

**RESOLUTION 2014-50
RADNOR TOWNSHIP**

A RESOLUTION OF RADNOR TOWNSHIP, DELAWARE COUNTY, PENNSYLVANIA, ADOPTING THE CONSOLIDATED COLLECTIVE BARGAINING AGREEMENT (CBA) WITH THE RADNOR ASSOCIATION OF TOWNSHIP EMPLOYEES (RATE) BEGINNING JANUARY 1, 2014 THROUGH DECEMBER 31, 2016.

WHEREAS, the Binding Arbitration Act of 1968 provides that settlements entered into as a result of collective bargaining shall be reduced to written agreement; and

WHEREAS, RATE and the Township have previously reached an agreement concerning terms and conditions of employment of the RATE members through December 31, 2016 (“Consolidated CBA”); and

WHEREAS, such agreement was reached through the collective efforts of RATE leadership and the Administration with the guidance and support provided by the Township’s Citizen Audit Review and Financial Advisory Committee (CARFAC); and


WHEREAS, such terms and conditions of the agreement were approved by the Board of Commissioners at their public meeting on November 25, 2013 (Resolution 2013-142); and

WHEREAS, RATE and the Township have agreed that rather than adding another amendment to extend the terms of the 2007 agreement that a comprehensive update of the Collective Bargaining Agreement would better memorialize the current labor contract through December 31, 2016 and thereafter until a new agreement or Award is reached;


NOW, THEREFORE, it is hereby **RESOLVED** that RATE and the Township agree that the Consolidated CBA shall be adopted effective January 1, 2014.

SO RESOLVED, at a duly convened meeting of the Board of Commissioners of Radnor Township conducted on this 19th day of May, A.D., 2014.

RADNOR TOWNSHIP

By: 
Name: Elaine P. Schaefer
Title: President

ATTEST:


Robert A. Zienkowski
Township Manager / Secretary

Radnor Township
PROPOSED LEGISLATION



DATE: May 19, 2014

TO: Board of Commissioners

FROM: William M. White, Finance Director

A handwritten signature in black ink, appearing to read "W. White", is written over the printed name "William M. White".

LEGISLATION: Resolution 2014-50 adopting the Consolidated Collective Bargaining Agreement with the Radnor Association of Township Employees (RATE) through 2016.

LEGISLATIVE HISTORY: The Township and RATE have entered into a Collective Bargaining Agreement dated January 1, 2014 through December 31, 2016. This agreement represents a consolidation of the 2007 labor contract and subsequent extension and amendments and memorializes the relevant terms and conditions through 2016.

PURPOSE AND EXPLANATION: The Binding Arbitration Act of 1968 provides that settlements entered into as a result of collective bargaining shall be reduced to written agreement. This resolution will memorialize the Township's labor agreement with RATE through 2018.

FISCAL IMPACT: The Township's annual budgets will reflect the respective salary, benefit and retirement costs of this agreement.

RECOMMENDED ACTION: The Administration respectfully recommends the adoption of Resolution 2014-50 at the May 19, 2014 meeting.

CONSOLIDATED COLLECTIVE BARGAINING AGREEMENT
Between

TOWNSHIP OF RADNOR

and

RADNOR ASSOCIATION OF TOWNSHIP
EMPLOYEES (RATE) ADMINISTRATIVE AND
PUBLIC WORKS EMPLOYEES

THIS AGREEMENT made as of the 19TH day of May 2014 by and between Radnor Township, Delaware County, Pennsylvania (hereinafter called "Township") and Radnor Association Of Township Employees (hereinafter called "RATE") bargaining agent for Administrative and Public Works Employees.

WITNESSETH:

WHEREAS, the Board of Commissioners of the Township and RATE have negotiated pursuant to the Public Employee Relations Act of July 23, 1970, Act 195, Commonwealth of Pennsylvania, and have agreed upon certain terms and conditions subject to the restrictions and limitations set forth hereinafter;

NOW, THEREFORE, the Township and RATE intending to be legally bound hereby mutually agree as follows:

1. Recognition:

- 1.1. RATE is hereby recognized by the Township as the bargaining agent for the Administrative and Public Works bargaining units first established in 1971. It is agreed that the bargaining units shall not include professional employees, confidential employees, management level employees and first level supervisors as defined by the Public Employee Relations Act. (2007-2011 CBA).

2. Term of Agreement:

- 2.1 The term of this Agreement shall begin on January 1, 2014, and shall continue in full force and effect through December 31, 2016, or until such later date as RATE and the Township may hereafter agree as to be the extended termination date. Any such extended date shall be evidenced by an amendment to this agreement, in writing, and executed by both parties hereto. (2013 Agreement).

3. Wage and Salary Provisions:

3.1 Each member of the bargaining unit shall be entitled to receive wage increases as follows:

| <u>Date of Increase</u> | <u>Amount of Increase</u> |
|-------------------------|---------------------------|
| January 1, 2014 | 2.75% |
| January 1, 2015 | 2.75% |
| January 1, 2016 | 2.75% |

(2013 Agreement).

3.2 Each member of the bargaining unit hired on or after January 1, 2014 shall be paid a percentage of the base salary for that job classification as follows:

| <u>Length of Employment</u> | <u>Percentage of Base Pay</u> |
|-----------------------------|-------------------------------|
| 0 – 6 months | 80% |
| 7 – 12 months | 85% |
| 13 – 18 months | 90% |
| 19 – 24 months | 95% |
| After 24 months | 100% |

(2013 Agreement).

3.3 Each laborer of the bargaining unit hired before January 1, 2014 shall have hourly pay rate increases as follows:

After successfully completing:

| | |
|--------------------|---|
| 5 yrs. of service | \$.10 increase |
| 10 yrs. of service | additional \$.05 for total \$.15 increase |
| 15 yrs. of service | additional \$.05 for total \$.20 increase |
| 20 yrs. of service | additional \$.05 for total \$.25 increase |
| 25 yrs. of service | additional \$.05 for total \$.30 increase |
| 30 yrs. of service | additional \$.05 for total \$.35 increase |
| 35 yrs. of service | additional \$.05 for total \$.40 increase |

(2007-2011 CBA). This provision shall not apply to any employee hired on or after January 1, 2014. (2013 Agreement).

3.4 The Township agrees to pay four (4) hours pay as a minimum to employees who are called in for any emergency. (2007-2011 CBA).

3.5 The Township shall pay any member of the bargaining unit who is required to be on-call [for example, for snow removal, sanitary sewer backups, etc.] six (6)

hours at the overtime rate for time spent on-call from 3:30 p.m. on a Friday until 7:00 am. the following Monday, and two (2) hours at the overtime rate for time on-call from 3:30 p.m. on a Monday, Tuesday, Wednesday, or Thursday until 7:00 a.m. the following day. (2007-2011 CBA).

- 3.6 Each member of the bargaining unit called in to work on Thanksgiving, Christmas Day, New Year's Day, or Martin Luther King Day shall be paid double time base rate of pay. (2007-2011 CBA). Effective January 1, 2014, this provision shall also include Presidents' Day, Good Friday, Memorial Day, Independence Day and Labor Day. (2013 Agreement).
- 3.7 Each member of the bargaining unit called in to work between 12 midnight and 7 a.m. shall receive four (4) hours guaranteed pay at the overtime rate plus \$.35 cents. (2007-2011 CBA). Each member of the bargaining unit required to attend a meeting with the Township after normal working hours as defined in Section 16.1 shall receive a mandatory minimum of two (2) hours guaranteed pay at the overtime rate. (2013 Agreement).
- 3.8 The Township agrees that no employee shall be permitted to work more than 16 consecutive hours without an eight (8) hour rest period. (2007-2011 CBA).
- 3.9 The Township agrees to maintain a list of those employees who are willing to be called for overtime work. (2007-2011 CBA).
- 3.10 The Township agrees that whenever possible, it will rotate those employees who are called in for overtime for snow removal. (2007-2011 CBA).

4. Longevity:

- 4.1 Each member of the bargaining unit employed on a full-time basis prior to January 1, 2014 shall be eligible to receive a longevity increment reflecting continuous service to the Township. The amount of payment shall be \$500 after four (4) years plus \$300 for each additional year to \$6,500 maximum. Longevity payments shall be made on December 1st and April 1st, or the next business day where applicable. No longevity payments shall be paid to employees hired on or after January 1, 2014. (2013 Agreement).

5. Life Insurance:

- 5.1 The Township shall pay for and provide life insurance under an insurance plan selected by the Township for each active employee in the bargaining unit with a death benefit of \$55,000. (2007-2011 CBA).
- 5.2 Whenever a bargaining unit employee hired before January 1, 2014 retires during the term of this Agreement, the death benefit shall be reduced to \$35,000, which benefit shall be payable to said retiree's designated beneficiaries upon

his/her death. (2007-2011 CBA). Employees hired on or after January 1, 2014 shall not be entitled to the continuation of life insurance benefits upon retirement. (2013 Agreement).

- 5.3. In addition to the life insurance benefits provided in §5.1 and §5.2, the Township shall make available a voluntary life insurance program, in which any employee in the bargaining unit may participate through payroll deduction. (2007-2011 CBA).

6. Hospital Surgical-Medical Insurance:

6.1 Medical Coverage:

6.1.1 The Township shall be responsible for providing to each employee in the bargaining unit and his/her eligible dependents [as defined under the Township's health plan] medical coverage provided in the medical plan known as "Flex Series PPO C1-F1-01." (2007-2011 CBA). Effective January 1, 2014, the medical plan provided by the Township will be the medical plan described in the Summary Plan Description attached hereto as "Exhibit A" and incorporated by reference. (2013 Agreement).

6.1.2 The Township reserves the right to provide these benefits through any funding mechanism or arrangement that it deems appropriate under the circumstances; provided, however, that said funding mechanism shall always be the same as that provided for medical coverage for uniformed police officers. (2007-2011 CBA).

6.1.3 In the event that the specific plan identified above ceases to exist or becomes otherwise unavailable, or if the Township so elects, the Township may unilaterally substitute equal or better coverage. (2007-2011 CBA).

6.2 In-Network Co-Payments.

6.2.3 Subject to this Agreement, all co-payments for all covered services shall be as indicated on Exhibit "A" and remain unchanged for the term of this Agreement. (2013 Agreement).

6.3 Prescription Drug Coverage.

6.3.1 Covered employees and dependents shall be responsible for co-payments for prescription drugs in accordance with the Summary Plan Description, incorporated and attached as Exhibit "A." (2013 Agreement).

6.3.2 When a generic drug is available, the generic co-pay rate shall apply only if a non-generic drug is prescribed as medically necessary by a physician. (2007-2011 CBA).

6.3.3 The Township reserves the right to provide these benefits through any funding mechanism or arrangement that it deems appropriate under the circumstances; provided, however, that said funding mechanism shall always be the same as that provided for medical coverage for uniformed police officers. (2007-2011 CBA).

6.4 Dental Coverage.

6.4.1 Effective January 1, 2014 and subject to paragraphs 6.4.2, and 6.4.3 below, the Township shall provide all employees in the bargaining unit and eligible dependents [collectively, "covered persons"], as defined under the plan, with dental benefits in accordance with the Summary Plan Description, incorporated and attached as Exhibit "A." (2013 Agreement).

6.4.2 The Township reserves the right to provide these benefits through any funding mechanism or arrangement that it deems appropriate under the circumstances; provided, however, that said funding mechanism shall always be the same as that provided for medical coverage for uniformed police officers. (2007-2011 CBA).

6.4.3 In the event that the specific plan identified above ceases to exist or otherwise be available, or if the Township so elects, the Township may unilaterally substitute equal or better coverage. (2007-2011 CBA).

6.5 Vision Coverage.

6.5.1 Effective January 1, 2014, the Township shall provide all employees in the bargaining unit and eligible dependents with vision benefits in accordance with the Summary Plan Description, incorporated and attached as Exhibit "A." (2013 Agreement).

6.5.2 Lasik Surgery. Only active employees in the bargaining unit, hired before January 1, 2007, shall be entitled to use in conjunction with any unused portion of the \$3,500 lifetime Ortho Allowance referenced under §6.4 an additional \$500 for expenses incurred for Lasik eye surgery. This benefit shall be for active employees only, and not for any dependents or employees hired after December 31, 2006. (2007-2011 CBA).

6.6 Premium Payments.

6.6.1 Effective January 1, 2014, all bargaining unit members employed prior to January 1, 2014 shall contribute 7% of the cost of their medical, dental and vision benefits, including dependent care, which shall be deducted from the bargaining unit members' biweekly wages. (2013 Agreement).

- 6.6.2 All bargaining unit members hired on or after January 1, 2014 shall contribute 10% of the cost of their medical, dental and vision benefits, including dependent coverage, which shall be deducted from the bargaining unit members' biweekly wages. (2013 Agreement).
- 6.6.3 The Township reserves the right to seek an alternative healthcare plan through the current provider, which may result in a reduced or no RATE member contribution toward premiums, so long as such alternative healthcare plan provides equal or better coverage. (2013 Agreement)
- 6.6.4 The Township and Rate set forth a commitment to identify and develop cost effective health care options that could be offered to bargaining unit members at retirement. (2013 Agreement).
- 6.6.5 The Township will provide up to \$100 per year per bargaining unit member hired before 1/1/2007 for co-pay out-of-pocket reimbursement costs.

6.8 Opting-Out Benefit.

6.8.1 For any employee who chooses to not participate in the Township's medical plans described in §6.1, §6.3, §6.4 and/or §6.5, including the exclusion of any eligible dependents, the Township shall make a lump sum payment to said employee by March 31 each year, beginning in 2008, equal to 50% of the savings for said employee's eligible coverage not taken. (2007-2011 CBA).

6.9 Alternative Health Plan Options. Notwithstanding any other provision in this Article VI, the Township shall have the right to offer, beginning January 1, 2008, alternative, managed care health benefits plans (such as a Health Maintenance Organization or Point of Service plan) to employees in the bargaining unit; provided, however, that:

- A. Participation by an employee in a said alternative plan shall be strictly voluntary and at the employee's sole discretion,
- B. An employee's participation in an alternative plan shall be for a period of one calendar year at a time, and
- C. The Township shall reimburse an employee, by January 31, 50% of the savings it achieves in the previous calendar year by the employee's participation in alternative plan.

(2007-2011 CBA).

- 6.10. Date of Eligibility. All employees and eligible dependents shall be eligible for coverage under the health plan beginning on the employee's date of hire; provided, however, that any employee who leaves the Township's employ for any reason within the first thirty days of employment shall reimburse the Township for any claims incurred and paid for elective dental work. (2007-2011 CBA).
- 6.11. Flexible Spending Plan. The Township shall sponsor an IRS-approved Section 125 flexible spending plan, whereby flexible spending accounts may be established for employees' voluntary participation to contribute pre-tax dollars to pay for eligible medical and dependent care expenses. (2007-2011 CBA).

7. Vacation Leave:

- 7.1 Employees hired before January 1, 2014 shall be entitled to paid vacation leave benefits in accordance with the following schedule:

HOURS EARNED

| | <u>Office</u> | | <u>Labor</u> | |
|-------------------|----------------|-------------|----------------|-------------|
| | <u>Monthly</u> | <u>Year</u> | <u>Monthly</u> | <u>Year</u> |
| Less than 5 years | 6.0 | 73.5 | 7.0 | 84 |
| 5-11 years | 9.5 | 110.25 | 10.5 | 126 |
| 11-17 years | 12.25 | 147.00 | 14 | 168 |
| 17-21 years | 15.25 | 183.75 | 17.5 | 210 |
| 21+ years | 18.2 | 218.75 | 20.8 | 250 |

(2007-2011 CBA).

- 7.2 Employees hired on or after January 1, 2014 shall be entitled to paid vacation leave benefits in accordance with the following schedule:

| <u>Years of Employment</u> | <u>Vacation Allotment</u> |
|----------------------------|---------------------------|
| 1 to 5 | 10 days |
| 6 to 14 | 15 days |
| 15 and beyond | 20 days |

(2013 Agreement).

- 7.3 Effective January 1, 2014, all employees shall be credited at the beginning of each year with 100% of their annual vacation accrual. Employees are required to use their annual vacation allotment within the calendar year the time is credited. Employees are not permitted to carryover vacation time into any subsequent calendar year without the written approval of the Department Head and Township

Manager, which shall not be unreasonably withheld provided extenuating circumstances exist. (2013 Agreement).

- 7.4 Effective January 1, 2014, employees entitled to longevity payments and/or CDL license payments shall be entitled to request an advanced issuance of such payment if the regularly scheduled payment conflicts with the employee's scheduled vacation. In order to qualify for the early issuance of a longevity or CDL payment, the employee must have a direct deposit bank account where the payment(s) will be deposited. (2013 Agreement).
- 7.5 It is agreed that each employee shall be entitled to at least two weeks of paid vacation during the prime vacation time of June, July and August of each year. A vacation schedule shall be made up in advance and the allocation of vacations shall be on a seniority basis. Each Department, by April 1st, shall indicate the number of people in a given work section or work classification which may be on vacation at any given time. Once this is established, the individuals within the Department shall request their primary two weeks of vacation prior to May 1 of each year. If there are no conflicts, the person requesting the given two week period shall be entitled thereto. If there is a conflict, and more than the allotted number of employees want the same vacation period then the employees with the greatest seniority with the Township shall be entitled to same, and the employees with lesser seniority will have to change their vacation requests. (2007-2011 CBA).
- 7.6 Each employee is entitled to two weeks of paid vacation during the prime vacation period of the months of June, July and August. If an employee wishes to have their third week of vacation during that period, they may do so, provided that week is classified in such a way that the employee is at the bottom of the seniority list for that week. Any employee who does not submit their vacation request by May 1 in any given year automatically drops to the bottom of the seniority list. (2007-2011 CBA).
- 7.7 The Township agrees that any employee who gives the payroll department notice two weeks prior to a regular pay day on which they will be on vacation may receive their check that they would have received on that pay day. (2007-2011 CBA).
- 7.8 Employee paychecks shall show all vacation leave balances. (2007-2011 CBA).

8. Holiday Leave:

8.1 The Township shall provide for paid holiday leave benefits as follows:

| | |
|------------------------|------------------------|
| New Year's Day | Independence Day |
| Martin Luther King Day | Labor Day |
| Presidents' Day | Thanksgiving Day |
| Good Friday | Day After Thanksgiving |
| Memorial Day | Christmas Day |

(2007-2011 CBA).

8.2 Effective January 1, 2014, the Township shall also provide for a half-day of paid holiday leave for Christmas Eve and New Year's Eve. (2013 Agreement).

8.3 Personal days shall be capped at five days per year. Carryover of personal days from one calendar year to the next calendar year is not permitted. (2013 Agreement).

9. Sick Leave:

9.1 Sick leave and injury leave shall be in accordance with the current practice of the Township.

Employees hired prior to January 1, 2014 shall accrue sick leave for each month in compensatory status according to the schedule below:

HOURS EARNED

| | <u>Office</u> | | <u>Labor</u> | |
|--------------------|-----------------------|----------------------|-----------------------|----------------------|
| | <u>Monthly</u> | <u>Annual</u> | <u>Monthly</u> | <u>Annual</u> |
| Less than 6 months | 0.00 | 0.00 | 0.00 | 0.00 |
| 6-12 months | 3.0 | 36.75 | 3.5 | 42 |
| 1-2 years | 4.25 | 52.50 | 5.0 | 60 |
| 3-4 years | 6.0 | 73.5 | 7.0 | 84 |
| 5 or more years | 8.75 | 105 | 10.0 | 120 |

(2007-2011 CBA).

9.2 For employees hired prior to January 1, 2014, all days of sick leave not used in a current year may be accumulated from that date from year to year. In addition, each employee is entitled to a \$35 per day bonus payment for each full day of absence (up to a maximum payment of \$350) to which they are entitled under the

above schedule, but which was not used in a current calendar year. Such payment shall be made to an employee by January 31 of the following year. In determining such bonus payments, each day of absence shall first be deducted from the maximum ten day period to which bonus payments would apply. Sick days accumulated in previous years would be used only after using sick days in the current calendar year. (2007-2011 CBA).

- 9.3 Upon retirement, the Township agrees to pay 45% of an employee's pay for each sick day accumulated up to a maximum of 300 days. (2007-2011 CBA).
- 9.4 Employees hired on or after January 1, 2014 shall not be entitled to sick leave benefits as set forth in Sections 9.1 and 9.2. Employees hired on or after January 1, 2014 shall be entitled to 10 sick days per calendar year, which may be carried over into subsequent calendar years and may also be eligible for buy-back from the Township at a rate to be mutually determined by the Union and Township. (2013 Agreement).
- 9.5 The certificate of a duly qualified physician required under the Sick Leave Benefits Plan referred to above shall be required from each employee only in the event of an injury or illness results in their absence for three consecutive days. Such certificate shall be delivered to the Township in accordance with the plan no later than the third day of absence. The Township agrees that the employee need not call in each and every day that they are absent during a long illness, but they shall be required to call in each day of absence until the Township is provided with a certificate of a physician as provided for in the plan and, in any event, an employee shall notify the Township at least once a week on the progress of their illness or injury. The Township reserves the right to verify illness or injury at any time any employee is thought to be abusing their sick leave. If an employee is found to be abusing sick leave, they will be subject to disciplinary action. (2007-2011 CBA).

10. Funeral Leave:

- 10.1 Each employee shall be entitled to a paid leave of absence from the date of death through the date of funeral or in the event of cremation not to exceed five days for parent, step-parent, spouse, child, step-child, brother, brother-in-law, sister, sister-in-law, mother-in-law, father-in-law, grandparent, grandchild, aunt, uncle, niece, nephew or a member of their household. (2013 Agreement).
- 10.2 Each employee shall be entitled to a paid leave of absence of one (1) day off if the funeral is under 150 miles from Radnor, and two (2) days off if more than 150 miles from Radnor for the death of a relative identified in 10.1, and in the event of cremation, not to exceed 5 days. However, there shall be no pyramiding of benefits as a result of the foregoing. (2007-2011 CBA).

11. Disability:

11.1 Long-term disability payments by the Township shall be limited to two-thirds of the employee's base salary and shall be capped at \$6,000 per month. (2013 Agreement).

11.2 Employees on long-term, non-job related disability and their eligible dependents will continue to be eligible for health benefits under Paragraph VI as follows:

| | | |
|----------------|---------------------|--------------------------|
| Employees with | 1-4 years service | 1 yr. after disability |
| Employees with | 5-10 years service | 2 yrs. after disability |
| Employees with | 11-15 years service | 5 yrs. after disability |
| Employees with | 16+ years service | 10 yrs. after disability |

(2007-2011 CBA).

11.3 For employees hired before January 1, 2014, health benefits shall be limited to five years. Employees hired on or after January 1, 2014 shall be entitled to health benefits for up to one year. (2013 Agreement).

11.4 After 1 year, the job may be refilled, however, the employee would be first to be rehired for any opening for which the employee qualified, provided a physician selected by the Township certifies the employee is able to return to work. (2007-2011 CBA).

12. Pension:

12.1 The Township shall provide the pension benefits as described in the Township's Non-Uniform Defined Benefit Pension Plan, adopted as Ordinance No. 938 by the Board of Commissioners on June 25, 1957, amended effective January 1, 1998. (2007-2011 CBA).

12.2 There will be a mandatory contribution to the plan from each employee of five (5%) percent of their earnings. (2007-2011 CBA).

12.3 Upon retirement, any accrued vacation, sick or personal days will be paid by the Township as terminal leave. Such terminal leave shall be paid at the daily rate of pay of the employee at the time of retirement. Leave will be calculated based on 100% of accrued vacation and personal days and 45% of accrued sick days up to a maximum of 300 sick days (135 days). For purposes of an employee's pension calculation, the employee's retirement date will be the last day of paid terminal leave. (2013 Agreement).

- 12.4 Employees may elect to retire and receive full pension benefits any time after their 62nd birthday provided they have completed at least 20 years of service. (2007-2011 CBA).
- 12.5 Employees may elect to retire at 55 years of age with actuarially reduced benefits. (2007-2011 CBA).
- 12.6 Employees who leave employment before retirement and after they have completed ten years of service may withdraw all employee mandatory contributions made with credited interest or 100% vesting. After 15 years of service Employee may withdraw all mandatory contributions made with credited interest as well as all employer contributions or in lieu thereof may elect a deferred vested benefit equal to the accrued benefit, to be paid monthly beginning on the employee's normal retirement date (with 100% vesting). Average Annual Earnings for pension benefit purposes means the annual earnings over the three consecutive years of service ending on the date of termination of employment. Full pension benefits for these purposes shall mean 50% of the employee's Average Annual Earnings. (2007-2011 CBA).
- 12.7 The Township Civilian Pension Plan, set forth in Ordinance 938, adopted on June 25, 1957, as amended on January 1, 1998, provides employees retiring with an opportunity to elect as an optional form of annuity, a joint and fifty (50%) percent survivor annuity or joint and one hundred (100%) percent survivor annuity. The pension of an employee electing such optional form of annuity shall be reduced from the amount available under the normal straight life form of annuity based upon a calculation made by the Township's actuary. (2007-2011 CBA).
- 12.8 Effective January 1, 2014, §12.8 of the 2007-2011 CBA is rescinded. (2013 Agreement).
- 12.9 Members will be provided, on an annual basis, with estimates of accumulated pension contributions with credited interest and, on a biennial basis, estimates of their vested pension. (2007-2011 CBA).
- 12.10 Eligible dependents of retirees hired on or after January 1, 1990 are entitled to purchase full health benefits as provided in paragraph VI herein at the prevailing COBRA rates, as determined annually by the third party administrator. Premiums paid for such dependent coverage will be capped at the rate set in the year in which coverage was first elected by each respective retiree's dependents. Continued failure to pay monthly premiums by the first day of each month shall be cause for the Township to cancel dependent coverage. Such a dependent's eligibility for further benefits under the Township's health plan will terminate when a spouse becomes eligible for Medicare or when a dependent is otherwise no longer eligible for benefits under the plan. When a spouse is so eligible, Medicare will be their primary provider of health benefits. At that time, such dependents

may elect to pay for and receive health benefits from a Medicare supplement program available through the Township (such as "Personal Choice 65" or "Keystone 65"). (2007-2011 CBA).

- 12.11 Premiums for Medicare supplemental plans offered herein will be determined by the plan sponsors and will be paid in accordance with plan provisions. (2007-2011 CBA).
- 12.12 Early Retirement Program. Any time during the period in which this Agreement is in effect, the Township may, at its sole discretion, offer one or more early retirement incentive plans to members of the bargaining unit and other employees, as it may deem in the Township's best interests. (2007-2011 CBA).
- 12.13 State Pension Aid. The Township shall contribute to the civilian pension plan all annual state pension aid received for civilian employee units as defined by state law. (2007-2011 CBA).
- 12.14 Employees hired on or after January 1, 2014, shall not be eligible to participate in the Township's Defined Benefit Plan but shall be eligible to enroll in the Township's 457 Deferred Savings Plan. (2013 Agreement).

12A. Other Post-Employment Benefits ("OPEB"):

- 12A.1 Retirees hired before January 1, 1990 and their eligible dependents are entitled to full health benefits as provided in paragraph VI herein for the rest of the retiree's life. However, when a retiree and their spouse respectively become so eligible, Medicare will be the primary provider of health benefits for them, and the Township's health plan will be the secondary provider of benefits. (2007-2011 CBA).
- 12A.2 Retirees hired on or after January 1, 1990 but before January 1, 2007 are entitled to full health benefits as provided in paragraph VI herein until they become eligible for Medicare. At that date, Medicare will be the primary provider of health benefits for them, and the Township's health plan will be the secondary provider of benefits. (2007-2011 CBA).
- 12A.3 Employees hired on or after January 1, 2007 and before January 1, 2014 who retire or separate their employment with the Township under circumstances that would entitle them to any post-retirement health benefits, shall, for so long as such coverage is elected, be required to continue paying toward their monthly premiums at the same rates that active employees hired on or after January 1, 2007 and before January 1, 2014 are required to pay. (2007-2011 CBA).
- 12A.4 Employees hired on or after January 1, 2014 shall not be entitled to post-retirement health care benefits. (2013 Agreement).

13. Maintenance of Membership and Payroll Deductions:

- 13.1 It is a condition of employment that all present members of RATE and those future employees of the Township who voluntarily join RATE during the term of this agreement shall remain a member during the term hereof; provided, however, that any member may terminate their membership at any time during the period of 15 days prior to December 31 of any year by written notice to the Township. A new employee shall become eligible to join RATE after the completion of their six month probationary period.
- 13.2 Nothing in this agreement shall be construed to compel, nor shall any coercion be exercised or used by either party to compel or discourage the membership of any present or future employee of the Township in RATE.
- 13.3 Township will deduct from the pay of each member of the bargaining unit who shall deliver to the Township a written authorization to do so, in form satisfactory to the Township, an amount covering the annual RATE dues. An employee who becomes a member of RATE subsequent to January 1, and who submits such written authorization to the Township shall have deducted from their pay within the year such sum of money as shall represent a proration of their RATE dues.

(2007-2011 CBA).

14. Fair Share:

- 14.1 No employee shall be required, as a condition of employment, to be a member of RATE.
- 14.2 The Township and RATE hereby agree that all employees in the bargaining unit who are not members of RATE shall be subject to a Fair Share Fee as provided in Act No. 1993-15 and any amendments thereto.
- 14.3 The Township agrees to deduct the Fair Share fee from the bi-weekly pays of all employees in the bargaining unit who are not members of RATE.
- 14.4 The names of employees who are not members of RATE and the amounts to be deducted shall be certified to the Township by RATE.

(2007-2011 CBA).

15. Job Vacancies:

- 15.1 Any unit position that becomes vacant cannot be filled by a per diem employee for more than sixty (60) days. Such position must be filled by a full-time employee covered under the terms of this agreement. In the event termination results in a grievance procedure, then the time will not begin to run until the grievance is concluded.
- 15.2 The Township agrees to post all job vacancies for non-management positions for ten days, in house, before advertising and, whenever possible, fill all those vacancies from present Township employees. The Township agrees to post all job vacancies for management position no later than at the time of advertising and, whenever possible, fill those vacancies from present Township employees. The Township reserves the right to fill all openings on the basis of merit.

(2007-2011 CBA).

16. Work Week:

- 16.1 "Work week" is defined as Monday through Friday. The work week for Public Works employees shall consist of 40 hours with a normal working day beginning at 7:00 AM and concluding at 3:30 PM, with an unpaid half-hour for lunch and a paid fifteen minute morning break. The work week for Office Staff shall consist of 35 hours with a normal working day beginning at 8:00 AM and concluding at 4:00 PM, with an unpaid one hour lunch break. The work week for Police Staff shall consist of 35 hours and start between 8:00 AM and 9:00 AM and conclude between 4:00 PM and 5:00 PM, with an unpaid one hour lunch break. (2013 Agreement).

17. Notice of Disciplinary Action:

- 17.1 A copy of any disciplinary action shall be provided to the President of RATE and RATE's attorney.
- 17.2 Disciplinary action over 1 year cannot be used in any subsequent disciplinary action.

(2007-2011 CBA).

18. Grievance Procedures:

- 18.1 The established grievance procedures shall be continued, as set forth in Exhibit "B" attached hereto and made a part hereof. (2007-2011 CBA).

19. Management Prerogatives:

19.1 Except as specifically abridged by an express provision of this Agreement, the Township retains the exclusive right and responsibility to determine and decide managerial policy including, but not limited to, such areas of discretion or policy as functions and programs of the Township; standards of service; the overall budget; utilization of technology; the organizational structure; and selection and direction of personnel. In addition, the Township retains the exclusive right to direct, manage and control all operations of the Townships, and to determine the employment, classifications, and initial and subsequent assignment of employees and members of the bargaining units; the types of work to be assigned, the number of employees required, and the selection and hiring of employees; to suspend and discharge employees for just cause, consistent with existing laws; and to make, apply and enforce rules and regulations. All rights and powers conferred upon the Township by the Home Rule Charter and the laws of the Commonwealth of Pennsylvania are hereby expressly reserved to the Township. (2007-2011 CBA).

20. Meet And Discuss:

20.1 The Township will meet with representatives of the Bargaining Unit on a regular basis (preferably at least four times a year) to discuss and resolve issues that directly relate to the work place, such as worker's compensation, safety, employees' wellness, etc. (2007-2011 CBA).

21. Seniority - Layoffs:

21.1. Positions Subject to Layoff Policy. All positions in the bargaining unit shall be subject to the Township's Layoff Policy and Procedures, attached hereto as "Exhibit C". (2007-2011 CBA).

21.2. Layoff Compensation. Any employee in the bargaining unit who is laid off pursuant to §21.1 or whose position is eliminated by the Township shall be entitled to one week of base pay for each full year of continuous service up to a maximum of 20 weeks of base pay. Such layoff pay shall be payable in normal bi-weekly installments until completed. (2007-2011 CBA).

22. Miscellaneous:

22.1 Employees hired for summer time work in all the Public Works Departments divisions shall not be employed beyond a 15 week period. (2007-2011 CBA).

22.2 The management of and the proceeds from the vending machines at the Township Building and any garage shall be under the direct control of RATE and the proceeds shall be deposited by them into the RATE treasury. There will also

- be installed an ice machine for employees use at the Township garage. (2007-2011 CBA, revised).
- 22.3 The Township will provide fire extinguishers and first aid kits for each truck. (2007-2011 CBA).
- 22.4 The Township will provide working gloves to maintenance workers, laborers, mechanics, equipment operators, drivers, refuse workers, sewer workers, park workers and tree workers on a quarter-master system. (2007-2011 CBA).
- 22.5 Employees who as a condition of employment are required to have a Commercial Driver's License (CDL) and as such are subject to drug and alcohol testing under U.S. Dept. of Transportation regulations and who as of June 30 of each current year possess a valid CDL shall receive by July 15 of that year a lump sum payment of \$1,000. Such payments will be subject to tax, pension and other applicable payroll withholdings and will be reduced on a prorata basis for any portion of the year in which an employee does not maintain a CDL. (2007-2011 CBA).
- 22.6 At least two members of RATE Board shall be a member of and shall actively participate on the Township Staff Work-Place Safety Committee. (2007-2011 CBA).
- 22.7 At least two members of RATE Board shall be members and shall actively participate in the Township Pension Board. (2007-2011 CBA).
- 22.8 At least three members of RATE Board shall be members and shall actively participate, in the Employee Handbook Committee. (2007-2011 CBA).
- 22.9 It is expressly understood by both parties that the Township shall have the final say in determining how each job description reads. (2007-2011 CBA). Job classifications and descriptions with corresponding pay scales are the responsibility of the Administration and will not be updated without input from RATE. (2013 Agreement).
- 22.10 Part time Public Works employees shall not be permitted to drive Township vehicles unless required to do so because of an emergency when and where no full time RATE employee is available. This restriction is not applicable to part time employees in other Township departments. (2013 Agreement).
- 22.11 During the term of this Agreement, the Township shall not exercise its right to outsource waste hauling services currently performed by bargaining unit employees. (2011 Agreement).

23. Waivers:

- 23.1 The parties acknowledge that during negotiations which resulted in this agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not precluded 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.
- 23.2 Unless otherwise specified herein, the Township and RATE for the life of this agreement each voluntarily and unconditionally waives the right and each agree that the other shall not be obligated to bargain collectively with respect to any subject or matter not specifically referred to or covered by this agreement even though such subjects or matter may not have been within the knowledge or contemplation of either or both of the parties at the time they negotiated or signed this agreement.

(2007-2011 CBA).

24. No Strike:

- 24.1 The bargaining units and the Township agree that there shall be no strikes, work stoppages, slowdowns or other interruptions of work during the term of this agreement. (2007-2011 CBA).

25. General Provisions:

- 25.1 This agreement shall be construed under and be subject to the provisions of the Public Employee Relations Act of July 23, 1970, Act 195, with which both parties agree to faithfully comply, and all other applicable laws. All matters not otherwise provided for in this Agreement shall be controlled and governed by the foregoing Acts of Assembly and other applicable laws, and any terms hereof in conflict therewith shall be null and void. (2007-2011 CBA).

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IN WITNESS WHEREOF, we have hereunto set our hands as of the date above written.

RADNOR ASSOCIATION OF TOWNSHIP EMPLOYEES

By: _____

Witness: _____

TOWNSHIP OF RADNOR

By: _____

By: _____

Attest: _____

EXHIBIT A

HEALTH INSURANCE



Open Choice®

Coverage Period: 01/01/2014 - 12/31/2014
Coverage for: Individual + Family
Plan Type: PPO \$10/\$20 with Rx \$10/\$20/\$35
DVHIT - RADNOR TOWNSHIP

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.HealthReformPlanSBC.com or by calling 1-888-982-3862.

| Important Questions | Answers | Why this Matters: |
|---|---|---|
| What is the overall deductible? | For each Calendar Year, In-network: Individual \$0 / Family \$0 . Out-of-network: Individual \$500 / Family \$1,500 . Does not apply to emergency care. | You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible. |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers. |
| Is there an out-of-pocket limit on my expenses? | Yes, In-network: Individual \$3,000 / Family \$9,000 ; Out-of-network: Individual \$3,000 / Family \$9,000 . | The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses. |
| What is not included in the out-of-pocket limit? | Premiums, balance-billed charges, penalties for failure to obtain pre-authorization for service, and health care this plan does not cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| Is there an overall annual limit on what the plan pays? | No. | The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits. |
| Does this plan use a network of providers? | Yes. For a list of in-network providers, see www.aetna.com or call 1-888-982-3862. | If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers. |
| Do I need a referral to see a specialist? | No. | You can see the specialist you choose without permission from this plan. |
| Are there services this plan doesn't cover? | Yes. | Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services. |

Questions: Call 1-888-982-3862 or visit us at www.HealthReformPlanSBC.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.HealthReformPlanSBC.com or call 1-888-982-3862 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2014 - 12/31/2014
 Coverage for: Individual + Family
 Plan Type: PPO \$10/\$20 with Rx \$10/\$20/\$35
 DVHIT - RADNOR TOWNSHIP



- Copayments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network provider charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network providers by charging you lower deductibles, copayments, and coinsurance amounts.

| Common Medical Event | Services You May Need | Your Cost If You Use an In-Network Provider | | Your Cost If You Use an Out-Of-Network Provider | | Limitations & Exceptions |
|--|--|--|--|---|--------------------------------|--------------------------|
| | | Use an In-Network Provider | Use an Out-Of-Network Provider | Use an In-Network Provider | Use an Out-Of-Network Provider | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$10 copay per visit | 30% coinsurance | Includes Internist, General Physician, Family Practitioner or Pediatrician. | | |
| | Specialist visit | \$20 copay per visit | 30% coinsurance | None | | |
| | Other practitioner office visit | \$20 copay per visit | 30% coinsurance | Coverage is limited to 20 visits per calendar year for Chiropractic care. | | |
| If you have a test | Preventive care / screening /immunization | No charge | 30% coinsurance, deductible waived for routine mammograms, pediatric immunizations and routine gynecological exams | Age and frequency schedules may apply. | | |
| | Diagnostic test (X-ray, blood work) | Laboratory: No charge. X-Ray: \$20 copay per visit. | 30% coinsurance | None | | |
| | Imaging (CT/PET scans, MRIs) | \$40 copay per visit | 30% coinsurance | None | | |

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

| Common Medical Event | Services You May Need | Your Cost If You Use an In-Network Provider | Your Cost If You Use an Out-Of-Network Provider | Limitations & Exceptions |
|--|---|---|---|--|
| <p>If you need drugs to treat your illness or condition.</p> <p>More information about prescription drug coverage is available at www.aetna.com/pharmacy-insurance/individuals-families</p> | <p>Generic drugs</p> | <p>\$10 copay/prescription (retail), \$20 copay/prescription (mail order)</p> | <p>30% coinsurance</p> | <p>Covers up to a 34 day supply (retail prescription), 100 day supply (mail order prescription). Includes contraceptive drugs and devices obtainable from a pharmacy, oral and injectable fertility drugs. No charge for formulary generic FDA-approved women's contraceptives in-network.</p> |
| | <p>Preferred brand drugs</p> | <p>\$20 copay/prescription (retail), \$40 copay/prescription (mail order)</p> | <p>30% coinsurance</p> | |
| | <p>Non-preferred brand drugs</p> | <p>\$35 copay/prescription (retail), \$70 copay/prescription (mail order)</p> | <p>30% coinsurance</p> | |
| | <p>Specialty drugs</p> | <p>Applicable cost as noted above for generic or brand drugs.</p> | <p>Applicable cost as noted above for generic or brand drugs.</p> | |
| <p>If you have outpatient surgery</p> | <p>Facility fee (e.g, ambulatory surgery center)</p> | <p>No charge</p> | <p>30% coinsurance</p> | <p>None</p> |
| <p>If you need immediate medical attention</p> | <p>Physician/surgeon fees Emergency room services</p> | <p>No charge \$100 copay per visit</p> | <p>30% coinsurance \$100 copay per visit</p> | <p>None None Copay waived if admitted. No coverage for non-emergency use.</p> |
| <p>If you have a hospital stay</p> | <p>Emergency medical transportation Urgent care Facility fee (e.g, hospital room)</p> | <p>No charge \$20 copay per visit No charge</p> | <p>30% coinsurance \$20 copay per visit 30% coinsurance</p> | <p>None None No coverage for non-urgent use. Pre-authorization required for out-of-network care.</p> |
| <p>If you have mental health, behavioral health, or substance abuse needs</p> | <p>Physician/surgeon fee Mental/Behavioral health outpatient services</p> | <p>No charge \$20 copay per visit</p> | <p>30% coinsurance 30% coinsurance</p> | <p>None None</p> |

Questions: Call 1-888-982-3862 or visit us at www.HealthReformPlanSBC.com.
 If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.HealthReformPlanSBC.com or call 1-888-982-3862 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2014 - 12/31/2014
 Coverage for: Individual + Family
 Plan Type: PPO \$10/\$20 with Rx \$10/\$20/\$35
 DVHIT - RADNOR TOWNSHIP

| Common Medical Event | Services You May Need | Your Cost If You Use an In-Network Provider | Your Cost If You Use an Out-Of-Network Provider | Limitations & Exceptions |
|--|---|---|---|---|
| | Mental/Behavioral health inpatient services | No charge | 30% coinsurance | Pre-authorization required for out-of-network care. |
| | Substance use disorder outpatient services | \$20 copay per visit | 30% coinsurance | None |
| | Substance use disorder inpatient services | No charge | 30% coinsurance | Pre-authorization required for out-of-network care. |
| | Prenatal and postnatal care | \$10 copay first visit only | 30% coinsurance | None |
| If you are pregnant | Delivery and all inpatient services | No charge | 30% coinsurance | Includes outpatient postnatal care. Pre-authorization may be required for out-of-network care. |
| | Home health care | No charge | 30% coinsurance | Pre-authorization required for out-of-network care. |
| | Rehabilitation services | \$20 copay per visit | 30% coinsurance | None |
| | Habilitation services | \$20 copay per visit | 30% coinsurance | Benefit limitations may apply. |
| If you need help recovering or have other special health needs | Skilled nursing care | No charge | 30% coinsurance | Coverage is limited to 120 days per calendar year. Visits combined in and out of network. Pre-authorization required for out-of-network care. |
| | Durable medical equipment | No charge | 30% coinsurance | None |
| | Hospice service | No charge | 30% coinsurance | Pre-authorization required for out-of-network care. |
| | Eye exam | \$20 copay per visit | 30% coinsurance | Coverage is limited to 1 routine eye exam every 24 months. \$75 maximum for eye exam. |
| If your child needs dental or eye care | Glasses | No charge | Not covered | \$150 every 24 months for frames, lenses and contact lenses |
| | Dental check-up | Not covered | Not covered | Not covered. |

Questions: Call 1-888-982-3862 or visit us at www.HealthReformPlansBC.com.
 If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.HealthReformPlansBC.com or call 1-888-982-3862 to request a copy.



Coverage Period: 01/01/2014 - 12/31/2014
 Coverage for: Individual + Family
 Plan Type: PPO \$10/\$20 with Rx \$10/\$20/\$35
 DVHIT - RADNOR TOWNSHIP

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Excluded Services & Other Covered Services:

| | |
|--|--|
| Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.) | |
| <ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult & Child) | <ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S. • Routine foot care • Weight loss programs |
| Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.) | |
| <ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care - Coverage is limited to 20 visits calendar year. • Hearing aids - Coverage is limited to \$2,000 maximum every 24 months. | <ul style="list-style-type: none"> • Infertility treatment - Coverage is limited to the diagnosis and treatment of underlying medical condition, artificial insemination & ovulation induction to 6 separate attempts per lifetime. • Private-duty nursing • Routine eye care (Adult) - Coverage is limited to 1 routine eye exam every 24 months. Includes contact lens fitting exams. |

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-888-982-3862. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cchio.cms.gov.

Your Grievance and Appeals Rights:

• If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice or assistance, you can contact us by calling the toll free number on your Medical ID Card. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

• Additionally, a consumer assistance program can help you file an **appeal**. Contact information is at <http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html>

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage". **This plan or policy does provide minimum essential coverage.**

Questions: Call 1-888-982-3862 or visit us at www.HealthReformPlanSBC.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.HealthReformPlanSBC.com or call 1-888-982-3862 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Does this Coverage Provide Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

Language Access Services:

Kung kailangan niyo ang tulong sa Tagalog tumawag sa 1-888-982-3862.

如果需要中文的帮助，请拨打这个号码 1-888-982-3862.

Dimek'elngo shika at'ohwol minisingo, kwijijigo holne' 1-888-982-3862.

Para obtener asistencia en Español, llame al 1-888-982-3862.

-----*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*-----

Questions: Call 1-888-982-3862 or visit us at www.HealthReformPlansBC.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.HealthReformPlansBC.com or call 1-888-982-3862 to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays: \$7,350
- Patient pays: \$190

Sample care costs:

| | |
|----------------------------|----------------|
| Hospital charges (mother) | \$2,700 |
| Routine obstetric care | \$2,100 |
| Hospital charges (baby) | \$900 |
| Anesthesia | \$900 |
| Laboratory tests | \$500 |
| Prescriptions | \$200 |
| Radiology | \$200 |
| Vaccines, other preventive | \$40 |
| Total | \$7,540 |

Patient pays:

| | |
|----------------------|--------------|
| Deductibles | \$0 |
| Copays | \$40 |
| Coinsurance | \$0 |
| Limits or exclusions | \$150 |
| Total | \$190 |

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays: \$4,820
- Patient pays: \$580

Sample care costs:

| | |
|--------------------------------|----------------|
| Prescriptions | \$2,900 |
| Medical equipment and Supplies | \$1,300 |
| Office Visits and Procedures | \$700 |
| Education | \$300 |
| Laboratory tests | \$100 |
| Vaccines, other preventive | \$100 |
| Total | \$5,400 |

Patient pays:

| | |
|----------------------|--------------|
| Deductibles | \$0 |
| Copays | \$500 |
| Coinsurance | \$0 |
| Limits or exclusions | \$80 |
| Total | \$580 |

Note: Your plan may have both copays and coinsurance for covered services; if so, these examples use copays only. Your costs may be higher.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for this condition could be different, based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Delaware Valley Health Insurance Trust

Radnor Township

DVHIT HMO \$10 primary/\$20 specialist, \$100 Inpatient hospitalization copay, with a \$10 generic/\$25 brand/\$40 non-formulary pharmacy

| Benefits | |
|--|--|
| Deductible | None |
| Out of Pocket Maximum | \$1,500 single/\$3,000 family |
| Lifetime Maximum | None |
| Primary Care Physician* | \$10 copay |
| Specialist Office Visit* | \$20 copay |
| Routine OB-Gyn/PAP* | \$20 copay |
| Pediatric immunizations* | \$10 copay |
| Mammography (age 40 and over)* | \$10 copay |
| Preventive Care* | \$0 copay* |
| Chiropractic Care | \$20 copay, 20 visits per calendar year. |
| Outpatient surgery | 100%, no copay |
| Hospitalization Copay | \$100 inpatient hospitalization copay, maximum of 5 days |
| Outpatient lab/pathology/x-ray/radiology | \$10 copay for routine radiology and diagnostic services. \$40 copay for MRI/MRA, CT/CTA, PET Scans. |
| Allergy testing and treatment | \$20 copay |
| Emergency Room Copay | \$100 copay. Waived if admitted. |
| Maternity | Inpatient hospitalization copay applies. Outpatient \$20 copay, 1st visit only |
| Physical/Occupational Therapy/Speech Therapy | \$20 copay, Up to 60 visits per calendar year. |
| Home Health Care | 100%, no copay |
| Hospice Care | 100%, no copay |
| Skilled Nursing Facility | 100%, no copay. (120 days/cal. year) |
| Mental Health | Inpatient hospitalization copay applies. Outpatient \$20 copay. |
| Substance Abuse | Inpatient hospitalization copay applies. Outpatient \$20 copay. |
| Durable Medical Equipment | 100%, no copay |
| Orthotic Rider | Orthotics - \$500 maximum, every calendar year |
| Vision Exam Benefit | \$20 copay, once every 24 months. Up to a maximum of \$75 once every 24 months. |
| Lens Reimbursement | \$150 every 24 months |
| Prescription Drug Retail Copay | \$10 generic/\$25 brand/\$40 non-formulary. Up to a 34 day supply. |
| Mail Order Copay | \$20 generic/\$50 brand/\$80 non-formulary. Up to a 90 day supply. |
| Oral contraceptives and injectables | Covered |
| Smoking cessation medication | Prescriptions written for smoking cessation covered (examples are Zyban, Chantix) |
| Hearing aid rider | Rider provides coverage for up to \$2,000 every 24 months |

**Delaware Valley Health Insurance Trust
Radnor Township**

| Value-Added Benefits | |
|------------------------------------|---|
| Health Club Reimbursement | \$250 employee/\$250 spouse. 100 visits per rolling calendar yr. This is a benefit through the Trust office. |
| Employee Assistance Program | An employee Assistance Program offered through Human Management Services. This is a confidential, integrated counseling and referral service available to employees and eligible dependents. |
| Health Advocate | An innovative program designed to help employees and their families navigate the healthcare system. A Personal Health Advocate will assist with how to find the best doctors, getting help for elderly parents, obtain unbiased health information, and help with scheduling timely appointments. |
| Member Wellness Program | A voluntary, incentive paid, program sponsored by the Trust that focuses on 5 high-risk areas - high cholesterol, diabetes, hypertension, weight management, and smoking cessation. |
| Colonoscopy Incentive | The Delaware Valley Health Insurance Trust will pay an incentive of \$150 to covered members age 50 years and over (or age 40 and older with a family history of colorectal cancer) for completing a colonoscopy. |
| Women's Health Initiative | DVHIT provides cash incentives to eligible female participants who obtain preventative breast and cervical cancer screenings. |

**Delaware Valley Health Insurance Trust
Radnor Township**

| Value-Added Benefits | |
|--|---|
| <i>On-Site Biometric Screening</i> | Confidential on-site medical screening designed to educate members on their personal health risk factors and to help them take the next step towards proactive health management. Participants receive a personal wellness profile, lab profile, blood chemistry, thyroid panel, EKG, and confidential post-screen consultation by a program nurse. Upon completion, participants are eligible to receive a \$50 incentive. This program requires a minimum of 35 participants. |
| <i>Weight Watchers At Work Program *</i> | On-site weight education and management program offered during the lunch hour. Participants are reimbursed the registration fee after completing the 10-week program. This program requires a minimum of 20 participants |
| <i>COBRA Administration</i> | As both a risk management and time-saving measure, the Trust contracts with CONEXIS for comprehensive COBRA administration services. CONEXIS monitors DOL regulatory requirements, handles all employee notifications, tracks elections, and processes premium billing for all subscribers electing to continue Trust medical or dental benefits. |

*Preventive services as defined by Federal Mandate and procedure code
Plan designs subject to review by Aetna's Standards Management Unit



Coverage Period: 01/01/2014 - 12/31/2014
 Coverage for: Individual + Family
 Plan Type: HMO \$10/20 with Rx \$10/\$25/\$40
 DVHIT - RADNOR TOWNSHIP

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.HealthReformPlanSBC.com or by calling 1-888-982-3862.

| Important Questions | | Answers | Why this Matters: |
|---|---|---|-------------------|
| What is the overall deductible? | For each Calendar Year, In-network: Individual \$0 / Family \$0. | See the chart starting on page 2 for your costs for the services this plan covers. | |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers. | |
| Is there an out-of-pocket limit on my expenses? | Yes, In-network: Individual \$1,500 / Family \$3,000. | The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses. | |
| What is not included in the out-of-pocket limit? | Premiums, prescription drug expenses and health care this plan does not cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. | |
| Is there an overall annual limit on what the plan pays? | No. | The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits. | |
| Does this plan use a network of providers? | Yes. For a list of in-network providers, see www.aetna.com or call 1-888-982-3862. | If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers. | |
| Do I need a referral to see a specialist? | Yes, for in-network specialists. | This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist. | |
| Are there services this plan doesn't cover? | Yes. | Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services. | |

Questions: Call 1-888-982-3862 or visit us at www.HealthReformPlanSBC.com. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.HealthReformPlanSBC.com or call 1-888-982-3862 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2014 - 12/31/2014
 Coverage for: Individual + Family
 Plan Type: HMO \$10/20 with Rx \$10/\$25/\$40
 DVHIT - RADNOR TOWNSHIP



- Copayments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Coinsurance is *your* share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network providers by charging you lower deductibles, copayments, and coinsurance amounts.

| Common Medical Event | Services You May Need | Your Cost If You Use an In-Network Provider | Your Cost If You Use an Out-Of-Network Provider | Limitations & Exceptions |
|--|--|---|---|---|
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$10 copay per visit | Not covered | Includes Internist, General Physician, Family Practitioner or Pediatrician. |
| | Specialist visit | \$20 copay per visit | Not covered | None |
| | Other practitioner office visit | \$20 copay per visit | Not covered | Coverage is limited to 20 visits per calendar year for Chiropractic care. |
| If you have a test | Preventive care / screening /immunization | No charge | Not covered | Age and frequency schedules may apply. |
| | Diagnostic test (x-ray, blood work) | \$10 copay per visit | Not covered | None |
| | Imaging (CT/PET scans, MRIs) | \$10 copay per visit | Not covered | None |

Questions: Call 1-888-982-3862 or visit us at www.HealthReformPlansBC.com.
 If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.HealthReformPlansBC.com or call 1-888-982-3862 to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

| Common Medical Event | Services You May Need | Your Cost if You Use an In-Network Provider | Your Cost if You Use an Out-Of-Network Provider | Limitations & Exceptions |
|--|--|---|---|--|
| Generic drugs | Generic drugs | \$10 copay/prescription (retail), \$20 copay/prescription (mail order) | Not covered | Covers up to a 34-day supply (retail prescription); 100 day supply (mail order prescription). Includes contraceptive drugs and devices obtainable from a pharmacy. No charge for formulary generic |
| If you need drugs to treat your illness or condition. | Preferred brand drugs | \$25 copay/prescription (retail), \$50 copay/prescription (mail order) | Not covered | FDA-approved women's contraceptives in-network. |
| More information about prescription drug coverage is available at www.aetna.com/pharmacy-insurance/individuals-families | Non-preferred brand drugs | \$40 copay/prescription (retail), \$80 copay/prescription (mail order) | Not covered | |
| If you have outpatient surgery | Specialty drugs | Applicable cost as noted above for generic or brand drugs. | Not covered | None |
| If you need immediate medical attention | Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees Emergency room services Emergency medical transportation Urgent care | No charge No charge \$100 copay per visit No charge \$20 copay per visit \$100 copay per day | Not covered Not covered \$100 copay per visit No charge \$20 copay per visit Not covered | None None Copay waived if admitted. No coverage for non-emergency use. None No coverage for non-urgent use. \$500 maximum copay per individual per stay. |
| If you have a hospital stay | Facility fee (e.g., hospital room) Physician/surgeon fee | No charge No charge | Not covered Not covered | None None |

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2014 - 12/31/2014
 Coverage for: Individual + Family
 Plan Type: HMO \$10/20 with Rx \$10/\$25/\$40
 DVHIT - RADNOR TOWNSHIP

| Common Medical Event | Services You May Need | Your Cost If You Use an In-Network Provider | Your Cost If You Use an Out-Of-Network Provider | Limitations & Exceptions |
|--|--|---|---|--|
| If you have mental health, or substance abuse needs | Mental/Behavioral health outpatient services | \$20 copay per visit | Not covered | None |
| | Mental/Behavioral health inpatient services | \$100 copay per day | Not covered | \$500 maximum copay per individual per stay. |
| | Substance use disorder outpatient services | \$20 copay per visit | Not covered | None |
| | Substance use disorder inpatient services | \$100 copay per day | Not covered | \$500 maximum copay per individual per stay. |
| | Prenatal and postnatal care | \$20 copay first visit only | Not covered | None |
| If you are pregnant | Delivery and all inpatient services | \$100 copay per day | Not covered | Includes outpatient postnatal care. \$500 maximum copay per individual per stay. |
| | Home health care | No charge | Not covered | None |
| If you need help recovering or have other special health needs | Rehabilitation services | \$20 copay per visit | Not covered | Coverage is limited to 60 visits per calendar year for Physical, Occupational and Speech Therapy combined. |
| | Habilitation services | \$20 copay per visit | Not covered | Benefit limitations may apply. |
| | Skilled nursing care | No charge | Not covered | Coverage is limited to 120 days per calendar year. |
| | Durable medical equipment | No charge | Not covered | None |
| | Hospice service | No charge | Not covered | None |
| If your child needs dental or eye care | Eye exam | \$20 copay per visit | Not covered | 1 exam per 24 months if your child does not wear glasses. 1 exam per 12 months if your child wears glasses. Includes contact lens fitting exam. Up to a maximum of \$75 every 24 months. |
| | Glasses | No charge | No charge | \$150 every 24 months for frames, lenses and contact lenses |
| | Dental check-up | Not covered | Not covered | Not covered. |

Questions: Call 1-888-982-3862 or visit us at www.HealthReformPlansBC.com.
 If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.HealthReformPlansBC.com or call 1-888-982-3862 to request a copy.



Coverage Period: 01/01/2014 - 12/31/2014
 Coverage for: Individual + Family
 Plan Type: HMO \$10/20 with Rx \$10/\$25/\$40
 DVHIT - RADNOR TOWNSHIP

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Excluded Services & Other Covered Services:

| | |
|--|--|
| Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.) | |
| <ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult & Child) | <ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine foot care • Weight loss programs |
| Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.) | |
| <ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care - Coverage is limited to 20 visits per calendar year. | <ul style="list-style-type: none"> • Hearing aids - Coverage is limited to 1 hearing aid per ear to a maximum of \$2,000 every 24 months. • Infertility treatment - Coverage is limited to the diagnosis and treatment of underlying medical condition, artificial insemination and ovulation induction. LIMIT: 6 attempts per participants • Routine eye care (Adult) - Age and frequency schedules may apply. |

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at 1-888-982-3862. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccoio.cms.gov.

Your Grievance and Appeals Rights:

• If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice or assistance, you can contact us by calling the toll free number on your Medical ID Card. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

• Additionally, a consumer assistance program can help you file an **appeal**. Contact information is at <http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html>

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage". **This plan or policy does provide minimum essential coverage.**

Questions: Call 1-888-982-3862 or visit us at www.HealthReformPlanSBC.com.

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Does this Coverage Provide Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

Language Access Services:

Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-982-3862.

如果需要中文的帮助，请拨打这个号码 1-888-982-3862.

Dinek ehgo shika at olwol ninisingo, kwillingo holne' 1-888-982-3862.

Para obtener asistencia en Español, llame al 1-888-982-3862.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

Questions: Call 1-888-982-3862 or visit us at www.HealthReformPlansBC.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.HealthReformPlansBC.com or call 1-888-982-3862 to request a copy.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays: \$6,970
- Patient pays: \$570

Sample care costs:

| | |
|----------------------------|----------------|
| Hospital charges (mother) | \$2,700 |
| Routine obstetric care | \$2,100 |
| Hospital charges (baby) | \$900 |
| Anesthesia | \$900 |
| Laboratory tests | \$500 |
| Prescriptions | \$200 |
| Radiology | \$200 |
| Vaccines, other preventive | \$40 |
| Total | \$7,540 |

Patient pays:

| | |
|----------------------|--------------|
| Deductibles | \$0 |
| Copays | \$420 |
| Coinsurance | \$0 |
| Limits or exclusions | \$150 |
| Total | \$570 |

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays: \$4,720
- Patient pays: \$680

Sample care costs:

| | |
|--------------------------------|----------------|
| Prescriptions | \$2,900 |
| Medical equipment and Supplies | \$1,300 |
| Office Visits and Procedures | \$700 |
| Education | \$300 |
| Laboratory tests | \$100 |
| Vaccines, other preventive | \$100 |
| Total | \$5,400 |

Patient pays:

| | |
|----------------------|--------------|
| Deductibles | \$0 |
| Copays | \$600 |
| Coinsurance | \$0 |
| Limits or exclusions | \$80 |
| Total | \$680 |

Note: Your plan may have both copays and coinsurance for covered services; if so, these examples use copays only. Your costs may be higher.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.

- The patient's condition was not an excluded or preexisting condition.

- All services and treatments started and ended in the same coverage period.

- There are no other medical expenses for any member covered under this plan.

- Out-of-pocket expenses are based only on treating the condition in the example.

- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for this condition could be different, based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-888-982-3862 or visit us at www.HealthReformPlansBC.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.HealthReformPlansBC.com or call 1-888-982-3862 to request a copy.

Delaware Valley Health Insurance Trust

Radnor Township - (Active employees only)

DVHIT PPO \$10 primary/\$20 specialist, 70% Out of network with a \$10 generic/\$20 brand/\$35 non-formulary pharmacy

| Benefits | In Network | | Out of Network | |
|---|--|-----|-------------------------------|---|
| | \$3,000 single/\$9,000 family | N/A | \$500 single / \$1,500 family | \$3,000 single / \$9,000 family |
| <i>Deductible</i> | | | | |
| <i>Out of pocket maximums</i> | | | | |
| <i>Lifetime maximum</i> | | | | |
| <i>Primary office visit</i> | \$10 copay | | | 70% after deductible |
| <i>Specialist office visit</i> | \$20 copay | | | 70% after deductible |
| <i>Gynecological exams/pap smears</i> | 100%, no copay | | | 70%, No deductible |
| <i>Mammography</i> | 100%, no copay | | | 70%, No deductible |
| <i>Pediatric Immunizations</i> | 100%, no copay | | | 70%, No deductible |
| <i>Allergy testing and treatment</i> | \$20 copay | | | 70% after deductible |
| <i>Hospitalization</i> | 100%, no copay | | | 70% after deductible |
| <i>Outpatient surgery</i> | 100%, no copay | | | 70% after deductible |
| <i>Diagnostic lab</i> | 100%, no copay | | | 70%, after deductible |
| <i>Diagnostic x-ray</i> | \$20 copay | | | 70%, after deductible |
| <i>Complex Imaging</i> | \$40 copay | | | 70%, after deductible |
| <i>Emergency Room Copay</i> | | | | \$100 copay - WAIVED if admitted |
| <i>Maternity</i> | \$10 copay, 1st visit only | | | 70%, after deductible |
| <i>Physical/Occupational/Speech Therapy</i> | \$20 copay | | | 70%, after deductible |
| <i>Chiropractic services</i> | \$20 copay, 20 visits per calendar year, combined in and out of network. | | | 70%, after deductible. Visits combined in and out of network. |
| <i>Mental Health</i> | Inpatient 100%, no copay. Outpatient \$20 copay. | | | 70%, after deductible |
| <i>Substance Abuse</i> | Inpatient 100%, no copay. Outpatient \$20 copay. | | | 70%, after deductible |
| <i>Skilled Nursing Facility</i> | 100%, no copay. Up to 120 days per calendar year. Visits combined in and out of network. | | | 70%, after deductible. Visits combined in and out of network. |
| <i>Home Health Care</i> | 100%, no copay | | | 70%, after deductible |
| <i>Hospice Care</i> | 100%, no copay | | | 70%, after deductible |

Delaware Valley Health Insurance Trust
Radnor Township - (Active employees only)

DVHIT PPO \$10 primary/\$20 specialist, 70% Out of network with a \$10 generic/\$20 brand/\$35 non-formulary pharmacy

| Benefits | In Network | | Out of Network | |
|--|----------------|---|----------------|---|
| | 100%, no copay | Orthotics - \$500 maximum, every calendar year | \$20 copay | \$150 every 24 months |
| <i>Durable Medical Equipment</i> | | | | 70%, after deductible |
| <i>Orthotic Rider</i> | | | | 70%, after deductible |
| <i>Vision Exam Benefit (up to \$75 per every 24 months)</i> | | | | 70%, after deductible |
| <i>Lens Reimbursement (lenses and frames or contacts once every 24 months)</i> | | | | \$150 every 24 months |
| <i>Prescription Drug Retail Copay</i> | | \$10 generic/\$20 brand/\$35 non-formulary. Up to a 34 day supply. | | 70%, after deductible |
| <i>Mail Order Copay</i> | | \$20 generic/\$40 brand/\$70 non-formulary. Up to a 90 day supply. | | Not covered |
| <i>Contraceptives (oral and injectable)</i> | | Covered | | 70%, after deductible |
| <i>Smoking cessation medication</i> | | Prescriptions written for smoking cessation covered (examples are Zyban, Chantix) | | 70% after deductible |
| <i>Hearing aid rider</i> | | Rider provides coverage for up to \$2,000 every 24 months | | Rider provides coverage for up to \$2,000 every 24 months |
| <i>Lasik Eye Surgery (refractive vision surgery)</i> | | Benefits are paid at 80%, subject to deductible, and are limited to a maximum of \$4,000 per lifetime. This benefit will be reduced by the amount applied to the employee's lifetime Orthodontic maximum. Dependents are NOT eligible for this benefit. | | Benefits are paid at 80%, subject to deductible, and are limited to a maximum of \$4,000 per lifetime. This benefit will be reduced by the amount applied to the employee's lifetime Orthodontic maximum. Dependents are NOT eligible for this benefit. |

**Delaware Valley Health Insurance Trust
Radnor Township - (Active employees only)**

Value Added Benefits:

| | |
|---|---|
| <i>Health Club Membership Reimbursement</i> | \$250 employee/\$250 spouse. 100 visits per rolling calendar yr. This is a benefit through the Trust office. |
| <i>Employee Assistance Program</i> | An employee Assistance Program offered through Human Management Services. This is a confidential, integrated counseling and referral service available to employees and eligible dependents. |
| <i>Health Advocate</i> | An innovative program designed to help employees and their families navigate the healthcare system. A Personal Health Advocate will assist with how to find the best doctors, getting help for elderly parents, obtain unbiased health information, and help with scheduling timely appointments. |
| <i>Member Wellness Program</i> | A voluntary, incentive paid, program sponsored by the Trust that focuses on 5 high-risk areas - high cholesterol, diabetes, hypertension, weight management, and smoking cessation. |
| <i>Colonoscopy Incentive</i> | The Delaware Valley Health Insurance Trust will pay an incentive of \$150 to covered members age 50 years and over (or age 40 and older with a family history of colorectal cancer) for completing a colonoscopy. |
| <i>Women's Health Initiative</i> | DVHIT provides cash incentives to eligible female participants who obtain preventative breast and cervical cancer screenings. |

**Delaware Valley Health Insurance Trust
Radnor Township - (Active employees only)**

Value-Added Benefits

| | |
|--|---|
| On-Site Biomeric Screening | Confidential on-site medical screening designed to educate members on their personal health risk factors and to help them take the next step towards proactive health management. Participants receive a personal wellness profile, lab profile, blood chemistry, thyroid panel, EKG, and confidential post-screen consultation by a program nurse. Upon completion, participants are eligible to receive a \$50 incentive. This program requires a minimum of 35 participants. |
| Weight Watchers At Work Program[®] | On-site weight education and management program offered during the lunch hour. Participants are reimbursed the registration fee after completing the 10-week program. This program requires a minimum of 20 participants |
| COBRA Administration | As both a risk management and time-saving measure, the Trust contracts with CONEXIS for comprehensive COBRA administration services. CONEXIS monitors DOL regulatory requirements, handles all employee notifications, tracks elections, and processes premium billing for all subscribers electing to continue Trust medical or dental benefits. |
| Plan designs subject to review by Aetna's Standards Management Unit | |

EXHIBIT B

GRIEVANCE PROCEDURES RADNOR ASSOCIATION OF TOWNSHIP EMPLOYEES AND RADNOR TOWNSHIP

The following grievance procedures shall be followed in all grievances involving (a) issues of disciplinary action or other employee related problems and (b) disputes arising from questions of interpretation of the collective bargaining agreement.

A. Grievances Involving Disciplinary Action or other Employee Related Problems:

- (1) All grievances involving disciplinary action or other employee related problems shall be filed in writing to the appropriate department head within seven days of the date that the employee was informed of any disciplinary action or of the incident being grieved. A copy of this grievance shall be sent to the Township Manager. Within three days of receipt of the grievance by the employee, the department head shall meet with the employee in an attempt to resolve the grievance.
- (2) If the grievance is not resolved by the department head to the employee's satisfaction, the employee may then appeal to the Township Manager. This appeal must be made in writing within five days.
- (3) The Township Manager shall meet with the employee within five days from the date such appeal is received by him. Within two days after meeting with the employee, the Township Manager shall issue a written decision to the employee.
- (4) If the employee is dissatisfied with the decision of the Township Manager, s/he may, within five days of the Township Manager's decision, file a further appeal with the Board of Commissioners. The Board of Commissioners shall act on the appeal within seven days from the date upon which it is filed.
- (5) In the event the employee is dissatisfied with the resolution of the issue by the Board of Commissioners, the employee may, within five days, demand the appointment of an arbitrator to resolve the dispute. Such arbitrator shall be an individual agreeable to both parties and the decision of the arbitrator shall be binding upon both parties. The cost of the arbitrator shall be born equally by both parties. If the parties cannot voluntarily agree upon the selection of an arbitrator, the procedures provided in Article 9, Section 903, of the Public Employees Relations Act shall be followed for selection of an arbitrator.
- (6) This procedure may be lengthened by seven days due to unusual circumstances, such as vacations, sickness, etc.

- (7) The employee shall be entitled to representation of counsel of his/her own choice, and at his/her own expense, in all hearings before the Township, the Board of Commissioners, and all arbitration proceedings.

B. Grievances and Disputes Arising from Questions and Interpretations of the Collective Bargaining Agreement:

- (1) In matters involving grievances and disputes arising from questions of interpretation of the collective bargaining agreement, RATE shall have the right to present such grievances and disputes directly to the Township Manager in writing. Within five working days of receipt of such grievance, the Township Manager or his designee shall meet with RATE, and/or its agent. Within five working days of such meeting, the Township Manager shall furnish a written decision to RATE.
- (2) In the event that RATE is dissatisfied with the action of the Township Manager, RATE may petition the Board of Commissioners in writing for review, in which event the Board shall hold a hearing within 20 working days of the presentation of the petition, and a decision shall be made in writing within ten working days after such hearing.
- (3) In the event that RATE is dissatisfied with the resolution of the issue by the Board of Commissioners, RATE may demand the appointment of an arbitrator to resolve the dispute. Such arbitrator shall be an individual agreeable to both parties, and the decision of the arbitrator shall be binding upon both parties. The cost of the arbitrator shall be born equally by both parties. If the parties cannot voluntarily agree upon the selection of an arbitrator, the procedures provided in Article 9, Section 903, of the Public Employees Relations Act shall be followed for selection of an arbitrator.

EXHIBIT C

SENIORITY - LAYOFFS

- Section 1. The following categories are recognized:
- a. Field Leader
 - b. Mechanics
 - c. Equipment operators
 - d. Administrative assistants
 - e. Drivers, skilled laborers, sewer maintenance, tree maintenance
 - f. Semi-skilled laborer
 - g. Laborer - collector
- Section 2. In recognition of the responsibility of management for the efficient operation of the Township, it is understood and agreed that in all cases of decrease in work force or recalls after layoffs, the following factors as listed below shall be considered. Only where factors "a", "b" and "c" are relatively equal shall continuous service be the determining factor.
- a. ability to perform work
 - b. physical fitness
 - c. attendance records
 - d. continuous service
- Section 3. After taking into consideration Section 2 above the employee with the least time of service in that category (Sect. 1 above) will be the first to be laid off. If that employee is qualified, in the Township's opinion, to fill a position in any lower category he may bump the employee with the least amount of continuous service in a lower category. He shall then be on probation, in the new position, for 90 days.
- Section 4. Once an employee is laid off due to a reduction in work force his name shall be placed on a list in order of seniority for a period of six months. If a position opens in either the category he was laid off from or a lower category, after consideration of Sec. 2 above, he shall be offered the position so long as his name remains on the list.
- Section 5. The first 180 calendar days of continuous service will be a probationary period during which time an employee has no seniority standing and will be subject to demotion, transfer, layoff or discharge in the sole discretion of the Township. Upon satisfactory completion of the probationary period an employee's seniority will be dated back to the beginning of his employment.
- Section 6. Neither part-time nor temporary employees shall accumulate seniority.
- Section 7. Seniority terminates if an employee is discharged for cause, voluntarily resigns, is absent for five consecutive working days without notifying the Township of the reason for such absence, is on a leave of absence for six consecutive months or more, is continuously absent from work because of illness for 12 continuous months or fails to report for work within three days of notice of re-call from layoff.

B. In matters involving grievances and disputes arising from questions of interpretation of this agreement, the collective bargaining agreement, RATE shall have the right to present the same directly to the Township Manager in writing. Within five working days the Township Manager or his designee shall meet with the representative of RATE and shall indicate his disposition of the grievance in writing within a reasonable period of time but not more than 5 working days of such meeting and shall furnish a copy thereof to RATE.

In the event RATE is dissatisfied with the action of the Township Manager, RATE may petition the Board of Commissioners in writing for review, in which event the Board shall hold a hearing within 20 Working days of the presentment of the petition and a decision shall be made in writing within 10 working days after hearing.

In the event RATE is dissatisfied with the resolution of the issue by the Board of Commissioners, RATE may demand the appointment of an arbitrator to resolve the dispute. Such arbitrator shall be binding upon the parties. The cost of the arbitration shall be borne equally by both parties. If the parties cannot voluntarily agree upon the selection of an arbitrator, the procedure provided in Article D(, Section 903 (1) of the Public Employees Relations Act shall be followed for selection of an Arbitrator.

C. The employee shall be entitled to representation of counsel of his own choice, and at his own expense, in all hearings before the Township Manager, the Board of Commissioners and all arbitration proceedings.