

AGREEMENT

BETWEEN

THE PLAINFIELD BOARD OF EDUCATION

AND

PLAINFIELD ASSOCIATION of SCHOOL NURSES

JULY 1, 2021 - JUNE 30, 2024

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## I. RECOGNITION

The Board of Education recognizes the Plainfield Association of School Nurses as the sole and exclusive collective bargaining agent for employees of the Board who are engaged in providing nursing care.

## II. BOARD RIGHTS

It is recognized that the Plainfield Board of Education has the sole right to direct the nursing care of the school district in all aspects including, but not limited to, the following:

To determine the type of work to be performed; to assign all work to employees; to determine hours of work; to hire employees; to prescribe and enforce reasonable rules and regulations for the performance of work in accordance with the requirements of the Board of Education, provided such rules and regulations are made known in a reasonable manner to the employees affected by them; to discharge or otherwise discipline any employee for cause. These rights, responsibilities and prerogatives are not subject to delegation in whole or in part, except that the same shall not be exercised in violation of any of the specific terms and provisions of this agreement, nor in an unreasonable manner.

## III. DISCRIMINATION

It is that no employee shall be discriminated against by the employer because of his/her activity in the Association. The employer and the association agree that there shall be no discrimination against the employee because of race, creed, color, age, sex, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws.

## IV. NEW EMPLOYEES

Newly hired nurses must serve a probationary period of 30 workdays. An evaluation of performance will be submitted to the Assistant Superintendent by the Nursing Supervisor in concert with the building administrator.

Licensed Practical Nurse (LPN) – The Plainfield School Nurses, as a collective, understand and agree that the practice of hiring an LPN will be limited to only one (1) LPN employed at the discretion of the school district. In the event of a staff reduction, the LPN position will be considered the least senior position and would be eliminated before a registered nurse (RN). The LPN may contribute to, but not be responsible for, implementation of the plan of care independent of the RN-Supervisor. In school settings, the Registered Nurse (RN) must be responsible for the total plan of nursing care, provide supervision, and should be in proximity and available for on-site visits and available by telephone.

## V. WORK SCHEDULE

The nurses' work year will be set at the number of student days plus six (6) extra days mutually agreed upon with the Assistant Superintendent. Any nurse hired after the beginning of the year shall have the number of extra days pro-rated. A work day equals seven (7) hours of actual work. Time needed to complete a nurse's duties beyond the 7-hour day will be reimbursed at the hourly rate, with approval of the School Principal and the Assistant Superintendent. The Board will budget a minimum of 40 hours overtime per nurse per year.

If a nurse is hired for a part-time or a 1-1 pupil position, hours will be determined at the time of hire. Input from the Nursing Supervisor will be considered by the Assistant Superintendent prior to transfers between schools.

School nurses are essential workers. In the event of a delayed start or early release or school closure due to weather conditions, public health issues or other events, the school nurses will follow the same schedule as other essential workers (i.e. secretaries) within the district, at the discretion of the Superintendent of his/her designee.

## VI. SALARY PAYMENT SCHEDULE

Nurses may select from three salary payment options:

1. Twenty-six (26) equal periodic paychecks.
2. Twenty-one (21) equal periodic payments, or
3. Twenty-two (22) periodic payments with the twenty-second (22<sup>nd</sup>) balloon payment being issued on the last payroll date in June.

Once a selection has been made, it cannot be changed until the next fiscal year.

## VII. HOLIDAYS

Twelve (12) paid holidays — Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day and the day following, Christmas Day, New Year's Day, Martin Luther King Day, Presidents' Day, Good Friday, Memorial Day and one (1) Floating Holiday.

## VIII. PERSONAL DAYS

Up to three (3) days per year will be granted for personal or legal business upon 24-hour advanced notice to the building administrator, except in the event of an emergency. Requests for days immediately before or after a holiday or vacation will not be taken without the approval of the Superintendent of Schools or his designee.

## IX. TRAVEL ALLOWANCE

An amount per mile will be paid for use of one's personal vehicle for school business. This request is submitted to the Nursing Supervisor for approval and follows the Board of Education policy based on an approved rate by the IRS.

## X. PROFESSIONAL DAYS

Professional days may be allowed with the approval of the Superintendent of Schools or Assistant Superintendent. Requests must be submitted at least seven days in advance on the approved form. Such days will be paid workdays.

Professional development is encouraged for the school nurse. Nurses who undertake and satisfactorily complete baccalaureate or graduate courses for Plainfield Public Schools shall be allowed the cost of covering the tuition fees for such courses up to five hundred (\$500) dollars. Anticipated request for reimbursement must be given in writing to the Superintendent by January 31 of the previous school year. As CPR is mandatory for employment with certification renewal every two years, all nurses taking the refresher American Heart Association course on the same night shall be paid for their time in the class. Funding for this will be deducted from the \$500 allocation identified in this Section X.

## XI. INSURANCE BENEFITS

The Board shall provide the nurses and eligible dependents with group health insurance benefits. The cost sharing shall be eighty percent (80%) Board, twenty percent (20%) Nurse. The details of this plan are set forth in the master description of benefits on file in the Superintendent's Office.

The CIGNA plan which is currently being administered for 2021/22 is set forth in Appendix A for reference. The full plan is on file and available through the Office of the Superintendent.

Effective July 1, 2022, the Board shall provide to the nurses and their eligible dependents a High Deductible Health Plan (HDHP) with a Health Savings account (HSA) feature pursuant to an agreement between the Board and currently CIGNA Health Care which includes the following features;

A. Effective July 1, 2022, commencing the 2022-2023 contract year, the plan described above shall be eliminated and the Board shall provide eligible nurses and eligible dependents with group health insurance benefits through the implementation of a High Deductible Health Plan, accompanied by a Health Savings Account ("HSA") for eligible employees:

1. For the 2022-2023 contract year, the premium cost share shall be eighty percent (80%) for the Board, and twenty percent (20%) for the nurse.

(a) Effective with the 2022-2023 contract year, for each eligible full-time nurse, the Board will contribute fifty percent (50%) of the applicable deductible amount into the nurse's HSA account contract year, as applicable based on the nurse's coverage level:

50% of the applicable deductible equal to one thousand dollars (\$1,000) for individual coverage and two thousand dollars (\$2,000) for two-person or family coverage.

(b) One-half (½) of the Board's contribution toward the HDHP/HSA deductible will be deposited into the HDHP/HSA accounts in the first payroll in July and the remaining half (½) will be deposited in the first payroll in January. The Board's HSA contribution shall also be pro-rated for nurses hired during the contract year, based on the number of months remaining in the contract year. The parties acknowledge that the Board's contribution toward the funding of the HDHP/HSA plan is not an element of the underlying insurance plan, but rather relates to the manner in which the deductible shall be funded for actively employed nurses. The Board shall have no obligation to fund any portion of the HDHP/HSA deductible for retirees or other individuals upon their separation from employment.

(c) Following exhaustion of the applicable deductible, prescription drugs shall be subject to the following post-deductible co-payments:

(1) A formulary plan with a no payment (\$0) generic, twenty-dollar (\$20.00) formulary brand, and thirty dollar (\$30.00) non-formulary co-pay for retail and mail orders, with an unlimited calendar year maximum.

(d) The details of this plan are set forth in Appendix (for informational purposes only) and in the master description of benefits on file in the Superintendent's Office.

(e) A Health Reimbursement Account (hereinafter referred to "HRA") shall be made available for any nurse who is precluded by law from participating in the Health Savings Account (HSA) because the nurse receives Medicare and/or veterans' benefits. The annual maximum reimbursement by the Board for nurses participating in the HRA shall not exceed the dollar amount of the Board's annual HSA contribution for nurses at the applicable coverage level.

Nurses and their family members may participate in the district dental insurance program at full cost to the Nurse employee at current group rates.

Group life insurance shall be provided in the amount of \$30,000.

Insurance carriers may be changed by the Board of Education at any time provided the insurance carrier provides comparable benefit coverage.

Nurses hired on or before June 30, 2014 shall be included in the Town of Plainfield's Pension Plan.

Upon retirement from the Plainfield School System, all full-time nurses hired on or before June 30, 2014 who have served a minimum of ten (10) years in the Plainfield School System will be allowed along with their eligible family members, to remain a member of the Plainfield Board of Education insurance group and the premium will be paid totally by the individual. The coverage would include the medical policies then in force minus life insurance. To be eligible, the retiring employee must be acceptable to the current insurance carrier and must have attained 55 years of age.

## XII. LEAVE OF ABSENCE

A School Nurse, upon proper application in writing to and upon written approval of the Superintendent and the Board of Education, in their sole discretion, may obtain a continuous leave of absence without pay for a period not to exceed one (1) year. During this leave, there shall be no accumulation of benefits under this Agreement except, that seniority shall continue to accumulate during the leave of absence. Insurance benefits may be continued upon full payment of the premiums by the employee.

Applications for such leaves of absence must state the reason for the request and length of time desired. Maternity leave shall be provided in accordance with state statutes. (See Appendix A)

## XIII. JURY DUTY

Any employee required to report for jury duty shall receive full pay from the Board minus pay received for jury duty, while absent for such duty, to a maximum of thirty days. An employee notified to report for jury duty will notify the Superintendent as soon as possible following receipt of such notice. When possible, the employee shall request postponement of jury duty until a vacation period.

## XIV. SENIORITY

- A. For the purpose of this Agreement, seniority is hereby defined as the employee's total length of continuous, unbroken service with the Board of Education dating from the most recent date of hire as a new employee. Seniority shall be considered broken for such reasons as resignation, discharge, layoff of more than twelve (12) months, or overstaying in approved leave of absence.
- B. The Board of Education shall have the sole authority to determine whether and when a layoff shall occur. In the event nursing positions must be eliminated; layoffs shall be effected on the basis of seniority within the bargaining group.
- C. Those employees who are laid off shall be retained by the Board on a preferential recall list for a period not to exceed twelve (12) months. Prior to hiring new employees from outside the system, the Board will offer re-employment in inverse order of layoff to those individuals on the recall list. An employee shall forfeit recall rights if she/he fails to contact the Assistant Superintendent within ten (10) working days after due notice by the Board to the employee's last known address.
- D. All employees must keep the Board advised in writing of their current mailing address. Any obligation that the Board may have to recall a laid off employee shall be fully discharged by sending written notice of recall, by certified mail, to the last address of the employee appearing on the Board records.

## XV. FUNERAL LEAVE

All full-time and part-time nurses shall be eligible for the following pro-rated funeral leave. Up to five (5) days will be granted per death of a parent, spouse, child or step-child, three (3) days for a grandchild, grandparent, brother, sister, mother-in-law, father-in-law, or member of the household of the school nurse.

## XVI. SICK LEAVE

Fifteen (15) sick days shall be granted yearly, accumulative to one hundred fifty (150) days. Upon honorable separation from service all employees who have been employed for ten (10) or more years in the Plainfield School system shall receive payment for one-quarter (1/4) of accumulated sick leave at their daily rate of pay.

Part-time nurses will receive three (3) sick days and one (1) personal day annually. A part-time nurse who commences work after mid-year (the 91<sup>st</sup> student day) will receive one (1) sick day and no personal days.

## XVII. SUBSTITUTES

Every attempt will be made to provide substitute nurses beginning with the first day of absence. Nurses who retire after seven (7) years of service from the Plainfield School System and work as a substitute school nurse will be paid at the step reached at retirement. Nurses who retire as the nurse supervisor will be paid at the top step of the contract not to include the supervisor salary step.

## XVIII. TERMINATION

A nurse may terminate employment with the Board with thirty (30) day notice to the Assistant Superintendent.

## XIX. MISCELLANEOUS

- A. The Board agrees to provide each employee with a copy of the Agreement within thirty (30) days after the execution date thereof.
- B. The Board agrees to provide new employees with a copy of this Agreement at their time of hire.

## XX. WORKERS' COMPENSATION

Board policy adheres to State statutes on Worker's Compensation.

## XXI. WAGE SCHEDULE

|            | Ref. Year<br>20-21 | 2% Inc.<br>2021/22 | 2% Inc.<br>2022/23 | 2% Inc.<br>2023/24 |
|------------|--------------------|--------------------|--------------------|--------------------|
|            | \$31.04            | \$31.66            | \$32.30            | \$32.95            |
| Step 1     | \$32.75            | \$33.41            | \$34.07            | \$34.75            |
| Step 2     | \$35.64            | \$36.35            | \$37.08            | \$37.82            |
| Step 3     | \$36.64            | \$37.37            | \$38.12            | \$38.88            |
| Supervisor | \$41.11            | \$41.93            | \$42.77            | \$43.63            |

Note: LPN Wages are determined by \$1.50 lower than the appropriate step of the employee.

XXI. DURATION

This Agreement shall be for three (3) years and shall be effective from July 1, 2021 to and including June 30, 2024.

9/22/21  
Date

C. Thibault  
For the Plainfield Board of Education

9/17/21  
Date

Hally L. Desjardins  
For School Nurses

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

## APPENDIX A

FOR INFORMATIONAL PURPOSES ONLY

S46a-60 Discriminatory employment practices prohibited

(a) It shall be a discriminatory practice in violation of this section:

(7) For an employer, by himself or his agent: (A) To terminate a woman's employment because of her pregnancy; (B) to refuse to grant to that employee a reasonable leave of absence for disability resulting from her pregnancy; (C) to deny to that employee, who is disabled as a result of pregnancy any compensation to which she is entitled as a result of the accumulation of disability or leave benefits accrued pursuant to plans maintained by the employer; (D) to fail or refuse to reinstate the employee to her original job or to an equivalent position with equivalent pay and accumulated seniority, retirement, fringe benefits and other service credits upon her signifying her intent to return unless in the case of a private employer, the employer's circumstances have so changed as to make it impossible or unreasonable to do so; (E) to fail or refuse to make a reasonable effort to transfer a pregnant employee to any suitable temporary position which may be available in any case in which an employee gives written notice of her pregnancy to her employer and the employer or pregnant employee reasonably believes that continued employment in the position held by the pregnant employee may cause injury to the employee or fetus; (F) to fail or refuse to inform the pregnant employee that a transfer pursuant to subparagraph (E) of this subdivision may be appealed under the provisions of this chapter; or (G) to fail or refuse to inform his employees, by any reasonable means, that they must give written notice of their pregnancy in order to be eligible for transfer to a temporary position.

**APPENDIX B**

(For informational purposes only/Master contracts available at the BOE)

| <u>BENEFIT</u>                       | PPO PLAN-OAP 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLAINFIELD HDHP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>In-network</u> Cost shares</p> | <p><b><u>In-network</u> Cost Shares:</b></p> <p>In-network services subject to co-pays.</p> <p><u>Copays:</u></p> <p>\$20 co-pay Office Visit</p> <p>\$100 co-pay Emergency Room</p> <p>\$100 co-pay Outpatient surgery</p> <p>\$50 co-pay Urgent Care Center</p> <p>\$500 co-pay Hospital Admission</p> <p>\$10/20/30 co-pay Prescriptions</p> <p><u>Post Deductible Cost Shares:</u></p> <p>Not Applicable-No In-network Deductible</p> <p><u>Out-of-Pocket Maximum (Employee Pays):</u></p> <p><i>Includes Total Combined In-Network Copays</i></p> <p>-\$6,350 Employee Only</p> <p>-\$12,700 Two Person and Family</p> <p>Unlimited Lifetime Maximum</p> | <p><b><u>In-network</u> Cost Shares:</b></p> <p>In-network services subject to deductible and post deductible cost share.</p> <p><u>Deductible:</u></p> <p><i>Deductible applies to all Non-Preventive Medical and Prescription Services</i></p> <p>-\$2,000 Employee Only</p> <p>-\$4,000 Two Person and Family</p> <p><b><i>Preventive Medical Services Covered at 100% (not subject to deductible)</i></b></p> <p><u>Post Deductible Cost Shares:</u></p> <p>-Medical Services: \$0 (no copays or cost shares after the deductible)</p> <p>-Prescriptions: \$0/\$20/\$30 co-pay* Coinsurance Max (Employee Pays)*:</p> <p>-\$500 Employee Only</p> <p>-\$1,000 Two Person and Family</p> <p><u>Out-of-Pocket Maximum (Employee Pays)*:</u></p> <p><i>Includes In-Network Deductible + In-network Coinsurance (RX Copays)</i></p> <p>-\$2,500 Employee Only</p> <p>-\$5,000 Two Person and Family</p> <p>Unlimited Lifetime Maximum</p> <p>*If an employee's total combined out-of-pocket RX copays reach the Coinsurance Max, Plan will pay 100% of future prescription cost.</p> |

| <b>The Following Listing of Services and Cost Shares Assumes In-Network Utilization. See Out-of-Network Section Below.</b> |                                                                                                              |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>BENEFIT</b>                                                                                                             | <b>PPO PLAN</b>                                                                                              | <b>PLAINFIELD HDHP</b>                                                                                                   |
| <b>Preventive Care</b>                                                                                                     | \$0 co-pay                                                                                                   | Covered at 100%- <u>not</u> Subject to Deductible                                                                        |
| Pediatric                                                                                                                  |                                                                                                              |                                                                                                                          |
| Adult                                                                                                                      | \$0 co-pay                                                                                                   | Covered at 100%- <u>not</u> Subject to Deductible                                                                        |
| Vision Exam                                                                                                                | \$0 co-pay<br>Covered once every 2 years                                                                     | Covered at 100%- <u>not</u> Subject to Deductible<br>Covered once every 2 years                                          |
| Hearing Exam                                                                                                               | Covered as part of office visit copay<br>Covered once every 2 years. Screening part of routine physical exam | Covered at 100%- <u>not</u> Subject to Deductible<br>Covered once every 2 years. Screening part of routine physical exam |
| Routine Gynecological                                                                                                      | \$0 co-pay<br>Covered once per year                                                                          | Covered at 100%- <u>not</u> Subject to Deductible<br>Covered once per year                                               |
| <b>Medical Services</b>                                                                                                    | \$20 co-pay                                                                                                  | Subject to the Deductible then Covered 100%                                                                              |
| Medical Office Visit                                                                                                       |                                                                                                              |                                                                                                                          |
| Outpatient<br>PT/OT/Chiropractic/Speech<br>Therapy                                                                         | \$0 co-pay<br>Subject to medical necessity                                                                   | Subject to the Deductible then Covered 100%<br>Subject to medical necessity                                              |
| Allergy Services                                                                                                           | \$20 co-pay for office visits and testing.<br>No co-pay for injections<br>Unlimited                          | Subject to the Deductible then Covered 100%<br>Applies to office visits, testing and injections<br>Unlimited             |
| Diagnostic Lab & X-ray                                                                                                     | Covered                                                                                                      | Subject to the Deductible then Covered 100%                                                                              |
| Inpatient Medical Services                                                                                                 | Covered as part of Inpatient Hospital                                                                        | Subject to the Deductible then Covered 100%                                                                              |
| Surgery Fees                                                                                                               | Covered as part of Inpatient Hospital<br>or Outpatient Hospital/Surgical Center                              | Subject to the Deductible then Covered 100%                                                                              |
| Office Surgery                                                                                                             | Covered as part of Office Visit                                                                              | Subject to the Deductible then Covered 100%                                                                              |
| Outpatient MH/SA                                                                                                           | \$20 co-pay                                                                                                  | Subject to the Deductible then Covered 100%                                                                              |
| <b>Emergency Care</b>                                                                                                      | \$100 co-pay (waived if admitted)                                                                            | Subject to the Deductible then Covered 100%                                                                              |
| Emergency Room                                                                                                             |                                                                                                              |                                                                                                                          |
| Urgent Care                                                                                                                | \$50 co-pay. Urgent care network must be utilized for coverage                                               | Subject to the Deductible then Covered 100%                                                                              |
| Ambulance                                                                                                                  | Covered                                                                                                      | Subject to the Deductible then Covered 100%                                                                              |

| BENEFIT                                                                               | PPO PLAN                                                                                                                   | PLAINFIELD HDHP                                                                                                                                                             |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inpatient Hospital</b>                                                             | Note: All Hospital                                                                                                         | Note: All Hospital                                                                                                                                                          |
| General/Medical/Surgical/Maternity<br>(Semi-private)                                  | \$500 co-pay<br><br>Limited to 3 copays annually                                                                           | Subject to the Deductible then Covered 100%                                                                                                                                 |
| Ancillary Services<br>(Medication, Supplies)                                          | Covered                                                                                                                    | Subject to the Deductible then Covered 100%                                                                                                                                 |
| Inpatient Psychiatric                                                                 | \$500 co-pay                                                                                                               | Subject to the Deductible then Covered 100%                                                                                                                                 |
| Inpatient Substance Abuse/Detox                                                       | \$500 co-pay                                                                                                               | Subject to the Deductible then Covered 100%                                                                                                                                 |
| Inpatient Rehabilitative                                                              | Covered<br><br>180 combined days per calendar:<br>Rehab, SNF and other Sub Acute<br>Hospitals                              | Subject to the Deductible then Covered 100%<br><br>180 combined days per calendar: Rehab, SNF<br>and other Sub Acute Hospitals                                              |
| Skilled Nursing Facility                                                              | Covered<br><br>180 combined days per calendar:<br>Rehab, SNF and other Sub Acute<br>Hospitals                              | Subject to the Deductible then Covered 100%<br><br>180 combined days per calendar: Rehab, SNF<br>and other Sub Acute Hospitals                                              |
| Hospice                                                                               | Covered                                                                                                                    | Subject to the Deductible then Covered 100%                                                                                                                                 |
| Outpatient Hospital/Surgical Center<br><br>Outpatient Surgery<br><br>Facility Charges | Covered                                                                                                                    | Subject to the Deductible then Covered 100%                                                                                                                                 |
| Diagnostic Lab & X-ray                                                                | Covered                                                                                                                    | Subject to the Deductible then Covered 100%                                                                                                                                 |
| Pre-Admission Testing                                                                 | Covered                                                                                                                    | Subject to the Deductible then Covered 100%                                                                                                                                 |
| Other Services<br><br>Durable Medical Equipment                                       | Covered                                                                                                                    | Subject to the Deductible then Covered 100%                                                                                                                                 |
| Prosthetics                                                                           | Covered                                                                                                                    | Subject to the Deductible then Covered 100%                                                                                                                                 |
| Home Health Care                                                                      | Covered                                                                                                                    | Subject to the Deductible then Covered 100%                                                                                                                                 |
| Prescription Drugs:<br><br>Managed Three Tier                                         | \$10 Generic/\$20 (listed brand)/\$30<br>(non- listed brand) mail order 1 times<br>co-pay<br><br>Unlimited annual maximum. | Subject to the Deductible then co-pays:<br><br><b>\$0</b> Generic/\$20 (listed brand)/\$30 (non-listed<br>brand) mail order 1 times co-pay<br><br>Unlimited annual maximum. |

| <b>Out-of--Network Cost Share.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>BENEFIT</u>                     | <u>PPO PLAN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>PLAINFIELD HDHP</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Out-of-Network</b> Cost shares  | <p>Out-of-network services subject to deductible and coinsurance.</p> <p>Out-of-network (OON) Cost Shares: Deductible:</p> <p>-\$200 Employee Only</p> <p>-\$400 Two Person</p> <p>-\$500 Family</p> <p>Post Deductible Cost Shares: Coinsurance — 20% (plans pays 80%) to:</p> <p>-\$3,000 Employee Only</p> <p>-\$6,000 Two Person</p> <p>-\$7,500 Family</p> <p>Coinsurance Max (Employee Pays):</p> <p>-\$600 Employee Only</p> <p>-\$1,200 Two Person</p> <p>-\$1,500 Family</p> <p>Out-of-pocket maximum (Employee Pays): Includes OON Deductible + OON Coinsurance</p> <p>-\$800 Employee Only</p> <p>-\$1,600 Two Person</p> <p>-\$2,000 Family</p> <p>Unlimited Lifetime Maximum<br/>(Per ACA)</p> | <p>Out-of-network services subject to deductible and coinsurance.</p> <p>Out-of-network (OON) Cost Shares: Deductible (not inclusive of In-network deductible):</p> <p>-\$5,000 Employee Only</p> <p>-\$10,000 Two Person and Family OON Preventive Services Covered ARE Subject to the OON Deductible</p> <p>Post Deductible Cost Shares: Coinsurance — 20% (plans pays 80%) to:</p> <p>-\$3,750 Employee Only</p> <p>-\$7,500 Two Person and Family</p> <p>Coinsurance Max (Employee Pays):</p> <p>-\$5,750 Employee Only</p> <p>-\$11,500 Two Person and Family</p> <p>Out-of-pocket maximum (Employee Pays): Includes OON Deductible + OON Coinsurance</p> <p>-\$2,000 Employee Only</p> <p>-\$4,000 Two Person and Family</p> <p>Unlimited Lifetime Maximum<br/>(Per ACA)</p> |