AGREEMENT

BY AND BETWEEN

TOWN OF LINCOLN

AND

EMERGENCY MEDICAL SERVICE EMPLOYEES

LOCAL 3023

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS, AFL-CIO

July 1, 2015 to June 30, 2018

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AGREEMENT

Pursuant to the provisions of Chapter 28-9.1 of the General Laws of the State of Rhode Island, this AGREEMENT is made and entered into as of July 1, 2015 by and between the Town of Lincoln, Rhode Island (hereafter referred to as the "TOWN") and Local 3023, INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS, AFL-CIO acting for and on behalf of the Emergency Medical Service Employees of the Town of Lincoln, Rhode Island.

The Town and the Union, in order to increase the general efficiency of the Lincoln Rescue Service and in order to promote the morale, well-being and efficiency of the Lincoln Rescue Service hereby agree as follows:

PRINCIPLES

A. It is the intent and purpose of the parties to set forth herein their entire Agreement covering rates of pay, wages, hours of employment, working conditions and all other terms and conditions of employment; and to facilitate the adjustment of grievances and disputes between the Employer and the Employees, to provide, insofar as possible, for the continuous employment of labor and to establish necessary procedures for the amicable adjustment of all disputes which may arise between the Town and the Union.

B. There shall be no discrimination by the parties to this Agreement against any Employee by reason of race, age, physical handicap, marital status, color, creed, sex, national origin, non-membership in the Union or Union membership.

C. All reference to Employees in this Agreement designate both sexes and wherever the male gender is used it shall be construed to include male and female employees.

D. No Employee covered by this Agreement shall be discharged, laid-off, demoted, suspended, transferred, or affected in any way because of political beliefs or political activities.

ARTICLES OF AGREEMENT

ARTICLE I

UNION RECOGNITION

The Town hereby recognizes and acknowledges that the Union is the exclusive collective bargaining representative, of the Lincoln Rescue Service, with the exception of the Chief of the Rescue Service, for the purpose of collective bargaining as provided pursuant to the Rhode Island State Labor Relations Act, as amended. The Town and the Union shall, upon execution of this agreement, submit a written stipulation to the Rhode Island State Labor Relations Board to clarify the bargaining unit originally certified on November 22, 1985 by the Rhode Island State Labor Relations Board in Case No. EE-3372, by excluding the position of the Chief of the Rescue Service.

Section 1. The Town agrees not to enter into any individual contracts with Employees covered by the Agreement.

ARTICLE II

STABILITY OF AGREEMENT

No agreement, understanding, alteration, or variation of the terms or provisions of this Agreement herein contained shall bind the parties hereto unless made and executed in writing by the parties hereto. Failure of the Town or the Union to insist, in any one or more by the parties hereto, failure of the Town or the Union to insist, in any one or more incidences, upon performance of the terms and conditions of this

Agreement, shall not be considered as a waiver or relinquishment of the rights of the Town or the Union of future performance, shall continue in force and effect

ARTICLE III

UNION SECURITY

Section 1. All members who are members of the Union on the effective date of this Agreement shall maintain their membership in the Union.

Section 2. Any employee covered by this Agreement who is a member of the Union as of July 1, 1986 and any employee who becomes a member of the Union during the term of this Agreement shall be a member of the Union for the duration of this Agreement.

Section 3. Town of Lincoln agrees that the Union shall have the right to hold meetings at Rescue 2 headquarters or the Lincoln Town Hall when space is available provided permission for the same shall be obtained from the Administration. It is further agreed that such permission will not be unreasonably withheld. Whenever a union meeting is held, both Rescues will remain fully available to answer calls.

Section 4. All non-probationary employees covered by this Agreement who are members of the Union may be required to pay union dues. Employees are not required to join the Union as a condition of employment, but non-probationary employees shall, during the term of this Agreement, pay a service fee in an amount not to exceed the union dues for the purpose of administering the provisions of this Agreement. All probationary employees shall pay a service fee equal to one half (½) the amount of the union dues for the purpose of administering the provision of this agreement.

Section 5. New employees shall remain probationary until after completion of three hundred sixty five (365) calendar days of service. Upon completion of six (6) months of service the employee shall be entitled to utilize benefits covered under this agreement. Upon completion of one year of service the employee shall enjoy full seniority status.

Employees shall have no seniority rights during this probationary period. Their employment may be terminated at any time during the probationary period at the sole discretion of the Town and neither the reason for the disciplinary action, discharge, layoff or dismissal shall be subject to the grievance or arbitration procedures provided for in this Agreement.

Section 6. An employee shall reimburse the Town for all clothing and fire gear expenses incurred by the Town if they resign prior to their probationary (365 calendar days of service) period.

ARTICLE IV

PAYROLL DEDUCTION OF UNION DUES

Section 1. The Town agrees to deduct from the wages of each Employee who authorizes the Employer to do so in writing, such initiation fees and weekly dues as the Union shall designate. Such deductions shall be remitted weekly or bi-weekly to the: Treasurer of Local 3023.

Section 2. Check off. Upon receipt of a signed authorization from an Employee, the regular weekly dues of the Union shall be deducted from such Employee's pay. The Treasurer of the Union shall notify the Department of Finance by certified mail of the amount of union dues to be deducted.

Section 3. Indemnification. The Union shall indemnify the Town and any Department of the Town and hold it harmless against any and all claims, demands, suits or other forms of liability that may arise out of, or by reason of, any action taken by the Town or any Department of the Town for the purpose of complying with the provisions of this Article.

Section 4. The Union agrees that it shall notify the Town at least thirty (30) calendar days in advance of any change in the amount of Union dues to be deducted.

ARTICLE V

UNION ACTIVITIES

Section 1. The Union negotiating committee shall consist of two (2) members of the bargaining unit. One member of the bargaining unit shall be excused from duty with pay for participation in Labor Contract negotiations between the Union and the Employer.

Section 2. The Town agrees to replace, without loss of pay or the requirement to make up such time, the President of Local 3023 or his designee to attend the following Union functions:

(a) Arbitration hearings

ARTICLE VI

MANAGEMENT RIGHTS

Section 1. It is understood and agreed that the Town has the sole right and authority, whether exercised or not, to operate and manage its affairs in all respects except as may have been modified by the express provisions of this Agreement.

Section 2. The rights of the Town, through its management officials, shall include but are not limited to the following:

(a) The right to determine its mission, policies, and to set forth all standards of service offered to the public;

(b) To plan, direct, control and determine the operations or services to be conducted by its employees;

(c) To determine the methods, means, and number of personnel needed to carry out the department's mission.

(d) To direct the working forces, including the right to assign work or overtime;

(e) To hire and assign or to transfer employees;

(f) To promote, suspend, discipline or discharge for just cause;

(g) To lay-off or relieve employees due to lack of work or finds or for other legitimate reasons;

(h) To make, publish and enforce rules and regulations;

(i) To introduce new or improved methods, equipment or facilities;

(j) To take any and all actions as may be necessary to carry out the operations of the Town in situations of civil emergency.

ARTICLE VII
GENERAL DUTIES

A. Employees of the Lincoln Rescue Service are to provide immediate emergency medical service and transportation to victims of sudden illness and/or injury in the Town of Lincoln, and other areas where mutual aid agreements may exist.

B. General professional responsibilities of the Lincoln Rescue Service will be taking appropriate action to:

1. Maintain their Emergency Medical Technician-Cardiac license according to the Laws of the State of Rhode Island and any other training that may be deemed necessary in the performance of their duties.

2. Protect life and property.

3. Respond to all public, emergencies within the realm of their scope.

4. Endeavor to maintain good community relations.

5. Abide by all general and specific rules and regulations as may be promulgated by the Town through the Town Administrator:

6. The job title of rescue employees shall be Fire/Medic. The Fire/Medic responsibility shall include response to all emergencies within the town.

ARTICLE VIII

SENIORITY AND VACANCIES

Section 1. Definition. Seniority shall be defined as the total length of full-time employment with the

Town for employees hired before July 1, 1986. Seniority shall be defined as total length of full-time employment with the Town as a rescue employee for any employee hired after July 1, 1986. Seniority shall be acquired by a full-time Employee as of the first day of full time employment as a Fire/Medic with the Town.

A. In the event that two (2) or more employees are hired in the same classification at the same time, their seniority shall be determined by the final score of the competitive exam for Fire/Medic.

B. On or about July 1 each year, the Town of Lincoln shall furnish the Secretary of the Union a copy of the proposed seniority list The Town and the Union shall have thirty (30) days in which to make any corrections or changes in said list and signify that approval thereof. After the order of seniority has been approved by all parties hereto, a permanent and up-to-date list shall be posted and maintained on the Bulletin Board of the Fire Station for the benefit of all employees and all future seniority questions shall be resolved in accordance therewith.

C. The Town also agrees to furnish the Union an up-to-date seniority list which is posted on said Bulletin Board.

Section 2. Culmination Seniority shall accumulate during authorized absence because of illness, injury, vacation, or other authorized leave.

Section 3. Seniority shall be broken when an Employee terminates voluntarily, is discharged for just cause, exceeds an authorized leave of absence or is laid-off for a period of more than twelve (12) months. Seniority rights shall be acquired by an Employee as of the first day of full time employment as a Fire/Medic.

Section 4. In all applications of seniority under this Agreement the ability of the Employee shall mean the qualifications and ability (including physical fitness) of an employee to perform the required work. Where ability and qualifications to perform the required work are, among the employees concerned, equal, seniority as defined in Section 1 above, shall govern.

Section 5. Bid System.

All probationary employees as described in Article III, Section 5, shall be assigned or transferred on shifts at the sole discretion of the Town to assure their proper training. At the end of their probationary period, said employees shall be placed on shifts in accordance with the Bid System in effect.

Effective July 1, 1996, placement on shifts will be made on a yearly bid system basis by seniority, as defined in Article VIII, Section 1. Effective the first Monday in November of each year, employees shall be permitted to choose their working shifts based on rank and time in rank. The Rescue Chief shall notify all members at least ten (10) days in advance of the date, time and location of the bid session. When a member is awarded an assignment due to the bid, his position immediately becomes open and will be filled by the same system during the same bidding session. These transfers would go into effect on the 1st Monday in January and shall be completed by January 15. When a member is awarded an assignment due to the annual bid, he shall assume the work schedule of the new position without additional compensation or time off.

In the event a shift becomes available during the year and to the extent practicable and without obligation, the Town will take into consideration the preferences of employees when assigning said shift.

Nothing in this Section shall be construed so as to limit, impede, or other subject to challenge, the managerial rights of the Town through the Rescue Chief to temporarily or permanently transfer, in his/her sole discretion at any time, any member from any shift to another shift where such transfer is deemed by the Rescue Chief in the best interest of the Town or conducive to the harmony, productivity and good order or discipline of the Department.

ARTICLE IX

REDUCTIONS IN WORK FORCE

Section 1. The Town in its discretion shall determine whether layoffs are necessary unless it is clearly established that such a determination is arbitrary. Although not limited to the following, layoffs shall

ordinarily be for lack of work and or lack of funds. If it is determined that layoffs are necessary, employees will be laid off in the following order:

a) Probationary employee; and

b) In the event of further reductions in force, employees will be laid off from the affected classification in, accordance with their seniority and their ability to perform the remaining work available without further training. When two or more employees have equal experience, skill, ability and qualifications to do the work without further training, the Employee(s) with the least seniority will be laid off first.

Employees who are laid off shall be placed on a recall list for a period of one (1) year. If there is a recall, employees who are still on the recall list shall be recalled, in the inverse order of their layoff, provided they are presently qualified to perform the work in the job classification to which they are recalled without further training.

If an employee is recalled to a lower rated job classification, he shall have the right to return to the job classification he held prior to being laid off in the event it subsequently becomes available.

If an employee is recalled to a lower rated job classification, the employee shall have the right to refuse the recall. The Town shall not hire new employees in bargaining: unit positions as long as there are still employees on the recall list, who are presently qualified to perform the work in the affected job classification and are willing to be recalled to said job classification.

Employees who are eligible for recall shall be given fourteen (14) calendar days notice of recall and notice of recall shall be sent to the employee by certified or registered mail with a copy to the Union, provided that the Employee must notify the Town Administrator of his intention to return within three (3) days after receiving notice of recall. The Town shall be deemed to have fulfilled its obligations by mailing the recall notice by registered mail, return receipt requested, to the mailing' address provided by

the employee, it being the obligation and responsibility of the employee to provide the Town Administrator with his/her latest mailing address.

ARTICLE X

SICK LEAVE

Section 1. All members of the bargaining unit employed continuously by the Town for at least six (6) months, shall be entitled to sick leave with pay. Sick leave shall be granted for the following reasons only:

a. Personal illness or physical incapacity to such an extent as to be rendered thereby unable to perform the duties of his or her position.

b. Enforced quarantine when established and declared by the Department of Health or other competent authority for the period of such quarantine only.

Section 2. Sick leave with full pay for the members of this bargaining unit shall be computed at the rate of one and one half (1 ½) days per month. A day shall be computed at the rate of 8.4 hours per day.
All sick time shall be deducted on a per hour basis.

Section 3. A doctor's certificate or other medical proof satisfactory to the Town may, at the option of the Town, be required of any employee returning from sick leave after two (2) consecutive days of sick leave, or three (3) cumulative days of sick leave, in a six (6) month period. The cost of obtaining such medical proof shall be paid for by the Town.

Section 4. Sick leave shall be payable only with respect to a workday on which the employee would otherwise have worked, and in no event shall apply to an employee's scheduled day off unscheduled holiday, vacation, leave of absence, or to any day for which an employee has received full pay from the Employer.

Section 5. A doctor's certificate or other medical proof satisfactory to the Town may, at the option and

expense of the Town, be required of an employee returning from two (2) consecutive days of sick leave as proof of such employee's fitness for work.

Section 6. Any employee returning from injury on duty leave may, at the option of the Town, be required to undergo a physical examination, at the expense of the Town, by a doctor chosen by the Town as proof of such employee's fitness for work.

Section 7. Sick leave may be accumulated up to one- hundred twenty-five (125) days for all full time employees covered by this Agreement.

Section 8. Employees shall receive up to a maximum of one hundred and five (105) accumulated sick days at the time of retirement, or as defined in the Pension plan in effect at the time of pension.

Section 9. Each member shall be allowed to take three (3) days as personal days per fiscal year. One shall not be deducted from that member's accumulated sick leave. Two shall be deducted from that member's accumulated sick leave at the rate of 8.4 hours per day, notwithstanding the hours of the shift. Personal days are not cumulative.

Section 10. Sick leave may be discharged for attendance upon members of the family, or co-inhabitors within the household and/or immediate family members whose illness requires the care of the employee, provided, however, that not more than seven (7) working days with pay may be granted, per employee, in any one (1) fiscal year. This leave shall be deducted from the employee's accrued sick leave.

Section 11. Maternity Leave. A pregnant employee so certified by her physician shall be entitled to use accrued sick leave for time she is unable to work pursuant to Article X Section 1 a of the Agreement.

It is agreed that pregnant employees shall be granted a maternity leave without pay, in accordance with State and Federal Laws pertaining to the Family Medical Leave Act.

Employees may be granted a parenting leave without pay or benefits, as provided by Article XIX of this Agreement. At the expiration of the maternity leave, the employee shall be returned to the position from which she is on leave at the same step of the then current range for her class or position.

ARTICLE XI
BEREAVEMENT LEAVE

Section 1 All members of the bargaining unit shall be allowed up to four (4) days Bereavement Leave without loss of pay due to the death of a member of the immediate family, i.e. mother, father, stepmother, stepfather, husband, wife, child, brother, sister, grandparents, mother-in-law and father in-law.

In the event there is a death in the Employee's family, but not in the immediate family as defined above, the Employee shall be granted one (1) day to attend the funeral.

ARTICLE XII

UNIFORMS

A. Rescue employees are required to wear uniforms provided by the Town while on duty. The employee shall be required to keep the uniforms neat and clean and their appearance well groomed while in uniform.

B. The NFPA 1500 approved uniforms and equipment provided for all full-time members of the Lincoln Rescue Service are listed below and are to be worn only while the employee is on duty and may be worn in an official capacity:

- 4 winter shirts
- 4 summer shirts
- 4 trousers
- 4 blue T-shirts w/emblems
- All necessary patches
- 1 belt
- 1 pair department shoes
- 1 pair department boots
- 1 three season Gortex jacket
- 1 badge
- 1 double breasted Dress coat
- 1 matching Dress trouser
- 1 Dress hat
- Raincover for dress uniform hat

Also, fire retardant gear including:

- 1 turn-out coat
- 1 pair leather boots and night hitches
- 1 Personal Hood
- 1 pair gloves
- 1 helmet

Upon completion of the one (1) year probationary period, full time employees shall be given 1 Dress blousecoat, 1 Dress trouser and regular dress hat in accordance with (B) above.

Any changes or additions to the above authorized list shall be paid by the Town and shall be provided pursuant to applicable state or federal laws.

C. Each member shall be credited $575.00 per year to his/her account for uniform allowance. Effective 7/1/2016, each member shall be credited $750 per year non-cumulative to his/her account for uniform allowance. Effective June 30, 2016, any money remaining in a member's account shall revert back to the Town.

D. Each employee shall be credited $100.00 annually to a maximum amount of $500.00, for purpose of replacement and upgrading of Personal Protective Equipment. Effective 7/1/2016, all fire retardant gear/Personal Protective equipment shall be issued by the Town to the member upon hire. This equipment, if damaged in the line of duty and/or certification has expired, will be replaced by the Town. Effective June 30, 2016, any money remaining in a member's account shall revert back to the Town.

The Town will also approve $295.00 per employee for the purpose of cleaning and upkeep for clothing used in rescue work. The money shall be distributed evenly in the first payroll period in July and December of each year.

Newly hired employees will receive a pro-rated amount of the cleaning allowance during the first year of employment. A clothing allowance shall be paid starting in the 2nd year of employment, as the new employees receive the clothing and equipment listed in paragraph (b) of Article XII above.

ARTICLE XIII
INSURANCE

A. The Town reserves the right to provide an alternative health insurance carrier provided that said alternate health insurance carrier provides comparable health insurance coverage as described in the attached benefit summary addendum. Effective July 1, 2015, the cost of this coverage shall cap at $16.75 per week for an individual plan and $38.75 per week for a family plan. Effective July 1, 2016, the cost of this coverage shall cap at $22.00 per week for an individual plan and $42.00 per week for a family plan. Effective July 1, 2017, the cost of this coverage shall cap at $24.00 per week for an individual plan and $45.00 per week for a family plan.

B. The Town also agrees to provide Dental insurance coverage for all employees, as prescribed in the attached benefit summary addendum. Effective July 1, 2015, the cost of this coverage shall remain at eighty-five percent (85%) by the Town, fifteen percent (15%) by the employee.

Effective July, 1, 2008, the utilization co-pay amount for doctor's visits shall be fifteen ($15) dollars, the utilization co-pay amount for specialists shall be twenty-five ($25) dollars, the utilization co-pay for urgi-care centers shall be fifty ($50) dollars, and the utilization co-pay amount for Emergency Room visits shall be one hundred ($100) dollars.

C. Effective July 1, 2008 the Town agrees to provide Life Insurance in the amount of Thirty Thousand Dollars ($30,000) to all members covered by this Agreement.

D. Each employee shall have the option of receiving $2,500 in lieu of medical coverage provided above in Section (a) and (b) payable when the Town makes its payment. If the employee selects the option of direct payment, he must notify the Town in writing one month prior to the beginning of the fiscal year. Effective 7/1/2017, when a member of the bargaining unit and a spouse are both employees of the Town, said bargaining unit member or his or her spouse shall not be eligible for reimbursement under this provision.

E. Legal Assistance and Indemnification. In the event any employee covered by this Agreement is sued in any civil proceeding as a result of actions performed by said Employee in the performance of his duties as a Fire/Medic of the Lincoln Rescue Service, the Town agrees to provide such employee with all the necessary legal assistance and further agrees To pay any judgment rendered against such employee in any such proceeding.

This section shall not apply to tortuous conduct of an employee which is willful, deliberate or beyond the scope of his employment.

F. Effective July 1, 2002 subject to availability, and if allowable by the Rules and Regulations of the Health Care Insurer. The Town may permit retired members health insurance coverage at the retired employee's sole expense. If this coverage in any way jeopardizes the rates of current employees the Town may drop this option for retired members.

G. The Town agrees to maintain and pay for the family of any employee who dies while on duty or of a job related injury the medical and dental insurance in effect at the time of the employee's death until the employee's normal retirement date or until the widow/widower remarries, which ever comes first. This insurance is subject to whatever co-payment is in effect at the time of death. If an employee dies while an employee of the Town his or her widow/widower or their estate shall receive payment for all unused sick time and vacation time up to the contract amount as outlined in this agreement.

ARTICLE XIV

PAID HOLIDAYS

Employees of the Rescue Service covered by this Agreement shall be granted uniformly an additional one (1) day's pay for each of the following holidays.

½ day New Year's Eve

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
President's Day	Armistice Day
Memorial Day	Thanksgiving Day
Independence Day (July 4)	½ day Christmas Eve
Victory Day	Christmas Day

Holiday pay shall be made in two (2) payments. Six (6) holidays to be paid on the first payroll week in December, and six (6) holidays on the first payroll week in June.

ARTICLE XV

COURT DUTY

Employees who are required to appear in court or hearings, by appropriate authority, to represent the Town in civil or criminal matters, at a time when they would normally be off duty, shall be compensated at one and one-half their regular rate of actual time spent at said hearings.

ARTICLE XVI

OVERTIME AND CALLBACK

Section 1. Overtime

A. The Town agrees to compensate employees who work in excess of his normal working hours at time and one-half of the Employee's straight time.

B. Overtime shall mean any work over the normal ten hour work day or fourteen hour work night.

Section 2. Overtime Callback Procedures

A. In the event it is necessary to call back permanent employees for overtime, there shall be

established a department wide seniority list which shall be used for such overtime callback and this list shall be followed in rotation.

B. In the event an employee refuses overtime, he will be charged for distribution purposes, and the overtime assignment will be offered to the next employee on the rotating seniority list.

C. In the event all permanent Rescue personnel refuse overtime, the junior man will be ordered to work. This list shall be followed in rotation.

Section 3. Short time Callback Procedures

A. These rules apply to planned Personal Day short time calls only.

B. Shall be a minimum of four (4) hours

C. Shall be posted ten (10) days in advance. Shall be posted for seven (7) days, then calls to fill will be made using the short time callback list. (Rules same as regular callback list.)

D. If short time callback is not filled on the 7th day, it will be pulled or entire shift can be taken as 10 or 14 hour callback and will be filled using regular callback rules.

E. No mandatory short time callbacks.

F. Call order: Regular day shift, Regular night shift, Short time (3) days prior to date of shift to be filled.

ARTICLE XVII

MILITARY LEAVE

Section 1. Every employee covered by this Agreement who has left or shall leave said position by reason of entering the armed forces of the United States (whether through membership in the Reserve of the United States Military or Naval Forces or in the Rhode Island National Guard or Naval Reserve, or by reason of induction or commission) and who has been employed for 180 or more calendar days within the twelve (12) months next preceding such entrance into the armed forces is entitled to and is hereby granted military leave of absence without pay from the said position commencing with the time of leaving said position for said purpose and continuing throughout the duration of said absence required by the continuance of service in the armed forces.

Section 2. Military leave shall be granted in accordance with applicable state and federal laws.

ARTICLE XVIII

JURY LEAVE

Every employee covered by this Agreement who is ordered by appropriate authority to report for jury duty shall be granted a leave of absence from his regular duties and during the actual period of jury duty shall receive for such period of jury duty the difference in pay between his regular pay and the amount of compensation received from his jury duty.

ARTICLE XIX

LEAVES OF ABSENCE

An employee requesting a leave of absence shall make application to the Town Administrator on a form provided by the Town.

Employees may be granted leaves of absence for good cause upon written application to the Town.

All leaves of absence without pay are to be requested from the Town in writing as far in advance as possible, stating the reason for the leave and the amount of time requested. A written reply granting or denying the request shall be given by the Town within thirty (30) days.

Leaves of absence without pay may be granted for personal reasons for periods not to exceed six (6) calendar months. An additional six (6) months leave of absence may be granted by the Town Administrator for the purpose of maternity leave. To insure uniformity of practices, all requests shall be in writing and shall be approved by the Town Administrator in accordance with the current policy and the particular circumstances, such as the nature of the request, current work load, etc., at the time of the request.

All applications stating the reasons and conditions thereof and signed by the employee shall be initiated through the employee's Department Head in sufficient time to allow the Town Administrator to review

and the Town to make the proper disposition of the request and to complete any necessary actions.

ARTICLE XX

RULES AND REGULATIONS

All members of the Rescue Service covered by this Agreement shall receive a copy of the rules and regulations of the Rescue Service. Each new member of the Rescue Service shall receive a copy of the rules and regulations before he reports for his first tour of duty.

The Union shall have the right to make comment in writing on any and all sections of the rules and regulations of the Rescue Service to the Administration.

ARTICLE XXI

GRIEVANCE AND ARBITRATION

Section 1. Grievance. It is mutually understood and agreed that all grievances of employees of the Town arising out of the provisions of this Contract shall be dealt with as provided for in this Article.

For the purpose of this Article, a grievance is defined as a dispute or difference of opinion raised by an employee, or by a group of employees (with regard to a single common issue) covered by this Agreement against the Town involving the meaning, interpretation or application of the express provisions of this Agreement.

Section 2. A President or Vice President of the Union shall be guaranteed sufficient time off during working hours to seek to settle grievances without loss of pay. An aggrieved employee shall have the right to Union representation, including Counsel and International representation throughout the entire duration of the grievance procedure.

Section 3. No grievance shall be entertained or processed unless it is submitted to the Town within ten (10) business days after the employee concerned has become aware or should have become aware of the occurrence of the event giving rise to the alleged grievance. If a grievance is not presented within the

time limits set forth above, it shall be considered "waived". If a grievance is not appealed to the next Step within the specified time limits or agreed extension thereof, it shall be considered settled on the basis of the Department's last answer. If the Department does not answer a grievance or an appeal thereof within the specified time limits, the Union may elect to treat the grievance as denied at that Step and immediately appeal the grievance to the next Step. The time limit in each Step may be extended by mutual written agreement of the Department and the Union representatives involved in each Step. The term "business days" as used in this Article shall mean the days Monday through Fridays inclusive and excludes Saturdays, Sundays and holidays on which Town Hall is closed.

Section 4. Procedures.

Step 1. Employees may register grievances with the President or Vice President of the Union, who shall present such grievances to the Department Head.

Step 2. In the event the grievance is not satisfactorily adjusted in Step 1, within ten (10) business days, the President or Vice President shall present such grievance herein with the employee to the Town Administrator.

Step 3. In the event the grievance is not satisfactorily adjusted, within the next ten (10) business days, the Union may submit the case to arbitration

Section 4. Arbitration If the grievance is still unresolved either party may, within seven (7) business days after the reply of the Town is due, by written notice to the other, request arbitration. The arbitration proceedings shall be conducted by an Arbitrator to be selected by the Town and the Union within seven (7) business days after notice has been given. If the parties fail to agree on an

Arbitrator, either party may submit the matter to the American Arbitration Association for final determination. The parties further agree that the fees and expenses of the Arbitrator shall be borne equally by the parties. It is hereby specifically agreed by and between the Town and the Union that any

and, all settlement of grievances or grievance arbitration awards shall be final and binding upon the parties.

ARTICLE XXII

CHANGES OR AMENDMENTS

It is hereby agreed that this Agreement contains the complete Agreement between the parties covering rates of pay, wages, hours of employment, working conditions and any and all other terms and conditions of employment and no additions, waivers, deletions, changes or amendments shall be made during the life of the Agreement except by the mutual consent in writing of the parties hereto.

ARTICLE XXIII

SUBSTITUTIONS

Substitutions may be allowed. This permission shall not be unreasonably withheld. The Union agrees that there will be no overtime liability on the part of the Town.

ARTICLE XXIV

SLEEPING ARRANGEMENTS

It is understood by both parties, while Rescue employees are on duty, sleeping shall be allowed between the hours of 2300 and 0600 while not engaged in an emergency.

ARTICLE XXV
VACATIONS

Section 1. Any employee who has completed one (1) year or more of full time rescue employment shall receive eighty (80) hours of vacation with pay.

Section 2. Any employee who has completed five (5) or more years of rescue employment shall receive one hundred twenty (120) hours of vacation with pay.

Section 3. Any employee who has completed ten (10) or more years of rescue employment shall receive one hundred sixty (160) hours of vacation with pay.

Section 4. Any employee who has completed fifteen (15) or more years of rescue employment shall receive two hundred (200) hours of vacation with pay.

Section 5. Any employee who has completed twenty (20) or more years of rescue employment shall receive two hundred forty (240) hours of vacation pay.

Section 6. Any employee who has completed twenty-five (25) or more years of rescue employment shall receive two hundred eighty (280) hours of vacation pay.

Section 7. In the event an employee is unable to expend their accumulated vacation time a maximum of 48 hours may be carried over into the next year or up to 48 hours paid on the employees anniversary date.

Section 8. Seniority within the rescue service shall be the determining factor in the selection of vacation leave where one or more employees requests the same time.

Section 9. Vacation time shall be scheduled and shall not be unreasonably withheld when consistent with continued efficient operation.

Section 10. Members shall be allowed to split vacation days on an individual basis. so long as the days and nights are split evenly. Requests for a vacation day/night shall be made at least twenty-four (24) hours in advance and shall not be unreasonably denied. Should the vacation day requested fall on a Sunday or Monday, the employee's request shall be made no later than the previous Friday.

ARTICLE XXVI

SALARIES AND LONGEVITY

		(2% increase) 2015 - 2016	(2.25% increase) 2016 - 2017	(2.5% increase) 2017 - 2018
Fire/Medic	0 - 1 year	$44,160.35	$45,153.96	$46,282.81
Fire/Medic	1 - 2 years	$45,386.42	$46,407.61	$47,567.80
Fire/Medic	2 - 3 years	$47,025.42	$48,083.49	$49,285.58
Fire/Medic	After 3 years	$50,768.57	$51,910.87	$53,208.64
Lieutenant		$52,618.76	$53,802.68	$55,147.75
Captain		$54,145.24	$55,363.51	$56,747.59

Effective 7/1/2015, there shall be a $500 base salary increase for ranks of Lieutenant and Captain. This amount will then become part of base pay.

Longevity: Employees covered by this Agreement shall receive a longevity benefit as follows:

4.5% over their base salary after 5 years of service

5.5% over their base salary after 10 years of service

6.5% over their base salary after 15 years of service

7.5% over their base salary after 20 years of service

8.0% over their base salary after 25 years of service

For the purposes of computing longevity benefits for employees covered by this Agreement, the initial date of full-time employment shall be the determining date for longevity benefits.

Supplemental Pay: The senior Fire Medic will be given Lieutenant base salary pay, when considered the acting officer. The supplemental payment shall apply for shifts worked only, and shall not be paid where the employee is off duty for any reason, including but not limited to vacation time, sick time, bereavement leave or any other form of authorized leave.

Said supplemental payment shall be paid on a weekly basis or bi-weekly, and shall not be added to base pay and shall not be subject to longevity, pension, etc.

ARTICLE XXVII

WORKING HOURS

A. The regular work schedule for Lincoln Rescue Employees shall be an average work week of forty-two (42) hours; the work schedule shall consist of two (2) consecutive days of ten (10) hours each, two (2) consecutive nights of fourteen (14) hours each, followed by four (4) ~~two~~ days off.

ARTICLE XXVIII

PENSION

A. Effective July 1, 1992. The Town shall provide to employees of the bargaining unit a retirement plan pursuant to the State Optional Plan for Members of Police Force and Fire Fighters (R.I.G.L. 45-21.2-1 et seq.). with the individual employee's contribution being equal to seven percent (7%) of salary or compensation as set forth in R.I.G.L. 45-21.2-14(a) and the Town paying the balance thereof.

B. Effective July 1, 2004. In accordance with R.I.G.L. 45-21-52(a), the Town, through its Town Council, will adopt a resolution accepting Plan C in accordance with R.I.G.L. 45-21 -52(a)(3) for employees retiring on or after July 1, 2004; provided however, that on or after January 1, 2004, employees shall increase their contribution for the retirement Plan described in Section 1 of this article from seven (7%) to eight percent (8%) of salary or compensation as set forth in R.I.G.L. 45- 21.2-14(a), with the Town paying the balance thereof.

ARTICLE XXIX

INJURIES RECEIVED OR SICKNESSES CONTRACTED IN THE PERFORMANCE OF DUTIES

Section 1. Due to risk and liability, all new employees hired after July 1, 2008, as a condition of continued employment, are prohibited from engaging in any tobacco product use.

Section 2. Any injury received or sickness contracted in the performance of an Emergency medical services employee's duties shall be reported to the Chief of the Rescue Service immediately on a form furnished by the Town.

The provisions of R.I.G.L. 45-19-1 are incorporated by reference herein. Without limiting the generality of the foregoing, the Town and Union acknowledge and agree that whenever any emergency medical services employee of the Town's Rescue Service is wholly or partially incapacitated by reason of injuries received or sickness contracted in the performance of their duties, the Town shall, during the period of incapacity, pay such employee the salary or wage and benefits to which the said employee would be entitled had he/she not been incapacitated, and shall pay the medical, surgical, dental, optical or other attendance or treatment, nurses, and hospital services, medications, crutches, and apparatus for the necessary period, except that to the extent the Town provides such employee with health insurance coverage for the related treatment, services, or equipment, then the Town is only obligated to pay the difference between the maximum amount allowable under the relevant insurance coverage and the actual cost of the treatment, service or equipment.

In addition, the Town shall pay all similar expenses incurred by a member who has been placed on a disability pension and suffers a recurrence of the injury or illness that dictated his disability retirement.

Section 3. Commencing July 1, 2002, any emergency medical service employee of the Town's Rescue Service who is wholly or partially incapacitated by reason of injuries received or sickness contracted in

the performance of his duties and who has been absent from duty for a period of twelve (12) consecutive months or for a cumulative total period of twelve (12) months within any eighteen (18) month period, and who shall not return to duty with thirty (30) calendar days thereafter, shall apply, either individually or by the Town, on his behalf, for a disability retirement pursuant to and in accordance with the relevant statutory provisions of the Optional Retirement for Member of Police Force and Fire Fighters R.J.G.L. 45-21.2-1, et seq. and relevant administrative rules and regulations. The thirty (30) calendar day period in which an employee is expected to return to duty or apply for a disability retirement may be extended in the sole discretion of the Chief of the Rescue Service and with approval of the Town Administrator, if competent medical evidence confirms, to a reasonable degree of medical certainty, that the disabled employee will be capable to return to full and unrestricted duty within a reasonable period after the expiration of the twelve (12) month period.

Section 4. In the event an employee is placed on disability retirement under the provisions of this Article the Town agrees to provide the employee with Healthcare and Dental coverage in accordance with Article XIII of this agreement until the employees normal retirement date. At the time of the employees normal retirement date the Town may reduce the level of coverage provided to a single plan, as long as said employee is allowed to purchase such additional coverage desired, through the Town, at the Town's rates.

ARTICLE XXX

DURATION OF AGREEMENT

The provisions of this Agreement shall remain in effect from July 1, 2015 through June 30, 2018, and shall continue thereafter from year to year unless either party gives notice in writing pursuant to Chapter 28-9.1 Rhode Island General Laws, of their desire to terminate this Agreement, in which event this Agreement shall terminate at the end of the contract year in which said notice is given.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day and year first written above.

TOWN OF LINCOLN

T. Joseph Almond, Town Administrator

WITNESS: Joanne McManus

DATE: 10/2/2015

LINCOLN RESCUE SERVICE
LOCAL 3023, IAFF, AFL-CIO

Michael Reid, President

WITNESS: Joanne McManus

DATE: 10/8/2015

Blue Cross Blue Shield of Rhode Island **HealthMate Coast-to-Coast**

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

Coverage Period: 07/01/2015 - 06/30/2016
Coverage for: See below **Plan Type:** PPO

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.BCBSRI.com or by calling 1-800-639-2227 or (401) 459-5000.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	For Out-of-Network providers **$200** for an individual plan / **$600** for a family plan. Doesn't apply to services with a fixed dollar copay and prescription drugs.	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 3 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 3 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. For In Network providers **$6350** for an individual plan / **$12700** for a family plan. For Out-of-Network providers **$6350** for an individual plan / **$12700** for a family plan.	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 and health care this plan doesn't 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 3 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, this plan uses in-network providers. See www.BCBSRI.com or call 1-800-639-2227 or (401) 459-5000 for a list of participating providers.	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 3 for how this plan pays different kinds of **providers**.

Questions: Call 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051 or visit us at www.BCBSRI.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.BCBSRI.com or call 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051 to request a copy.

Do I need a referral to see a specialist?	No. You don't need referral to see a specialist.	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 8. See your policy or plan document for additional information about **excluded services**.

- **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	$15 copay per visit	$15 copay plus 20% coinsurance after deductible per visit	none
	Specialist visit	$25 copay per visit	$25 copay plus 20% coinsurance after deductible per visit	none
	Other practitioner office visit	$25 copay per visit	$25 copay plus 20% coinsurance after deductible per visit	Chiropractic Services are limited to 12 visits per year
	Preventive care/screening/immunization	No Charge	$25 copay plus 20% coinsurance after deductible	Member liability for Out-of-Network is based on services received; For additional details, please see your plan documents or visit www.BCBSRI.com/providers/policies

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 a test	Diagnostic test (x-ray, blood work)	No Charge	20% coinsurance after deductible	Preauthorization is recommended for certain services
	Imaging (CT/PET scans, MRIs)	No Charge	20% coinsurance after deductible	Preauthorization is recommended
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.BCBSRI.com.	Tier 1 generally low cost generic drugs	$7 copay per prescription (retail) $14 copay per prescription (mail-order)	Not covered	No Charge for certain preventive drugs
	Tier 2 generally high cost generic and preferred brand name drugs	$25 copay per prescription (retail) $50 copay per prescription (mail-order)	Not covered	Preauthorization is required for certain drugs
	Tier 3 non- preferred brand name drugs	$40 copay per prescription (retail) $80 copay per prescription (mail-order)	Not covered	Preauthorization is required for certain drugs
	Tier 4 specialty prescription drugs	$40 copay per prescription (specialty pharmacy only)	50% coinsurance	Infertility drugs: 20% coinsurance; Preauthorization is required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	20% coinsurance after deductible	Preauthorization is recommended
	Physician/surgeon fees	No Charge	20% coinsurance after deductible	——none——
If you need immediate medical attention	Emergency room services	$100 copay per visit	$100 copay per visit	Copay waived if admitted
	Emergency medical transportation	$50 copay per trip	$50 copay per trip	——none——

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
	Urgent care	$50 copay per urgent care center visit	$50 copay plus 20% coinsurance after deductible per urgent care center visit	Applies to the visit only. If additional services are provided additional out of pockets costs would apply based on services received.
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	20% coinsurance after deductible	45 day limit at an inpatient rehabilitation facility; Preauthorization is recommended
	Physician/surgeon fee	No Charge	20% coinsurance after deductible	——————none——————

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, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$25 copay/office visit No Charge for outpatient services	$25 copay plus 20% coinsurance after deductible/office visit 20% coinsurance after deductible for outpatient services	Preauthorization is recommended for certain services
	Mental/Behavioral health inpatient services	No Charge	20% coinsurance after deductible	Preauthorization is recommended
	Substance use disorder outpatient services	$25 copay/office visit No Charge for outpatient services	$25 copay plus 20% coinsurance after deductible/office visit 20% coinsurance after deductible for outpatient services	Preauthorization is recommended for certain services
	Substance use disorder inpatient services	No Charge	20% coinsurance after deductible	Preauthorization is recommended
If you are pregnant	Prenatal and postnatal care	No Charge	20% coinsurance after deductible	——none——
	Delivery and all inpatient services	No Charge	20% coinsurance after deductible	Preauthorization is recommended

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 need help recovering or have other special health needs	Home health care	No Charge	20% coinsurance after deductible	——————none——————
	Rehabilitation services	20% coinsurance	20% coinsurance after deductible	Includes Physical, Occupational and Speech Therapy. Speech Therapy preauthorization is recommended for all visits.
	Habilitative services	20% coinsurance	20% coinsurance after deductible	Includes Physical, Occupational and Speech Therapy. Speech Therapy preauthorization is recommended for all visits.
	Skilled nursing care	No Charge	20% coinsurance after deductible	Preauthorization is recommended; Custodial Care is not covered
	Durable medical equipment	20% coinsurance	20% coinsurance after deductible	Preauthorization is recommended for certain services.
	Hospice service	No Charge	20% coinsurance after deductible	Preauthorization is recommended
If your child needs dental or eye care	Eye exam	$25 copay	$25 copay plus 20% coinsurance after deductible	Limited to one routine eye exam per year.
	Glasses	100% of provider charge	100% of provider charge	Limited to $50 per member age 0 - 18 per occurrence/$50 per member age 19 and over per year for prescription glasses (frames and/or lenses) or contact lenses.
	Dental check-up	Not Covered	Not Covered	——————none——————

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.)		
• Acupuncture • Cosmetic surgery • Dental care (Adult)	• Dental check-up, child • Long-term care • Routine foot care unless to treat a systemic condition	• 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.)		
• Bariatric Surgery • Chiropractic care • Hearing aids	• Infertility treatment • Most coverage provided outside the United States. Contact Customer Service for more information. • Private-duty nursing	• Routine eye care (Adult)

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 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051. You may also contact your state insurance department at (401) 462-9520 or by email at HealthInsInquiry@ohic.ri.gov, 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.cciio.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 your state insurance department at (401) 462-9520 or by email at HealthInsInquiry@ohic.ri.gov, 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.cciio.cms.gov.

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.**

Does this Coverage Meet the 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:

Para obtener asistencia en Español, llame al 1-800-639-2227.
Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-639-2227.
如果需要中文的帮助，请拨打这个号码 1-800-639-2227.
Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-639-2227.

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

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 will also 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** $7,480
- **Patient pays** $60

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	$30
Coinsurance	$0
Limits or exclusions	$30
Total	**$60**

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

- **Amount owed to providers:** $5,400
- **Plan pays** $4,560
- **Patient pays** $840

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	$300
Limits or exclusions	$40
Total	**$840**

These examples are based on coverage for an individual plan.

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 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051 or visit us at www.BCBSRI.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.BCBSRI.com or call 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051 to request a copy.

Blue Cross Blue Shield of Rhode Island **Classic Blue**

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

Coverage Period: 07/01/2015 - 06/30/2016
Coverage for: See below **Plan Type:** PPO

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.BCBSRI.com or by calling 1-800-639-2227 or (401) 459-5000.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	For In Network providers **$100** for an individual plan **/ $200** for a family plan. For Out-of-Network providers **$100** for an individual plan **/ $200** for a family plan combined with in-network deductible. Doesn't apply to preventive services, services with a fixed dollar copay, diagnostic testing, imaging services, infertility services, inpatient services and most outpatient services.	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 3 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 3 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	Yes. For In Network providers **$6350** for an individual plan **/ $12700** for a family plan. For Out-of-Network providers **$6350** for an individual plan **/ $12700** for a family plan combined with in-network out-of-pocket limit.	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 and health care this plan doesn't 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 3 describes any limits on what the plan will pay for *specific* covered services, such as office visits.

Questions: Call 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051 or visit us at www.BCBSRI.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.BCBSRI.com or call 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051 to request a copy.

Does this plan use a network of providers?	Yes, this plan uses in-network providers. See www.BCBSRI.com or call 1-800-639-2227 or (401) 459-5000 for a list of participating providers.	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 3 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	No. You don't need referral to see a specialist.	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 7. See your policy or plan document for additional information about **excluded services**.

- **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	20% coinsurance after deductible	20% coinsurance after deductible	none
	Specialist visit	20% coinsurance after deductible	20% coinsurance after deductible	none
	Other practitioner office visit	20% coinsurance after deductible	20% coinsurance after deductible	none
	Preventive care/screening/immunization	No Charge	20% coinsurance after deductible	Member liability for Out-of-Network is based on services received; For additional details, please see your plan documents or visit www.BCBSRI.com/providers/policies
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	No Charge	Preauthorization is recommended for certain services
	Imaging (CT/PET scans, MRIs)	No Charge	No Charge	Preauthorization is recommended

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 need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.BCBSRI.com.	Tier 1 generally low cost generic drugs	20% coinsurance after deductible	Not covered	No Charge for certain preventive drugs
	Tier 2 generally high cost generic and preferred brand name drugs	20% coinsurance after deductible	Not covered	Preauthorization is required for certain drugs
	Tier 3 non- preferred brand name drugs	20% coinsurance after deductible	Not covered	Preauthorization is required for certain drugs
	Tier 4 specialty prescription drugs	20% coinsurance after deductible	20% coinsurance after deductible	Infertility drugs: 20% coinsurance; Preauthorization is required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	No Charge	Preauthorization is recommended
	Physician/surgeon fees	No Charge	No Charge	——none——
If you need immediate medical attention	Emergency room services	$100 copay per visit	$100 copay per visit	Copay waived if admitted
	Emergency medical transportation	$50 copay per trip	$50 copay per trip	——none——
	Urgent care	20% coinsurance after deductible	20% coinsurance after deductible	——none——
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	No Charge	45 day limit at an inpatient rehabilitation facility; Preauthorization is recommended
	Physician/surgeon fee	No Charge	No Charge	——none——

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, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% coinsurance after deductible/office visit No Charge for outpatient services	20% coinsurance after deductible/office visit No Charge for outpatient services	Preauthorization is recommended for certain services
	Mental/Behavioral health inpatient services	No Charge	No Charge	Preauthorization is recommended
	Substance use disorder outpatient services	20% coinsurance after deductible/office visit No Charge for outpatient services	20% coinsurance after deductible/office visit No Charge for outpatient services	Preauthorization is recommended for certain services
	Substance use disorder inpatient services	No Charge	No Charge	Preauthorization is recommended
If you are pregnant	Prenatal and postnatal care	No Charge	No Charge	——————none——————
	Delivery and all inpatient services	No Charge	No Charge	Preauthorization is recommended

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 need help recovering or have other special health needs	Home health care	No Charge	No Charge	——none——
	Rehabilitation services	20% coinsurance after deductible	20% coinsurance after deductible	Includes Physical, Occupational and Speech Therapy. Speech Therapy preauthorization is recommended for all visits.
	Habilitative services	20% coinsurance after deductible	20% coinsurance after deductible	Includes Physical, Occupational and Speech Therapy. Speech Therapy preauthorization is recommended for all visits.
	Skilled nursing care	No Charge	No Charge	Preauthorization is recommended; Custodial Care is not covered
	Durable medical equipment	20% coinsurance after deductible	20% coinsurance after deductible	Preauthorization is recommended for certain services.
	Hospice service	No Charge	No Charge	Preauthorization is recommended
If your child needs dental or eye care	Eye exam	$10 copay	$10 copay	Limited to one routine eye exam per year; Medically necessary exams are covered at 20% coinsurance after deductible
	Glasses	100% of provider charge	100% of provider charge	Limited to $50 per member age 0 - 18 per occurrence/$50 per member age 19 and over per year for prescription glasses (frames and/or lenses) or contact lenses.
	Dental check-up	Not Covered	Not Covered	——none——

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.)		
• Acupuncture	• Dental check-up, child	• Weight loss programs
• Cosmetic surgery	• Long-term care	
• Dental care (Adult)	• Routine foot care unless to treat a systemic condition	

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.)		
• Bariatric Surgery	• Infertility treatment	• Routine eye care (Adult)
• Chiropractic care	• Most coverage provided outside the United States. Contact Customer Service for more information.	
• Hearing aids	• Private-duty nursing	

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 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051. You may also contact your state insurance department at (401) 462-9520 or by email at HealthInsInquiry@ohic.ri.gov, 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.cciio.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 your state insurance department at (401) 462-9520 or by email at HealthInsInquiry@ohic.ri.gov, 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.cciio.cms.gov.

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.**

Does this Coverage Meet the 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.**

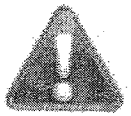
Language Access Services:

Para obtener asistencia en Español, llame al 1-800-639-2227.
Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-639-2227.
如果需要中文的帮助，请拨打这个号码 1-800-639-2227.
Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-639-2227.

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

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 will also 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** $7,430
- **Patient pays** $110

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	$80
Copays	$0
Coinsurance	$0
Limits or exclusions	$30
Total	$110

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

- **Amount owed to providers:** $5,400
- **Plan pays** $4,360
- **Patient pays** $1,040

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	$100
Copays	$0
Coinsurance	$900
Limits or exclusions	$40
Total	$1,040

These examples are based on coverage for an individual plan.

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 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051 or visit us at www.BCBSRI.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.BCBSRI.com or call 1-800-639-2227 or (401) 459-5000 or TDD 1-888-252-5051 to request a copy.

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Delta Dental of Rhode Island
P.O. Box 1517
Providence, RI 02901-1517

Group Name:	LINCOLN RESCUE SERVICE	**Group ID:**	5997-0009
Product Name:	Delta Dental Premier	**Plan Type:**	National Coverage

The information listed here is not a guarantee of payment. Payment is based on the Delta Dental allowance for each procedure. To be covered, services must be dentally necessary and in accordance with Delta Dental's treatment guidelines. All services must be performed in a dental office. Coverage for benefits with time limitations (e.g. 6, 12, 24, 36 or 60 months) is calculated to the exact day. Benefits will then be available the following day. For example, when a procedure is covered once every 12 months, if the procedure was performed on July 1, 2009, it will not be covered again until July 2, 2010.

Maximums

Below is a summary of all maximums associated with your group and policy.

Annual Maximum	$1,200.00
Orthodontic Lifetime Maximum	$1,200.00
Maximum Lifetime Cap	Unlimited

Maximum Carry Over: $250.00 **In Network Bonus:** $100.00 **Carry Over Limit:** $1,000.00

Benefits Summary

Below is a summary of your group's benefit coverage for services received within the Delta Dental network. To maximize your dental benefits, we encourage you and your employees to visit a participating dentist. Your out-of-pocket costs will be higher when you visit a non-participating dentist.

Individual Deductible: $0.00 **Family Deductible:** $0.00

P Indicates Pre-Treatment Estimate recommended for this procedure.

Procedure	Covered At	Deductible Applies	Waiting Period	Frequency/Limitations
Diagnostic				
Oral exam	100%	No	None	Once per calendar year performed by a general dentist
Bitewing x-rays	100%	No	None	One set per calendar year
Complete x-ray series or panoramic film	100%	No	None	Once every 36 months
Single x-rays	100%	No	None	As required
Preventive				
Cleaning	100%	No	None	Twice per calendar year
Fluoride treatment	100%	No	None	For children under age 19 once per calendar year
Space maintainers	100%	No	None	Once every 60 months for lost deciduous (baby) teeth
Restorative				
Amalgam (silver) fillings	100%	No	None	Composite (white) fillings on front teeth only. For composite fillings on back

					teeth, the plan pays up to what would have been paid for an amalgam filling. Patient is responsible for the balance up to the dentist's charge.
	Recementing crowns or bridges	100%	No	None	Once every 60 months
Q	Crowns over natural teeth, build ups, posts and cores	100%	No	None	Replacement limited to once every 60 months
	Endodontics				
	Root canal therapy	100%	No	None	
	Periodontics				
	Periodontal maintenance following active therapy	50%	No	None	Two per year
Q	Root planing and scaling	50%	No	None	Once per quadrant every 24 months
Q	Osseous (bone) surgery	50%	No	None	Once per quadrant every 24 months (bone grafts are not covered)
Q	Gingivectomies	50%	No	None	Once per site every 24 months
Q	Soft tissue grafts	50%	No	None	Once per site every 60 months
Q	Crown lengthening	50%	No	None	Once per site every 60 months
	Prosthodontics				
	Repairs to existing partial or complete dentures	100%	No	None	Once per calendar year
	Rebasing or relining of partial or complete dentures	100%	No	None	Once every 60 months
Q	Bridges, build ups, posts and cores, crowns over implants	50%	No	None	Replacement limited to once every 60 months
Q	Partial and complete dentures	50%	No	None	Replacement limited to once every 60 months
	Extractions and Oral Surgery				
	Extractions and other routine oral surgery when not covered by a patient's medical plan	100%	No	None	
	Orthodontics - Subject to applicable lifetime maximum				
	Braces and related services	50%	No	None	For dependent children under the age of 19.
	Other Services				
	Palliative treatment (minor procedures necessary to relieve acute pain)	100%	No	None	Twice per calendar year
	General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures	100%	No	None	

Dependent children are covered up until the end of the year that they turn 19.

Exclusions & Limitations *All claims must be filed within one year of the date of service.*
Unless specifically covered by your dental plan, the following are not covered:

- Services that do not qualify for payment according to our dental treatment guidelines. (These guidelines assist Delta Dental in making determinations as to whether
- Consultations.
- Disorders related to the temporomandibular joint (TMJ) including night guards and surgery.

services are covered and whether a particular service is the least costly, clinically acceptable method of prevention, diagnosis or treatment. A service may not qualify for coverage under these guidelines even though it was performed or recommended by a dentist.)

- Any services that are not specifically covered in your group's Certificate of Coverage.
- Services received from a dental or medicaldepartment maintained by or on behalf of an employer, mutual benefit association, labor union, trustee or similar person or group.
- An illness or injury that Delta Dental determines is employment related.
- Services you would not be required to pay for if you did not have this Delta Dental coverage.
- Services provided by a dentist who is a member of your immediate family.
- An illness, injury or dental condition for which benefits are, or would have been available, through a government program if you did not have this Delta Dental coverage.
- Services rendered by someone other than a licensed dentist or a licensed hygienist operating as authorized by applicable law.
- Specialty exams.
- Services to increase the height of teeth or restore occlusion.
- Restorations required because of erosion, abrasion or attrition.
- Services meant primarily to change or improve your appearance.
- Occlusal guards.
- Implants.
- Bone grafts.
- Splinting and other services to stabilize teeth.
- Prescription drugs, lab exams or reports.
- Guided tissue regeneration.
- Temporary bridges or crowns.
- Services related to congenital abnormalities.
- General anesthesia/intravenous sedation for non-surgical extractions, diagnostic, preventive or any restorative services.
- General anesthesia/intravenous sedation administered by anyone other than a dentist.
- Delta Dental also reserves the right to adopt and to apply, from time to time, such administrative policies as it deems reasonable in approving the eligibility of subscribers and the appropriateness of treatment plans and related charges.

TOWN OF LINCOLN

Collective Bargaining Agreement - Financial Impact Statement

	Amounts are for financial impact of the new contract agreement			
	from July 1, 2015 to June 30, FY2018			
	Emergency Medical Service Employees, Local 3023	**Increase**	**Increase**	**Increase**
	IAFF, AFL-CIO	**FY2016**	**FY2017**	**FY2018**
(1)	SALARY INCREASE	$ 20,055.94	$ 18,514.20	$ 21,034.18
(2)	LONGEVITY (By salary increase)	948.83	807.53	917.45
(3)	Uniform Allowance	-	3,550.00	-
(4)	Health Care Co-share	-	(2,340.00)	(1,716.00)
	Total	**$ 21,004.78**	**$ 20,531.73**	**$ 20,235.63**
(1)	Salary Increases take effect July 1, 2015,2016,2017	2.00%	2.25%	2.50%
	Additional $500 added to base salary of Lieutenants and Captains as of July 1, 2015			
(2)	Longevity cost increase caused by the increase in salaries over the term of the contract.			
(3)	Uniform Allowance to increase from $575 to $750 in second year.			
(4)	Health Care Co-share. Percentages removed. Flat dollar caps increased.			
	Single weekly	$16.75	$22.00	$24.00
	Family weekly	$38.75	$42.00	$45.00

TOWN OF LINCOLN AND IAFF, LOCAL 3023 Agreements

August 21, 2015

Term of Contract-Effective 7/1/2015

Three year Contract

Bereavement Leave Article XI- Effective 7/1/2015

Remove ~~Section 1. All members of the bargaining unit shall be allowed bereavement leave without loss of pay from the time of notification of death up to and including the day following the burial because of the death of a member of the immediate family, i.e., mother, father, spouse, child, brother, sister, grandparents, and mother or father-in-law.~~

~~Section 2. In the event there is a death in the employee's family, but not in the immediate family, as defined above, the employee shall be granted sufficient time to attend the funeral service, without loss of pay.~~

Replace with: Effective July 1, 2015, all members of the bargaining unit shall be allowed up to four (4) days bereavement leave without loss of pay due to the death of a member of the immediate family, i.e. mother, father, stepmother, stepfather, husband, wife, child, brother, sister, grandparents, mother-in-law and father in-law

In the event there is a death in the Employee's family, but not in the immediate family as defined above, the Employee shall be granted one (1) day to attend the funeral.

Uniforms Article XII

Effective 7/1/2015, remove Class A Uniform style raincoat

(B) Effective 7/1/2016, each member shall be credited ~~$575.00~~ $750 per year non cumulative to his/her account for uniform allowance. Effective June 30, 2016, any money remaining in a member's account shall revert back to the Town. ~~Any money remaining over at the end of each year shall be added to the following year's account. Any money that remains in a member's account upon termination of employment shall revert back to the Town.~~
~~Each employee shall be credited $100.00 annually to a maximum amount of $500.00, for purpose of replacement and upgrading of Personal Protective Equipment.~~

All fire retardant gear/Personal Protective equipment shall be issued by the Town to the member upon hire. This equipment, if damaged in the line of duty and/or certification has expired, will be replaced by the Town.

~~This is not intended to be used for the replacement of damaged Personal Protective Equipment due to EMS/Fire ground operations~~

Insurance Article XIII- Effective 7/1/2015

The Town reserves the right to provide an alternative health insurance carrier provided that said alternate health insurance carrier provides comparable health insurance coverage as described in the attached benefit summary addendum. Effective July 1, **2015**, the cost of this coverage shall **cap at $16.75 per week for an individual plan and $38.75 per week for a family plan.** Effective July 1, **2016**, the cost of this coverage shall **cap at $22.00 per week for an individual plan and $42.00 per week for a family plan.** Effective July 1, **2017**, the cost of this coverage shall **cap at $24.00 per week for an individual plan and $45.00 per week for a family plan.**

(B) Dental co-share to remain the same.

Effective 7/1/2017, when a member of the bargaining unit and a spouse are both employees of the Town, said bargaining unit member or his or her spouse shall not be eligible for reimbursement under this provision.

Salaries and Longevity ARTICLE XXVI- Effective 7/1/2015

Effective 7/1/2015, employee will receive a 2% base salary increase
Effective 7/1/2016, employee will receive a 2.25% base salary increase
Effective 7/1/2017, employee will receive a 2.5% base salary increase

Effective 7/1/2015, there shall be a $500 base salary increase for ranks of Lieutenant and Captain. This amount will then become part of base pay.

For the IAFF Local 3023	For the Town of Lincoln
08/26/15	8/26/15
Date	Date