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit        |

**Independent Clinic PCP**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| In Network Coinsurance          | Participating | 100% Per Benefit Year |
| In Network Specialist Copayment | Participating | \$50 Per Visit        |

**Independent Clinic Specialist**

|                          |               |                       |
|--------------------------|---------------|-----------------------|
| In Network Coinsurance   | Participating | 100% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit        |

**Home Primary Care Physician**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| In Network Coinsurance          | Participating | 100% Per Benefit Year |
| In Network Specialist Copayment | Participating | \$50 Per Visit        |

**Home Specialist**

|                          |               |                       |
|--------------------------|---------------|-----------------------|
| In Network Coinsurance   | Participating | 100% Per Benefit Year |
| In Network Pcp Copayment | Participating | \$25 Per Visit        |

**Outpatient PCP**

|                        |               |                       |
|------------------------|---------------|-----------------------|
| In Network Coinsurance | Participating | 100% Per Benefit Year |
|------------------------|---------------|-----------------------|

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Specialist Copayment        | Participating     | \$50 Per Visit          |
| <b>Outpatient Specialist</b>           |                   |                         |
| In Network Coinsurance                 | Participating     | 100% Per Benefit Year   |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| <b>Home</b>                            |                   |                         |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| <b>Inpatient</b>                       |                   |                         |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| <b>Outpatient</b>                      |                   |                         |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| <b>Office</b>                          |                   |                         |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| <b>Independent Clinic</b>              |                   |                         |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| <b>Social Services</b>                 |                   |                         |
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

**■ Prosthetics**

**Wig**

|   |                   |                         |
|---|-------------------|-------------------------|
| In Network & Out Of Network Wigs Unit Limit | Participating     | 1 Per Benefit Year      |
| In Network Deductible - Individual          | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family              | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                      | Participating     | 80% Per Benefit Year    |
| In Network & Out Of Network Wigs Unit Limit | Non-Participating | 1 Per Benefit Year      |
| Out Of Network Deductible - Individual      | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family          | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance                  | Non-Participating | 60% Per Benefit Year    |

**■ Rehabilitation Therapies**

**Facility****Professional****Supply****Allergy Serum**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

**Ambulance Supply**

|                                    |                   |                         |
|------------------------------------|-------------------|-------------------------|
| In Network Deductible - Individual | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance             | Participating     | 80% Per Benefit Year    |
| In Network Deductible - Individual | Non-Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Non-Participating | \$1500 Per Benefit Year |
| In Network Coinsurance             | Non-Participating | 80% Per Benefit Year    |

**Blood**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

**Garments****Hearing Aid****Medical Foods**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

**Medical Supply**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

**Over The Counter****Oxygen**

|                                    |               |                         |
|------------------------------------|---------------|-------------------------|
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

#### **Surgical Implant**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

#### **Tobacco Cessation Aids**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

#### **Vision Hardware**

|                                    |               |                         |
|------------------------------------|---------------|-------------------------|
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |

#### **Surgery for Cataracts, Aphakia or Keratoconus**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

#### **Surgery for Cataracts, Aphakia or Keratoconus**

|                            |                   |                      |
|----------------------------|-------------------|----------------------|
| Out Of Network Coinsurance | Non-Participating | 60% Per Benefit Year |
|----------------------------|-------------------|----------------------|

### **Surgery Services**

#### **Facility**

|                                    |               |                         |
|------------------------------------|---------------|-------------------------|
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |

#### **Outpatient**

|                                    |               |                         |
|------------------------------------|---------------|-------------------------|
| In Network Coinsurance             | Participating | 80% Per Benefit Year    |
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |

#### **Ambulatory Surgery Center**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

#### **Outpatient**

|  |                   |                         |
|--|-------------------|-------------------------|
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

#### **Ambulatory Surgery Center**

|                            |                   |                      |
|----------------------------|-------------------|----------------------|
| Out Of Network Coinsurance | Non-Participating | 60% Per Benefit Year |
|----------------------------|-------------------|----------------------|

**Professional**

|                                     |               |                         |
|-------------------------------------|---------------|-------------------------|
| In Network Deductible - Individual  | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family      | Participating | \$1500 Per Benefit Year |
| In Network Coinsurance              | Participating | 80% Per Benefit Year    |
| In Network Office Surgery Copayment | Participating | \$50 Per Visit          |

**Office**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Coinsurance                 | Participating     | 100% Per Benefit Year   |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Office**

|                            |                   |                      |
|----------------------------|-------------------|----------------------|
| Out Of Network Coinsurance | Non-Participating | 60% Per Benefit Year |
|----------------------------|-------------------|----------------------|

**Testing Services****Facility**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

**Professional**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

**Treatment Therapies****Facility****Professional****Travel****Bariatric****Cardiac****Complex Rare Cancer****Repatriation****Transplant/HOTT****Transplant**

|                        |               |                       |
|------------------------|---------------|-----------------------|
| In Network Coinsurance | Participating | 100% Per Benefit Year |
|------------------------|---------------|-----------------------|

**Transplant**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network & Out Of Network Transplant Travel Dollar Limit | Participating     | 10000 Per Transplant    |
| Out Of Network Deductible - Individual                     | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family                         | Non-Participating | \$4500 Per Benefit Year |

**Transplant**

|                                       |                   |                      |
|---------------------------------------|-------------------|----------------------|
| Out Of Network Transplant Coinsurance | Non-Participating | 50% Per Benefit Year |
|---------------------------------------|-------------------|----------------------|

**Transplant**

|  |                   |                      |
|--|-------------------|----------------------|
| In Network & Out Of Network Transplant Travel Dollar Limit | Non-Participating | 10000 Per Transplant |
|--|-------------------|----------------------|

**Urgent Care****Urgent Care Facility**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Deductible - Individual     | Participating     | \$500 Per Benefit Year  |
| In Network Deductible - Family         | Participating     | \$1500 Per Benefit Year |
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |
| Out Of Network Coinsurance             | Non-Participating | 60% Per Benefit Year    |

**Urgent Care Professional**

|                                    |               |                         |
|------------------------------------|---------------|-------------------------|
| In Network Deductible - Individual | Participating | \$500 Per Benefit Year  |
| In Network Deductible - Family     | Participating | \$1500 Per Benefit Year |

**Urgent Care Facility**

|  |                   |                         |
|--|-------------------|-------------------------|
| In Network Coinsurance                 | Participating     | 80% Per Benefit Year    |
| Out Of Network Deductible - Individual | Non-Participating | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family     | Non-Participating | \$4500 Per Benefit Year |

**Urgent Care Facility**

|                            |                   |                      |
|----------------------------|-------------------|----------------------|
| Out Of Network Coinsurance | Non-Participating | 60% Per Benefit Year |
|----------------------------|-------------------|----------------------|

**Alternative Medicines****Legend Homeopathic****Anaphylaxis Therapy Agents****Bee Sting Kit**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| Formulary Tier 1 Mail Copayment | Participating | \$38 Per Prescription |
|---------------------------------|---------------|-----------------------|

**Formulary Tier 1 Mail**

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
|---|---------------|------------------------|

**Formulary Tier 1 Mail**

|                                     |               |                        |
|-------------------------------------|---------------|------------------------|
| In Network Mail Deductible - Family | Participating | \$500 Per Benefit Year |
|-------------------------------------|---------------|------------------------|

**Formulary Tier 1 Mail**

|                                   |               |                      |
|-----------------------------------|---------------|----------------------|
| Formulary Tier 1 Mail Coinsurance | Participating | -2% Per Benefit Year |
|-----------------------------------|---------------|----------------------|

|                              |               |                       |
|------------------------------|---------------|-----------------------|
| Non-formulary Mail Copayment | Participating | \$-2 Per Prescription |
|------------------------------|---------------|-----------------------|

**Non Form Mail**

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |

## ■ Anti-Infective Agents

### Antifungals

### Antivirals

### Hepatitis Agents

|   |               |                        |
|---|---------------|------------------------|
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |

**Non Form Mail**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| Non-formulary Mail Coinsurance  | Participating | -2% Per Benefit Year  |
| Formulary Tier 2 Mail Copayment | Participating | \$88 Per Prescription |

**Formulary Tier 2 Mail**

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
|---|---------------|------------------------|

**Formulary Tier 2 Mail**

|                                     |               |                        |
|-------------------------------------|---------------|------------------------|
| In Network Mail Deductible - Family | Participating | \$500 Per Benefit Year |
|-------------------------------------|---------------|------------------------|

**Formulary Tier 2 Mail**

|                                   |               |                        |
|-----------------------------------|---------------|------------------------|
| Formulary Tier 2 Mail Coinsurance | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment   | Participating | \$175 Per Prescription |

**Formulary Tier 3 Mail**

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
|---|---------------|------------------------|

**Formulary Tier 3 Mail**

|                                     |               |                        |
|-------------------------------------|---------------|------------------------|
| In Network Mail Deductible - Family | Participating | \$500 Per Benefit Year |
|-------------------------------------|---------------|------------------------|

**Formulary Tier 3 Mail**

|                                   |               |                       |
|-----------------------------------|---------------|-----------------------|
| Formulary Tier 3 Mail Coinsurance | Participating | -2% Per Benefit Year  |
| Formulary Tier 4 Mail Copayment   | Participating | \$-2 Per Prescription |

**Formulary Tier 4 Mail**

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
|---|---------------|------------------------|

**Formulary Tier 4 Mail**

|                                     |               |                        |
|-------------------------------------|---------------|------------------------|
| In Network Mail Deductible - Family | Participating | \$500 Per Benefit Year |
|-------------------------------------|---------------|------------------------|

**Formulary Tier 4 Mail**

|                                   |               |                      |
|-----------------------------------|---------------|----------------------|
| Formulary Tier 4 Mail Coinsurance | Participating | 75% Per Benefit Year |
|-----------------------------------|---------------|----------------------|

**Antihyperlipidemics****Lipid Lowering Agents (Statins)****Antineoplastic Agents****Antineoplastics****Biologicals****Allergens****Immunizations Vaccines**

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| Formulary Tier 1 Mail Copayment | Participating | \$38 Per Prescription |
|---------------------------------|---------------|-----------------------|

**Formulary Tier 1 Mail**

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
|---|---------------|------------------------|

**Formulary Tier 1 Mail**

|                                     |               |                        |
|-------------------------------------|---------------|------------------------|
| In Network Mail Deductible - Family | Participating | \$500 Per Benefit Year |
|-------------------------------------|---------------|------------------------|

**Formulary Tier 1 Mail**

|                                   |               |                       |
|-----------------------------------|---------------|-----------------------|
| Formulary Tier 1 Mail Coinsurance | Participating | -2% Per Benefit Year  |
| Non-formulary Mail Copayment      | Participating | \$-2 Per Prescription |

**Non Form Mail**  
 In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Non Form Mail**  
 In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Non Form Mail**  
 Non-formulary Mail Coinsurance Participating -2% Per Benefit Year  
 Formulary Tier 2 Mail Copayment Participating \$88 Per Prescription

**Formulary Tier 2 Mail**  
 In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Formulary Tier 2 Mail**  
 In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Formulary Tier 2 Mail**  
 Formulary Tier 2 Mail Coinsurance Participating -2% Per Benefit Year  
 Formulary Tier 3 Mail Copayment Participating \$175 Per Prescription

**Formulary Tier 3 Mail**  
 In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Formulary Tier 3 Mail**  
 In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Formulary Tier 3 Mail**  
 Formulary Tier 3 Mail Coinsurance Participating -2% Per Benefit Year  
 Formulary Tier 4 Mail Copayment Participating \$-2 Per Prescription

**Formulary Tier 4 Mail**  
 In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Formulary Tier 4 Mail**  
 In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Formulary Tier 4 Mail**  
 Formulary Tier 4 Mail Coinsurance Participating 75% Per Benefit Year

**Chemical Dependency Agents**

**Alcohol Deterrents**

Formulary Tier 1 Mail Copayment Participating \$38 Per Prescription

**Formulary Tier 1 Mail**  
 In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Formulary Tier 1 Mail**  
 In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Formulary Tier 1 Mail**  
 Formulary Tier 1 Mail Coinsurance Participating -2% Per Benefit Year  
 Non-formulary Mail Copayment Participating \$-2 Per Prescription

**Non Form Mail**  
 In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Non Form Mail**  
 In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Non Form Mail**

|   |               |                        |
|---|---------------|------------------------|
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | -\$2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |

## Dermatologicals

### Acne Products

#### Formulary Tier 1 Mail

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| Formulary Tier 1 Mail Copayment | Participating | \$38 Per Prescription |
|---------------------------------|---------------|-----------------------|

#### Formulary Tier 1 Mail

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
|---|---------------|------------------------|

#### Formulary Tier 1 Mail

|                                     |               |                        |
|-------------------------------------|---------------|------------------------|
| In Network Mail Deductible - Family | Participating | \$500 Per Benefit Year |
|-------------------------------------|---------------|------------------------|

#### Formulary Tier 1 Mail

|                                   |               |                      |
|-----------------------------------|---------------|----------------------|
| Formulary Tier 1 Mail Coinsurance | Participating | -2% Per Benefit Year |
|-----------------------------------|---------------|----------------------|

#### Non Form Mail

|                              |               |                       |
|------------------------------|---------------|-----------------------|
| Non-formulary Mail Copayment | Participating | -\$2 Per Prescription |
|------------------------------|---------------|-----------------------|

#### Non Form Mail

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
|---|---------------|------------------------|

#### Non Form Mail

|                                     |               |                        |
|-------------------------------------|---------------|------------------------|
| In Network Mail Deductible - Family | Participating | \$500 Per Benefit Year |
|-------------------------------------|---------------|------------------------|

#### Non Form Mail

|                                |               |                      |
|--------------------------------|---------------|----------------------|
| Non-formulary Mail Coinsurance | Participating | -2% Per Benefit Year |
|--------------------------------|---------------|----------------------|

#### Formulary Tier 2 Mail

|                                 |               |                       |
|---------------------------------|---------------|-----------------------|
| Formulary Tier 2 Mail Copayment | Participating | \$88 Per Prescription |
|---------------------------------|---------------|-----------------------|

|   |               |  |                        |
|---|---------------|--|------------------------|
| <b>Formulary Tier 2 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Individual | Participating |  | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Family     | Participating |  | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |  |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating |  | -2% Per Benefit Year   |
| <b>Formulary Tier 3 Mail</b>            |               |  |                        |
| Formulary Tier 3 Mail Copayment         | Participating |  | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Individual | Participating |  | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Family     | Participating |  | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |  |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating |  | -2% Per Benefit Year   |
| <b>Formulary Tier 4 Mail</b>            |               |  |                        |
| Formulary Tier 4 Mail Copayment         | Participating |  | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Individual | Participating |  | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Family     | Participating |  | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |  |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating |  | 75% Per Benefit Year   |
| <b>Cosmetic Products</b>                |               |  |                        |
| <b>Hair Growth Agents</b>               |               |  |                        |
| <b>Isotretinoin</b>                     |               |  |                        |
| Formulary Tier 1 Mail Copayment         | Participating |  | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Individual | Participating |  | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Family     | Participating |  | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |  |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating |  | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating |  | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |  |                        |
| In Network Mail Deductible - Individual | Participating |  | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |  |                        |
| In Network Mail Deductible - Family     | Participating |  | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |  |                        |
| Non-formulary Mail Coinsurance          | Participating |  | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating |  | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Individual | Participating |  | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |  |                        |

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |

## Diabetic Care

### Antidiabetics

|   |               |                        |
|---|---------------|------------------------|
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |
| <b>Diabetic Supplies</b>                |               |                        |

## Diagnostic Products

### Diagnostic Radiopharmaceuticals

### Diagnostic Test Imaging

## Endocrine and Metabolic Drugs

### Anabolic Steroids

|   |               |                        |
|---|---------------|------------------------|
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |

|   |               |                        |
|---|---------------|------------------------|
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |
| <b>Contraceptives</b>                   |               |                        |
| <b>Fertility Regulators</b>             |               |                        |
| <b>Growth Hormones</b>                  |               |                        |
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |

|   |               |                        |
|---|---------------|------------------------|
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |
| <b>Vaginal Progestins</b>               |               |                        |
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |

**Hematological Agents**

**Blood & Blood Plasma**

**Folic Acid**

Formulary Tier 1 Mail Copayment Participating \$38 Per Prescription

**Formulary Tier 1 Mail**

In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Formulary Tier 1 Mail**

In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Formulary Tier 1 Mail**

Formulary Tier 1 Mail Coinsurance Participating -2% Per Benefit Year

Non-formulary Mail Copayment Participating \$-2 Per Prescription

**Non Form Mail**

In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Non Form Mail**

In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Non Form Mail**

Non-formulary Mail Coinsurance Participating -2% Per Benefit Year

Formulary Tier 2 Mail Copayment Participating \$88 Per Prescription

**Formulary Tier 2 Mail**

In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Formulary Tier 2 Mail**

In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Formulary Tier 2 Mail**

Formulary Tier 2 Mail Coinsurance Participating -2% Per Benefit Year

Formulary Tier 3 Mail Copayment Participating \$175 Per Prescription

**Formulary Tier 3 Mail**

In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Formulary Tier 3 Mail**

In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Formulary Tier 3 Mail**

Formulary Tier 3 Mail Coinsurance Participating -2% Per Benefit Year

Formulary Tier 4 Mail Copayment Participating \$-2 Per Prescription

**Formulary Tier 4 Mail**

In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Formulary Tier 4 Mail**

In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Formulary Tier 4 Mail**

Formulary Tier 4 Mail Coinsurance Participating 75% Per Benefit Year

**Hematopoietic Growth Factors**

Formulary Tier 1 Mail Copayment Participating \$38 Per Prescription

**Formulary Tier 1 Mail**

In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

|   |               |                        |
|---|---------------|------------------------|
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |

**Immunosuppressive Agents**

**Immunosuppressive Products**

|   |               |                        |
|---|---------------|------------------------|
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |

|   |               |  |                        |
|---|---------------|--|------------------------|
| <b>Non Form Mail</b>                    |               |  |                        |
| In Network Mail Deductible - Individual | Participating |  | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |  |                        |
| In Network Mail Deductible - Family     | Participating |  | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |  |                        |
| Non-formulary Mail Coinsurance          | Participating |  | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating |  | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Individual | Participating |  | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Family     | Participating |  | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |  |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating |  | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating |  | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Individual | Participating |  | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Family     | Participating |  | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |  |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating |  | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating |  | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Individual | Participating |  | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |  |                        |
| In Network Mail Deductible - Family     | Participating |  | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |  |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating |  | 75% Per Benefit Year   |

#### Impotence Agents

**Sexual Dysfunction - Injectable and Misc**

**Sexual Dysfunction - Oral**

**Yohimbine (Yocon)**

#### Neurologicals

**Multiple Sclerosis Agents**

Formulary Tier 1 Mail Copayment Participating \$38 Per Prescription

**Formulary Tier 1 Mail**

In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Formulary Tier 1 Mail**

In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Formulary Tier 1 Mail**

Formulary Tier 1 Mail Coinsurance Participating -2% Per Benefit Year

|   |               |                        |
|---|---------------|------------------------|
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |

## **Nutritional Products**

### **Metabolic Infant Foods**

#### **Minerals and Electrolytes**

|   |               |                        |
|---|---------------|------------------------|
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |
| <b>Nutritional Supplements</b>          |               |                        |
| <b>Vitamins / Multivitamins</b>         |               |                        |
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |

|   |               |                        |
|---|---------------|------------------------|
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | -\$2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |

**Ophthalmic Agents**

Ophthalmic - Antiallergic

**Over the Counter Drugs / Devices**

Medical Devices

**Respiratory Agents**

Antihistamines - Non-Sedating

**Respiratory Therapy Supplies**

Aerochambers and Spacers

|   |               |                        |
|---|---------------|------------------------|
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | -\$2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |

|   |               |                        |
|---|---------------|------------------------|
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |
| <b>Nebulizers</b>                       |               |                        |
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |

|   |               |                        |
|---|---------------|------------------------|
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |
| <b>Peak Flow Meters</b>                 |               |                        |
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |

|   |               |                        |
|---|---------------|------------------------|
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |

## Smoking Deterrents

### Smoking Deterrents - Legend

|   |               |                        |
|---|---------------|------------------------|
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |

|   |               |                        |
|---|---------------|------------------------|
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Coinsurance       | Participating | 75% Per Benefit Year   |
| <b>Smoking Deterrents - OTC</b>         |               |                        |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Copayment         | Participating | \$38 Per Prescription  |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 1 Mail</b>            |               |                        |
| Formulary Tier 1 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Copayment            | Participating | \$-2 Per Prescription  |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Non Form Mail</b>                    |               |                        |
| Non-formulary Mail Coinsurance          | Participating | -2% Per Benefit Year   |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Copayment         | Participating | \$88 Per Prescription  |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 2 Mail</b>            |               |                        |
| Formulary Tier 2 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Copayment         | Participating | \$175 Per Prescription |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Individual | Participating | \$250 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| In Network Mail Deductible - Family     | Participating | \$500 Per Benefit Year |
| <b>Formulary Tier 3 Mail</b>            |               |                        |
| Formulary Tier 3 Mail Coinsurance       | Participating | -2% Per Benefit Year   |
| <b>Formulary Tier 4 Mail</b>            |               |                        |
| Formulary Tier 4 Mail Copayment         | Participating | \$-2 Per Prescription  |

**Formulary Tier 4 Mail**

In Network Mail Deductible - Individual Participating \$250 Per Benefit Year

**Formulary Tier 4 Mail**

In Network Mail Deductible - Family Participating \$500 Per Benefit Year

**Formulary Tier 4 Mail**

Formulary Tier 4 Mail Coinsurance Participating 75% Per Benefit Year

**Stimulants / Anti-Obesity / Anorexiant**

**ADHD Agents**

**Anorexiant**

**Anti Obesity**

**Topical Products**

**Fluoride Dental Products**

**Ulcer Drugs**

**Protein Pump Inhibitors**

**Contact Lenses**

**Elective**

Innoonlenslmt Participating 1 Per Benefit Year

**Ages 18 and Under**

**Ages 18 and Under**

In Network Coinsurance Participating 100% Per Benefit Year

Innoonlenslmt Non-Participating 1 Per Benefit Year

**Ages 18 and Under**

**Ages 18 and Under**

Out Of Network Coinsurance Non-Participating 100% Per Benefit Year

**Ages 18 and Under**

Out Of Network Elective Contact Lens Non-Participating 60 Per Occurrence

Reimbursement Dollar Limit

**Non-Elective**

Innoonlenslmt Participating 1 Per Benefit Year

**Ages 18 and Under**

In Network Coinsurance Participating 100% Per Benefit Year

Innoonlenslmt Non-Participating 1 Per Benefit Year

**Ages 18 and Under**

Out Of Network Coinsurance Non-Participating 100% Per Benefit Year

**Ages 18 and Under**

Out Of Network Non-elective Contact Lens Non-Participating 210 Per Occurrence

Reimbursement Dollar Limit

## 📌 Eyeglasses

### Additional Pairs of Eyeglasses

#### Eyeglass Frames

In Network & Out Of Network Eyeglass Frame Limit Participating 1 Per Benefit Year

#### Ages 18 and Under

#### Ages 18 and Under

In Network Coinsurance Participating 100% Per Benefit Year

In Network & Out Of Network Eyeglass Frame Limit Non-Participating 1 Per Benefit Year

#### Ages 18 and Under

#### Ages 18 and Under

Out Of Network Coinsurance Non-Participating 100% Per Benefit Year

#### Ages 18 and Under

Out Of Network Eyeglass Frame Reimbursement Non-Participating 45 Per Occurrence  
Dollar Limit

#### Eyeglass Lenses

## 📌 Vision Exam

### Contact Lens Exam

In Network & Out Of Network Vision Exam Limit Participating 1 Per Benefit Year

#### Ages 18 and Under

#### Ages 18 and Under

In Network Coinsurance Participating 100% Per Benefit Year

In Network & Out Of Network Vision Exam Limit Non-Participating 1 Per Benefit Year

#### Ages 18 and Under

#### Ages 18 and Under

Out Of Network Coinsurance Non-Participating 100% Per Benefit Year

#### Ages 18 and Under

Out Of Network Vision Exam Reimbursement Non-Participating 30 Per Visit

### Contact Lens Fit and Follow-up

#### Glasses

In Network & Out Of Network Vision Exam Limit Participating 1 Per Benefit Year

#### Ages 18 and Under

#### Ages 18 and Under

In Network Coinsurance Participating 100% Per Benefit Year

In Network & Out Of Network Vision Exam Limit Non-Participating 1 Per Benefit Year

#### Ages 18 and Under

#### Ages 18 and Under

Out Of Network Coinsurance Non-Participating 100% Per Benefit Year

#### Ages 18 and Under

Out Of Network Vision Exam Reimbursement Non-Participating 30 Per Visit

## Retinal Imaging

### Benefit Option

|   |                       |
|---|-----------------------|
| In Network & Out Of Network Applied Behavioral Analysis Hour Limit              | 20 Per Week           |
| In Network & Out Of Network Cardiac Visit Limit                                 | 36 Per Benefit Year   |
| In Network & Out Of Network Chiropractic Visit Limit                            | 20 Per Benefit Year   |
| In Network & Out Of Network Dental Accident Dollar Limit                        | 3000 Per Benefit Year |
| In Network & Out Of Network Home Health Care Visit Limit                        | 100 Per Benefit Year  |
| In Network Home Health Copayment  | \$25 Per Visit        |
| In Network & Out Of Network Occupational Therapy Visit Limit                    | 20 Per Benefit Year   |
| In Network & Out Of Network Occupational Therapy With Autism Diag Visit Limit   | 20 Per Benefit Year   |
| In Network & Out Of Network Orthotics Unit Lmt                                  | 1 Per Occurrence      |
| In Network & Out Of Network Physical Therapy Visit Limit                        | 20 Per Benefit Year   |
| In Network & Out Of Network Private Duty Nursing Visit Limit                    | 82 Per Benefit Year   |
| In Network & Out Of Network Skilled Nursing Facility Inpatient Rehab Day Limit  | 150 Per Benefit Year  |
| In Network & Out Of Network Speech Therapy Visit Limit                          | 20 Per Benefit Year   |
| In Network & Out Of Network Speech Therapy With Autism Diag Visit Limit         | 20 Per Benefit Year   |
| Out Of Network Transplant Coinsurance   | 50% Per Benefit Year  |
| In Network & Out Of Network Transplant Travel Dollar Limit                      | 10000 Per Transplant  |
| In Network & Out Of Network Unrelated Donor Search Dollar Limit                 | 30000 Per Transplant  |
| In Network & Out Of Network Wigs Unit Limit                                     | 1 Per Benefit Year    |
| Retail Contraceptive Devices Unit Lmt   | 1 Every 365 Days      |
| Mail Contraceptive Devices Unit Lmt   | 1 Every 365 Days      |
| Retail Glucometers Unit Lmt   | 1 Every 365 Days      |
| Mail Glucometers Unit Lmt   | 1 Every 365 Days      |
| Retail Compounded Drug Claim High Dollar Limit                                  | 1500 Per Prescription |
| Mail Compounded Drug Claim High Dollar Limit                                    | 1500 Per Prescription |
| Injectable Contraceptives (depo Provera) Single Source And Brand Name Copayment | \$-2 Per Prescription |
| Immunization Retail Coinsurance   | -2% Per Benefit Year  |
| Number Of Fills At Retail Before Forced To Specialty                            | 1 Per Benefit Year    |
| Specialty Mail Day Supply   | 30 Per Benefit Year   |
| In Network Low Vision Lmt   | 1 Per Benefit Year    |
| In Network & Out Of Network Eyeglass Frame Limit                                | 1 Per Benefit Year    |
| InnooLensLmt  | 1 Per Benefit Year    |
| Out Of Network Bifocal Lens Reimbursement Dollar Limit                          | 40 Per Occurrence     |

|   |                    |
|---|--------------------|
| Out Of Network Elective Contact Lens Reimbursement Dollar Limit     | 60 Per Occurrence  |
| Out Of Network Eyeglass Frame Reimbursement Dollar Limit            | 45 Per Occurrence  |
| Out Of Network Non-elective Contact Lens Reimbursement Dollar Limit | 210 Per Occurrence |
| Out Of Network Progressive Reimb Dlr Lmt                            | 40 Per Occurrence  |
| Out Of Network Single Vision Lens Reimbursement Dollar Limit        | 25 Per Occurrence  |
| Out Of Network Trifocal Lens Reimbursement Dollar Limit             | 55 Per Occurrence  |
| In Network & Out Of Network Vision Exam Limit                       | 1 Per Benefit Year |
| Out Of Network Vision Exam Reimbursement                            | 30 Per Visit       |

### Plan Option

|  |                         |
|--|-------------------------|
| In Network Allergy Test Office Copayment           | \$15 Per Visit          |
| In Network Counseling Copayment                    | \$15 Per Visit          |
| In Network Emergency Room Copayment                | \$200 Per Visit         |
| In Network Retail Clinic Copayment                 | \$15 Per Visit          |
| In Network Pcp Copayment                           | \$25 Per Visit          |
| In Network Specialist Copayment                    | \$50 Per Visit          |
| In Network Office Surgery Copayment                | \$50 Per Visit          |
| In Network Urgent Care Copayment                   | \$50 Per Visit          |
| In Network Deductible - Individual                 | \$500 Per Benefit Year  |
| In Network Deductible - Family                     | \$1500 Per Benefit Year |
| Out Of Network Deductible - Individual             | \$1500 Per Benefit Year |
| Out Of Network Deductible - Family                 | \$4500 Per Benefit Year |
| In Network Out Of Pocket Maximum - Individual      | 3500 Per Benefit Year   |
| In Network Out Of Pocket Maximum - Family          | 7000 Per Benefit Year   |
| Out Of Network Out Of Pocket Maximum - Individual  | 10500 Per Benefit Year  |
| Out Of Network Out Of Pocket Maximum - Family      | 21000 Per Benefit Year  |
| In Network Coinsurance                             | 80% Per Benefit Year    |
| Out Of Network Coinsurance                         | 60% Per Benefit Year    |
| Member Claim Filing Limit                          | 15 Per Benefit Year     |
| Formulary Tier 1 Retail Out Of Network Coinsurance | 50% Per Benefit Year    |
| Formulary Tier 1 Retail Out Of Network Copayment   | -\$2 Per Prescription   |
| Formulary Tier 2 Retail Out Of Network Coinsurance | 50% Per Benefit Year    |
| Formulary Tier 2 Retail Out Of Network Copayment   | -\$2 Per Prescription   |
| Formulary Tier 3 Retail Out Of Network Coinsurance | 50% Per Benefit Year    |
| Formulary Tier 3 Retail Out Of Network Copayment   | -\$2 Per Prescription   |
| Formulary Tier 4 Retail Out Of Network Coinsurance | 50% Per Benefit Year    |
| Formulary Tier 4 Retail Out Of Network Copayment   | -\$2 Per Prescription   |
| Non-formulary Retail Out Of Network Coinsurance    | -2% Per Benefit Year    |
| Non-formulary Retail Out Of Network Copayment      | -\$2 Per Prescription   |
| Additional Out Of Network Coinsurance Percentage   | -2% Per Benefit Year    |
| In Network Retail Deductible - Individual          | \$250 Per Benefit Year  |
| In Network Retail Deductible - Family              | \$500 Per Benefit Year  |
| Out Of Network Retail Deductible - Individual      | \$250 Per Benefit Year  |
| Out Of Network Retail Deductible - Family          | \$500 Per Benefit Year  |

|  |                        |
|--|------------------------|
| In Network Mail Deductible - Individual                  | \$250 Per Benefit Year |
| In Network Mail Deductible - Family                      | \$500 Per Benefit Year |
| In Network Retail Out Of Pocket - Individual             | 3500 Per Benefit Year  |
| In Network Retail Out Of Pocket - Family                 | 7000 Per Benefit Year  |
| Out Of Network Retail Out Of Pocket Maximum - Individual | 10500 Per Benefit Year |
| Out Of Network Retail Out Of Pocket Maximum - Family     | 21000 Per Benefit Year |
| In Network Mail Out Of Pocket Maximum - Individual       | 3500 Per Benefit Year  |
| In Network Mail Out Of Pocket Maximum - Family           | 7000 Per Benefit Year  |
| Mops Exceeded Member Coinsurance                         | -2% Per Benefit Year   |
| Formulary Tier 1 Retail Copayment                        | \$15 Per Prescription  |
| Formulary Tier 1 Retail Coinsurance                      | -2% Per Benefit Year   |
| Formulary Tier 2 Retail Copayment                        | \$35 Per Prescription  |
| Formulary Tier 2 Retail Coinsurance                      | -2% Per Benefit Year   |
| Formulary Tier 3 Retail Copayment                        | \$70 Per Prescription  |
| Formulary Tier 3 Retail Coinsurance                      | -2% Per Benefit Year   |
| Formulary Tier 4 Retail Copayment                        | -\$2 Per Prescription  |
| Formulary Tier 4 Retail Coinsurance                      | 75% Per Benefit Year   |
| Formulary Tier 1 Mail Copayment                          | \$38 Per Prescription  |
| Formulary Tier 1 Mail Coinsurance                        | -2% Per Benefit Year   |
| Formulary Tier 2 Mail Copayment                          | \$88 Per Prescription  |
| Formulary Tier 2 Mail Coinsurance                        | -2% Per Benefit Year   |
| Formulary Tier 3 Mail Copayment                          | \$175 Per Prescription |
| Formulary Tier 3 Mail Coinsurance                        | -2% Per Benefit Year   |
| Formulary Tier 4 Mail Copayment                          | -\$2 Per Prescription  |
| Formulary Tier 4 Mail Coinsurance                        | 75% Per Benefit Year   |
| Non-formulary Retail Copayment                           | -\$2 Per Prescription  |
| Non-formulary Retail Coinsurance                         | -2% Per Benefit Year   |
| Non-formulary Mail Copayment                             | -\$2 Per Prescription  |
| Non-formulary Mail Coinsurance                           | -2% Per Benefit Year   |
| Copaymultiplierretail30daysupply                         | \$1 Per Benefit Year   |
| Copaymultiplierretail60daysupply                         | -\$2 Per Benefit Year  |
| Copaymultiplierretail90daysupply                         | -\$2 Per Benefit Year  |
| Retail Day Supply Maximum                                | 30 Per Benefit Year    |
| Mail Day Supply Maximum                                  | 90 Per Benefit Year    |
| Number Of Retail Copays 60 Day Pkg Products              | \$2 Per Benefit Year   |
| Number Of Retail Copays 90 Day Pkg Products              | \$3 Per Benefit Year   |
| Retail Drug Claim High Dollar Limit                      | 1500 Per Prescription  |
| Mail Drug Claim High Dollar Limit                        | 1500 Per Prescription  |
| Retail Refill Too Soon Percentage                        | 85 Per Benefit Year    |
| Mail Refill Too Soon Percentage                          | 68 Per Benefit Year    |
| Half Tab Copayment Reduction Percent                     | \$50 Per Benefit Year  |
| Mandatory Mail Lookback Days                             | -2 Per Benefit Year    |

**Anthem Blue Cross Blue Shield PPO**  
**Basic Life**

**Benefit Overview**

|                            |  |
|----------------------------|--|
| <b>Class Description:</b>  | All Members                                |
| <b>Benefit Percent:</b>    |  |
| <b>Minimum Amount:</b>     |  |
| <b>Maximum Amount:</b>     | \$15,000                                   |
| <b>Reduction Schedule:</b> | 35% at age 65; an additional 15% at age 70 |
| <b>Plan Year:</b>          | 041  |
| <b>Contribution Type</b>   | Noncontributory                            |
| <b>Rates:</b>              | <a href="#">View Rates</a>                 |

**General Benefits**

|   |                                    |
|---|------------------------------------|
| <b>Eligibility Hours:</b>                 | 30 Hours Weekly                    |
| <b>Initial Member Waiting Period:</b>     | Time Employed (Days Completed) = 0 |
| <b>Future Enrollments Waiting Period:</b> | Time Employed (Days Completed) = 0 |
| <b>Termination Date:Initial Members:</b>  | Standard Date                      |
| <b>Termination Date:Future Members:</b>   | Standard Date                      |

**Waiver of Premium**

|                                  |          |
|----------------------------------|----------|
| <b>Definition of Disability:</b> | Total    |
| <b>Waiver Duration:</b>          | 2 Year   |
| <b>Elimination Period:</b>       | 9 Months |

**Guarantee Issue**

|                     |          |
|---------------------|----------|
| <b>Under 70:</b>    | \$15,000 |
| <b>70 or Older:</b> | \$15,000 |

**Benefits Payable**

**Definition of Compensation:**

### Basic AD&D

**Benefit Overview**

**Class Description:** All Members  
**AD&D Coverage:** Occupational  
**AD&D Additional Packages:**  
**Plan Year:** 041  
**Contribution Type** Noncontributory  
**Rates:** [View Rates](#)

**General Benefits**

**Eligibility Hours:** 30 Hours Weekly  
**Initial Member Waiting Period:** Time Employed (Days Completed) = 0  
**Future Enrollments Waiting Period:** Time Employed (Days Completed) = 0  
**Termination Date:Initial Members:** Standard Date  
**Termination Date:Future Members:** Standard Date

### Dental

Dental Page 1 of 2

**Dental Benefit Overview**

| Class Description | View Rates                 | Plan Year | Contribution Type |
|-------------------|----------------------------|-----------|-------------------|
| All Members       | <a href="#">View Rates</a> | 061       | Noncontributory   |

**General Benefits**

**Eligibility Hours:** 30 Hours Weekly  
**Annual Enrollment:** No  
**Initial Member Waiting Period:** Time Employed (Days Completed) = 0  
**Future Enrollments Waiting Period:** Time Employed (Days Completed) = 0  
**Termination Date:Initial Members:** Standard Date  
**Termination Date:Future Members:** Standard Date

**Calendar Year Deductible**

| Unit of Coverage                     | PPO Network | Non Network |
|--------------------------------------|-------------|-------------|
| Unit 1 Preventive & Routine Services | \$0         | \$0         |
| Unit 2 Basic Restorative             | \$50*       | \$50*       |
| Unit 3 Major Restorative             | \$50*       | \$50*       |

\*Denotes combined deductible for applicable units.

The family deductible is 3 times the per-person deductible amount.

| <b>Coinsurance</b>                   |                       |                     |                       |                     |
|--------------------------------------|-----------------------|---------------------|-----------------------|---------------------|
| <b>Unit of Coverage</b>              | <b>PPO Network</b>    |                     | <b>Non Network</b>    |                     |
|                                      | <b>Insurance Pays</b> | <b>Insured Pays</b> | <b>Insurance Pays</b> | <b>Insured Pays</b> |
| Unit 1 Preventive & Routine Services | 100%                  | 0%                  | 100%                  | 0%                  |
| Unit 2 Basic Restorative             | 100%                  | 0%                  | 80%                   | 20%                 |
| Unit 3 Major Restorative             | 60%                   | 40%                 | 50%                   | 50%                 |

| <b>Calendar Year Maximum</b>         |                    |  |                    |
|--------------------------------------|--------------------|--|--------------------|
| <b>Unit of Coverage</b>              | <b>PPO Network</b> |  | <b>Non Network</b> |
| Unit 1 Preventive & Routine Services | \$1,500            |  | \$1,000            |
| Unit 2 Basic Restorative             | \$1,500            |  | \$1,000            |
| Unit 3 Major Restorative             | \$1,500            |  | \$1,000            |

\* This Dental Plan has Maximum Accumulation Provision. See Booklet & Policy for details.

The information below is a summary of your benefits. Please refer to your benefit booklet for complete benefit information.

| <b>Provisions</b>                    |  |
|--------------------------------------|--|
| <b>Unit of Coverage</b>              |  |
| Unit 1 Preventive & Routine Services | Routine Prophy (2 per Calendar Year)<br>Fluoride (1 per Calendar Year for dependents under 14)<br>Sealants (1 per 36 months)<br>Bitewing X-Rays (1 per Calendar Year)<br>Full Mouth X-Rays (1 per 60 months)<br>Other X-Rays |
| Unit 2 Basic Restorative             | Non-Surgical Perio<br>Surgical Perio<br>Simple Endo<br>Complex Endo<br>Emergency Exams<br>Perio Prophy<br>Space Maintainers<br>Harmful Habit Appliances  |
| Unit 3 Major Restorative             | Simple Oral Surgery<br>Complex Oral Surgery<br>Crowns (120 Month Replacement)<br>Repairs to Bridges/Crowns/etc<br>General Anesthesia/IV Sedation   |

**Dental Treatment Plan**

Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

**Non-Network Claims**

We process Non-Network claims using prevailing fees at the 90th percentile.

Dental Page 2 of 2

**Dental Benefit Overview**

| Class Description | View Rates                 | Plan Year | Contribution Type |
|-------------------|----------------------------|-----------|-------------------|
| All Members       | <a href="#">View Rates</a> | 061       | Noncontributory   |

**Lifetime Deductible**

| Additional Benefit | PPO Network | Non Network |
|--------------------|-------------|-------------|
| Orthodontia        | \$0         | \$0         |

**Coinurance**

| Additional Benefit | PPO Network<br>Insurance Pays / Insured Pays | Non Network<br>Insurance Pays / Insured Pays |
|--------------------|--|--|
| Orthodontia        | 50% / 50%                                    | 50% / 50%                                    |

**Lifetime Maximum**

| Additional Benefit | PPO Network | Non Network |
|--------------------|-------------|-------------|
| Orthodontia        | \$1,000     | \$1,000     |

The information below is a summary of your Additional Benefits. Please refer to your benefit booklet for complete benefit information.

**Additional Benefits Information**

| Additional Benefit |   |
|--------------------|---|
| Orthodontia        | X-rays and other diagnostic procedures, fixed and Removable appliances. |

**Dental Treatment Plan**

Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

**Non-Network Claims**

We process Non-Network claims using prevailing fees at the 90th percentile.

**APPENDIX B**  
**SUBSTANCE ABUSE POLICY**

L.O.G.I.C. and the FOP/OLC agree to attach the following Substance Abuse Policy to their Collective Bargaining Agreement as an Appendix B:

**Section 1. Policy**

L.O.G.I.C. is a drug free workplace. Employees will comply with the requirements of the laws, ordinances, and policy pertaining to substance use and abuses. Our goal is to enhance the health and safety of employees, the wellbeing of the public, and the safety of other employees (including Police Officers, Firefighters and Paramedics). An additional goal is to provide a more cost efficient delivery of telecommunication services.

**Section 2. Testing**

A L.O.G.I.C. employee may be required to submit to a drug screening and confirmation test, or an alcoholic beverage consumption test, administered in accordance with accepted procedures. Such tests may be administered to an employee when the L.O.G.I.C. Director or Assistant Director has reasonable cause to believe that the on duty employee has used an illicit drug, misused a prescription drug, or is currently under the influence of an alcoholic beverage. Additional reasons for drug or alcohol testing may be the following:

- Excessive Absenteeism or chronic lateness.
- Drowsiness or sleepiness.
- Alcohol on breath.
- Slurred or incoherent speech.
- Unusually aggressive behavior.
- Unexplained change in mood.
- Lack of manual dexterity or coordination.
- Arrest for drug or alcohol related crime.
- Work place accident with injury to the employee or another person.

An employee ordered to testing shall be advised in writing of the reason(s) for any testing. Additionally, any employee ordered to submit to a drug or alcohol test shall be advised of his/her right to representation by the FOP/OLC.

**Section 3. Physician Statement**

Employees who are taking medical prescriptions that may impact safe work performance shall furnish to their supervisor a statement from a physician specifying the drug being taken and whether the drug will interfere with safe performance on the job. A positive finding of the prescribed drug may not necessarily be grounds for discipline if the statement has been delivered to the employee's supervisor before receipt of the drug test results.

**Section 4. Test Results**

The employee and his/her designated FOP/OLC Representative shall be informed immediately of any test results, positive or negative. In the event of a positive test result the employee shall be afforded all rights under Article 12 – Disciplinary Procedure.

Agreed to by the Parties, this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

**FOR L.O.G.I.C.**

**FOR THE FOP/OLC**

\_\_\_\_\_  
**Greg Browning**  
L.O.G.I.C. Director

\_\_\_\_\_  
**Rick Grochowski**  
FOP/OLC Senior Staff Representative

\_\_\_\_\_  
**Mark Busto**  
L.O.G.I.C. Assistant Director

\_\_\_\_\_  
**T. McLaughlin**  
FOP/OLC Bargaining Unit

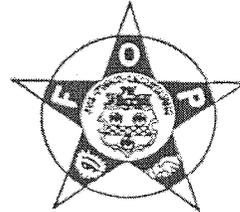
\_\_\_\_\_  
**Nicholas Codrea, Jr.**

\_\_\_\_\_  
**C. Jasinski**  
FOP/OLC Bargaining Unit

**APPENDIX C**  
**FOP/OLC GRIEVANCE FORM**

*FRATERNAL ORDER OF POLICE,  
OHIO LABOR COUNCIL, INC.*

222 EAST TOWN STREET  
COLUMBUS, OHIO 43215-4611  
(614) 224-5700  
FAX (614) 224-5775  
1-800-FOP-OLCI



O.L.C. Unit \_\_\_\_\_ Employer \_\_\_\_\_  
O.L.C. Grievance No. \_\_\_\_\_ Address \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_

**GRIEVANCE REPORT FORM**

PLEASE PRINT OR TYPE

A copy of this form  
must be sent to the  
O.L.C. Office - **IMMEDIATELY**

Please have your Associate  
call your Staff Representative  
when filing a grievance

Name of Grievant \_\_\_\_\_ Badge No. \_\_\_\_\_  
Grievant address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
Classification \_\_\_\_\_ Assignment \_\_\_\_\_  
Shift \_\_\_\_\_ Date of appointment \_\_\_\_\_  
Immediate Supervisor at time of incident \_\_\_\_\_  
O.L.C. Representative \_\_\_\_\_ Date and time \_\_\_\_\_  
Grievance first discussed with \_\_\_\_\_ Date and time \_\_\_\_\_  
Article and section number of contract violation \_\_\_\_\_  
Statement of grievance (Give times, dates, who, what, when, where, why, and how):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy requested: \_\_\_\_\_  
\_\_\_\_\_

Grievant's signature \_\_\_\_\_ Date and time \_\_\_\_\_

**STEP ONE**

Received by \_\_\_\_\_ Date and time \_\_\_\_\_

Date of meeting \_\_\_\_\_ Respondent Name and Title \_\_\_\_\_  
Time \_\_\_\_\_ Place \_\_\_\_\_

Step one response \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title \_\_\_\_\_ Date and Time \_\_\_\_\_  
Received by \_\_\_\_\_

ANSWER IS: Accepted \_\_\_\_\_ Grievant \_\_\_\_\_ Date and Time \_\_\_\_\_  
Rejected \_\_\_\_\_

**STEP TWO** if applicable

Received by \_\_\_\_\_ Date and time \_\_\_\_\_

Respondent Name and Title

Date of meeting \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Step two response \_\_\_\_\_

Name and Title

Date and Time

Received by \_\_\_\_\_

Grievant

Date and Time

ANSWER IS: Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

**STEP THREE** if applicable

Received by \_\_\_\_\_ Date and time \_\_\_\_\_

Respondent Name and Title

Date of meeting \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Step three response \_\_\_\_\_

Name and Title

Date and Time

Received by \_\_\_\_\_

Grievant

Date and Time

ANSWER IS: Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

**STEP FOUR** if applicable

Received by \_\_\_\_\_ Date and time \_\_\_\_\_

Respondent Name and Title

Date of meeting \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Step four response \_\_\_\_\_

Name and Title

Date and Time

Received by \_\_\_\_\_

Grievant

Date and Time

ANSWER IS: Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

F.O.P./O.L.C. intention to arbitrate (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Signature

STATE OF OHIO  
STATE EMPLOYMENT RELATIONS BOARD

IN THE MATTER OF:

|                                |   |                            |
|--------------------------------|---|----------------------------|
| FRATERNAL ORDER OF POLICE,     | } |                            |
| OHIO LABOR COUNCIL, INC.,      | } | Case No(s): 13-MED-09-1087 |
| EMPLOYEE ORGANIZATION,         | } | (Dispatchers)              |
|                                | } |                            |
| and,                           | } |                            |
|                                | } |                            |
| LOCAL ORGANIZED GOVERNMENTS IN | } |                            |
| COOPERATION,                   | } |                            |
| EMPLOYER.                      | } |                            |
|                                | } |                            |

FILING OF THE COLLECTIVE BARGAINING AGREEMENT

Pursuant to Board Rule 4117-09-07, the F.O.P. Ohio Labor Council Inc. hereby files the Collective Bargaining Agreement executed between the parties in the above captioned case(s). The Contract Data Summary Sheet is attached.

Respectfully Submitted,



Tara M. Crawford  
Paralegal  
F.O.P., O.L.C.I.  
222 East Town Street  
Columbus, Ohio 43215  
614-224-5700

cc: Mr. Mark Busto, [redcenter@sssnet.com](mailto:redcenter@sssnet.com)  
Mr. Robert Tscholl, [BTscholl740@yahoo.com](mailto:BTscholl740@yahoo.com)