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Contract Database Metadata Elements

Title: **Chenango, Town of and Council 66, AFSCME, AFL-CIO, Local 1912-B (2005) (MOA)**

Employer Name: **Chenango, Town of**

Union: **Council 66, AFSCME, AFL-CIO**

Local: **1912-B**

Effective Date: **01/01/05**

Expiration Date: **12/31/08**

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BC/7312

MEMORANDUM OF AGREEMENT
between
THE TOWN OF CHENANGO
and
AFSCME LOCAL 1912-B, COUNCIL 66
AFL-CIO

1. **WHEREAS**, the Town of Chenango (hereinafter "the Town") and AFSCME Local 1912-B, Council 66, AFL-CIO (hereinafter "the Union") are signatories to a collective bargaining agreement dated January 1, 2005 through December 31, 2008 (hereinafter "the contract");
2. **WHEREAS**, the Town has advised the Union that the health insurance plan denoted in Article XII of the contract, the Central New York Region-wide Plan Option II, is no longer available to the Town;
3. **WHEREAS**, the Town is offering the Blue Cross/Blue Shield Plan Blue EPO Balance Option 5;
4. **WHEREAS**, the Town is offering to institute a Health Reimbursement Plan to offset increases in the prescription drugs and incurred copays;
5. **WHEREAS**, the parties discussed extending the contract in conjunction with the change in plans;

THE PARTIES HEREBY AGREE AND COVENANT TO THE FOLLOWING:

1. The first paragraph of Article XII (a) of the contract shall be amended to read:

The Employer agrees to provide 100% of the cost of hospitalization and medical coverage for the employee and his dependents provided under the Blue EPO Balance Option 5 plan subject to the employee contributions denoted below. The Blue EPO Balance Option 5 plan summary is appended hereto and the Employer agrees to continue the health benefits of such plan. The Employer shall have the right to change health carriers or self insure provided all health benefits are equal. In addition, the Employer agrees to provide an annual Health Reimbursement Plan. Under the Health Reimbursement Plan employees are entitled to reimbursement for any costs incurred under the Blue EPO Balance Option 5 plan. In addition to out-of-pocket medical expenses including prescribed durable medical equipment, employees are entitled to reimbursement for dental and vision expenses under the Health Reimbursement Plan. For the months of September 2007 through December 2007 employees may claim up to \$125 for individual policy holders and \$250 for family policy holders. Effective January 1, 2008 employees may claim up to \$500 per year for individual policy holders and \$1000 per year for family policyholders.

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- 2. Effective January 1, 2009 all wage rates shall be increased by 3%.
- 3. Effective January 1, 2010 all wage rates shall be increased by 3%.
- 4. The contract shall hereby be extended to December 31, 2010 and shall remain in full force and effect until the 31st day of December 2010. It shall be automatically renewed from year to year unless either party shall notify the other in writing one hundred and eighty (180) days prior to the termination date that it desires to modify the contract.

Margaret A. Turna
Town of Chenango

11/14/07
Date

Michael F. Van Doorn
AFSCME Local 1912-B

11/30/07
Date

James M. E. [Signature]
AFSCME Council 66

11/16/07
Date

BlueEPO Balance Option 5

Group Name	
Agency Name	
In-Network	
Plan Features	
Primary Care Physician (PCP)	Not required
Referrals	Not required
Out of network benefits	Not covered
Out of area benefits	Coverage provided worldwide through the BlueCard® program.
Student/Dependent coverage	Qualified dependents covered to age 19. Students covered to 25.
Plan Cost Sharing Highlights	
Office visit copay (PCP)	\$20
Office visit copay (Specialist)	\$20
Coinsurance	None
Deductible	None
Out of pocket maximum	None
Lifetime maximum	None
Plan Benefits	
<u>Preventive Healthcare Services</u>	
Well child visits	Covered in full
Adult routine physical exams	\$20 copay
Adult immunizations	Not Covered
Mammography	Covered in full
Pap smear	Covered in full
Routine GYN Exam	Covered in full
Prostate cancer screening	Covered in full
Routine vision	\$20 copay for one routine eye exam every 2 years. \$50 eyewear allowance once every 2 years.

*Pre-certification required. A penalty of \$500 or 50%, whichever is less will apply if pre-certification is not obtained

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BlueEPO Balance Option 5

Group Name	
Agency Name	
In-Network	
<u>Physicians Office Services</u>	
Diagnostic office visits	\$20 copay
Diagnostic x-rays*	\$20 copay
Diagnostic laboratory and pathology	Covered in full
Allergy tests	\$20 copay
Allergy injections	\$20 copay
Chemotherapy	Covered in full
Radiation therapy	Covered in full
<u>Maternity Services</u>	
Prenatal and postpartum care	\$20 copay
Hospital care for mom (including delivery)	Covered in full after a \$250 copay.
Newborn nursery care	Covered in full
<u>Prescription Drug</u>	Retail and Mail Order options available: \$10/\$25/\$40 w/ \$0 generic for kids to age 19
Short-term and maintenance drugs are covered under the following copayments for each 30-day supply per prescription at participating retail pharmacies, up to a 90-day supply (with two separate copays for each 90-day supply) available through Express Scripts, Inc., mail order service. Contraceptives included.	
<u>Inpatient Hospital Benefits*</u>	
Hospital benefits	Covered in full after a \$250 copay for unlimited days of room and board.
Physician visits in the hospital	Covered in full for unlimited visits.
Inpatient Physical Rehabilitation	Covered in full after a \$250 copay for up to 80 days per calendar year.
Surgery	Covered in full
Anesthesia	Covered in full

*Pre-certification required. A penalty of \$500 or 50%, whichever is less will apply if pre-certification is not obtained.

BlueEPO Balance Option 5

Group Name	
Agency Name	
In-Network	
Emergency Care	
Emergency room care	\$50 copay per visit unless admitted within 24 hours.
Freestanding urgent care center	\$25 copay
Ambulance	\$50 copay
Outpatient Hospital Benefits	
Diagnostic x-rays*	\$20 copay
Diagnostic laboratory and pathology	\$20 copay
Surgical Care	\$50 copay
Chemotherapy	Covered in full
Radiation Therapy	Covered in full
Mental Health and Chemical Dependence Benefits	
Inpatient mental health care*	Covered in full after a \$250 copay for up to 30 days per calendar year.
Outpatient mental health care	Covered at 50% for up to 20 visits per calendar year.
Inpatient chemical dependence care*	Covered in full after a \$250 copay ⁶ for up to 7 days per calendar year for detoxification and 30 days per calendar year for rehabilitation.
Outpatient chemical dependence care	\$20 copay for up to 60 visits per calendar year.
Other Services	
Diabetic insulin & supplies	\$20 copay for a 30-day supply
Skilled nursing facility	Covered in full after a \$250 copay for up to 120 days per calendar year.
Home care*	Covered in full for unlimited visits.
Hospice	Covered in full for unlimited days.
Outpatient therapy	\$20 copay for up to 40 visits for physical, speech, occupational and respiratory therapy combined.
Durable medical equipment*	Covered at 80%

*Pre-certification required. A penalty of \$500 or 50%, whichever is less will apply if pre-certification is not obtained.

BlueEPO Balance Option 5

Group Name Agency Name	In-Network
External prosthetics	Covered at 80% up to a \$15,000 maximum per calendar year.
Chiropractic	\$20 copay
Acupuncture	Not Covered
Dental	\$20 copay for accidental injury to sound natural teeth.
Hearing	\$20 copay for diagnostic hearing exams.