

**AGREEMENT**  
**BETWEEN TOWNSHIP OF EVESHAM**



**AND**  
**FRATERNAL ORDER OF POLICE LODGE NO. 143**



---

**January 1, 2018 through December 31, 2022**

---

**INDEX**

<b><u>ARTICLE</u></b>	<b><u>ITEM</u></b>	<b><u>PAGE</u></b>
	Preamble	3
I	Recognition	3
II	Maintenance of Operations	3
III	Management Rights	3
IV	Hours of Work, Overtime, Court Preparation Fee	4
V	Meal Allowance and Personal Automobile Expense	5
VI	Leave Time	5
VII	Leaves of Absence	6
VIII	Sick Leave Benefits	8
IX	Health and Welfare	9
X	Clothing, Standby Compensation and Eyewear Reimbursement	11
XI	Salaries	12
XII	Education	14
XIII	Grievance Procedure	14
XIV	Miscellaneous Union Rights	17
XV	Term and Renewal	17
XVI	Retroactivity	17
XVII	Reduction of Benefits	17
XVIII	Fully Bargained Provision	18
APPENDIX A	Adjustment Time	19
APPENDIX B	2018-2022 Wage Step Guide	22
APPENDIX C	Health Benefit Plan Summary	23

PREAMBLE

THIS AGREEMENT, entered into by and between the Township of Evesham in the County of Burlington, State of New Jersey (hereinafter called the "Township") and the Evesham Township Fraternal Order of Police Lodge No. 143, (hereinafter called the "FOP") represents the complete and final understanding on all issues between the Township and the FOP that are subject to such negotiations and agreements permitted by the laws of the State of New Jersey.

ARTICLE I  
RECOGNITION

- A. The Township hereby recognizes the Evesham Township Fraternal order of Police Lodge No. 143 as the exclusive collective bargaining agent for all officers, and officers assigned as detectives being full-time paid employees within the Police Department.
- B. "Full-time paid employees within the Police Department" includes all officers, and officers assigned as detectives below the rank of Corporal who are full-time Police Department personnel, excepting clerical and other civilian personnel assigned to the Police Department.

ARTICLE II  
MAINTENANCE OF OPERATIONS

It shall be the mutual objective of the FOP and the Township to provide for the uninterrupted public safety protection of the general public.

The FOP agrees that during the term of this Agreement, neither the FOP, nor anyone acting on its behalf, will cause, authorize, support, or take part in any strike, work stoppage, slowdown, walkout, or other job action against the Township. The FOP agrees that such action would constitute a material breach of the Agreement. Participation in any of the above shall be deemed grounds for disciplinary action up to and including termination of employment. The FOP will actively discourage any strike, work stoppage, slowdown, walkout or other action that may adversely impact upon the mutual objective as expressed above.

This Agreement shall not be modified in whole or in part by the parties, except by an instrument in writing duly executed by both parties.

Except as this Agreement shall hereinafter otherwise provide, all terms and conditions of employment applicable on the effective date of this Agreement to employees as defined under Article One-Recognition, as established by the policies of the Township in force shall continue to be applicable during the terms of this Agreement.

The Township shall not negotiate with any organization other than Lodge #143 for the duration of this Agreement.

ARTICLE III  
MANAGEMENT RIGHTS

- A. The Township hereby retains and reserves unto itself without limitation, all powers, rights,

Township: \_\_\_\_\_ FOP: 50

authority, duties and responsibilities conferred upon and vested in it prior to the signing of this Agreement by the Laws and Constitution of the State of New Jersey and of the United States, including but without limiting the generality of the foregoing, the following rights:

1. To manage and control administratively the Township government and its properties, facilities and the activities of its employees; and
  2. To hire all employees and, subject to the provisions of Law, to determine their qualifications and condition for continued employment or assignment and to promote and transfer employees; and
  3. To suspend, demote, discharge or take other disciplinary action for good and just cause according to law.
- B. The exercise of the foregoing powers, rights, authority, duties and responsibilities of the Township, the adoption of policies, rules, regulations and practices in furtherance thereof, and the use of judgment and discretion in connection therewith shall be limited only by specific and express terms of this Agreement and then only to the extent such specific and express terms hereof are in conformance with the Constitution and laws of the State of New Jersey and of the United States.

ARTICLE IV  
HOURS OF WORK, OVERTIME, COURT PREPARATION FEE

A. HOURS OF WORK

The normal working week shall consist of an average of forty (40) hours per week or twenty hundred and eighty (2080) hours annually.

1. Officers working a twelve (12) hour work shift shall receive adjustment time in lieu of pay in accordance with Appendix A of this Agreement.
2. Adjustment time will be scheduled off at the sole discretion of the Chief of Police in a manner that is consistent with Appendix A of this Agreement.

B. OVERTIME

An employee who is required to work beyond his regularly scheduled duty hours in any day or any week shall be paid overtime at the rate of time and one half. There shall be established an overtime list which shall be formulated by the Chief of Police or his designee and shall be posted in a conspicuous location.

C. COURT PREPARATION FEE

If a member is required to appear in any court of law as a result of the performance of his duties other than during regularly scheduled duty hours, he shall be compensated at a rate of one and half times his normal hourly rate of base pay for the time actually spent in Court or a minimum of three (3) hours at a rate of one and one half (1 1/2) times his normal hourly rate (whichever is greater) this does not apply to members who are in court as a result of litigation they initiated against the township.

Whenever an officer working an overnight shift is scheduled to appear in day court (which begins at 8:00 a.m.) said officer will be paid at the rate of time and one half from the end of his shift until he is released from court. During this period of time (i.e. from the end the officer's shift until the conclusion of the court appearance), the officer will be considered on duty and subject to assignment as needed.

ARTICLE V  
MEAL ALLOWANCE AND PERSONAL AUTOMOBILE EXPENSE

A. MEAL ALLOWANCE FOR OVERNIGHT TRAINING

Based upon presentation to the Chief of Police, of appropriate vouchers and receipts within ten (10) days, the Township agrees to pay the following for authorized schools, training, conference or seminars for which facilities are not provided:

1. The Township will reimburse a maximum daily rate for meals when the officer is assigned to attend any school, training, seminar, or conference at a rate not to exceed thirty dollars (\$30.00) should the officer be required to stay overnight for which dining facilities are not provided.
2. The Township will reimburse a maximum daily rate for meals when the officer is assigned to attend any school, training, seminar or conference that requires overnight lodging. The following rates shall apply:

Breakfast	\$ 5.00 per day
Lunch	\$10.00 per day
Dinner	\$15.00 per day
3. The Township will provide any necessary lodging required if facilities are not otherwise provided without cost to the employee.

B. PERSONAL AUTOMOBILE EXPENSE

In the event any member of the FOP is required to use his personal automobile for Township business, he shall be reimbursed at the IRS mileage reimbursement rate, upon submitting vouchers and other appropriate records to the Chief of Police or such other officer or employee as may be designated by the Township Manager.

ARTICLE VI  
LEAVE TIME

A. VACATION LEAVE

1. Employees covered by this collective bargaining agreement shall earn annual vacation leave with pay which shall be earned on a monthly basis at the following rate:

Step 1- During the first sixty months next following the date of hire, 156 hours per year.

Step 2- From the beginning of the sixth year through the tenth year of service, 180 hours per year.

Step 3- From the beginning of the eleventh year through the nineteenth year of service, 196 hours per year.

Step 4- From the beginning of the twentieth year through retirement, 236 hours per year.

2. A member can utilize vacation time as of the first of each year but shall reimburse or otherwise make whole the Township for vacation taken but not yet accrued if the member retires, resigns or is separated from employment.
3. Upon retirement, or separation in good standing, accrued and unused vacation leave may be returned for payment at the employee's current pay rate, with a maximum of 30 days. Members terminating employment as a result of disciplinary action shall not be entitled to compensation associated with accumulated vacation leave.
4. Only one year's worth of annual vacation leave may be carried into the succeeding year.
5. The Township and the employee concerned may mutually agree to a buy-back by the Township of accrued vacation time earned before December 31<sup>st</sup> of the then current year computed at the employee's then current rate of pay. This provision is permissive; neither party is bound to agree to a buy-back of accrued vacation time.

ARTICLE VII  
LEAVES OF ABSENCE

A. BEREAVEMENT LEAVE

A regular full-time employee may be excused from work with pay because of a death in his/her immediate family as defined below. The term spouse as used in this Article shall include domestic partners and civil unions as defined by New Jersey law.

1. Six consecutive work days, one of which shall be the day of the funeral or day of death, for death of spouse, children, stepchildren, parents, step-parents, legally adopted children, brother and, sister. The term spouse as used in this Article shall include domestic partners and civil unions as defined by New Jersey law. If additional bereavement time is desired by the member for any relative listed above, the township will allow the member to utilize any accrued time for this purpose so long as it is contiguous to the bereavement leave.
2. Three consecutive work days, one of which shall be the day of the funeral or day of death, for grandparents, grandchildren, step-grandchildren, mother-in-law, father-in-law, brother-in-law and sister-in-law, aunt or uncle.

B. FOP DELEGATE LEAVE

An employee covered by this Agreement serving in the position of Delegate of FOP Lodge 143 shall be entitled to leave to attend the FOP State and National Conventions, in accordance with N.J.S.A.

40A: 14-177.

FOP State Delegate meetings are held four times per year. The Official Trustee of the FOP shall be excused from his/her shift two times per year for the sole purpose of attending the meeting.

C. LEAVE OF ABSENCE WITH OR WITHOUT PAY

The Township Manager may grant a request for a leave of absence for periods not to exceed one (1) year when such leave is for a reasonable purpose.

Employees who are granted a leave without pay shall not accumulate seniority credit or benefits of any nature during said leave. The only exception to this rule shall be health benefits in the event an employee's need for leave is covered by either the State or Federal Family Leave Act, and then only in conformance with the State Health Benefits Program guidelines. Upon termination of leave of absence, the Township will reinstate the employee in the capacity in which he left at the rate of pay at which he left.

During a leave of absence under this provision, the employee shall not engage in gainful employment in any industry or attendance a school without the express written approval of the Evesham Township Manager. Failure to comply with this provision shall result in termination of employment and forfeiture of all benefits.

When an employee is exercising his right to Family and Medical leave, the Township shall comply with the laws of both the Federal and State of New Jersey, which may supersede the above.

During any approved leave of absence, the employee shall be required to continue making his or her health insurance premium contribution as set forth in Section IX.A.5 of this Agreement.

D. INJURY IN THE LINE OF DUTY

The Township shall provide Workers' Compensation Insurance coverage to all members. Further, The Township shall comply with N.J.S.A. 34:15-1 et. Seq., which provides a complete and detailed outline of both the employer and employee's responsibilities in the event of a work related injury.

The parties agree to be conclusively bound by the determination of the Township workers' compensation insurance carrier or the Workers' Compensation Court (in a contested matter) with respect to whether an injury occurred while "in the course of employment" pursuant to N.J.S.A. 354:15-1 et. seq. or "in the line of duty;" and, for the purposes of this section, those terms shall be identical.

1. Township's Duty to Supplement Pay

The Township's duty to supplement an officer's Workers' Compensation benefits or sustain an officer at regular pay shall terminate as a result of any of the following events:

- a. Upon the officer's return to work.
- b. If an officer's temporary Workers' Compensation benefits are terminated and the officer refuses or maintains he is unable to return to work, the Township's duty to supplement pay may be terminated only after the Township's physician or his designate (who shall also be a licensed physician) conducts a hearing to determine

the officer's fitness to return to work at which time the hearer shall give great weight to medical evidence presented. If the hearer determines the officer fit to return to work, the Township's duty to supplement pay as aforesaid shall terminate. If the hearer determines that the officer is not fit to return to active police work, notice of such determination shall be formally served by mail upon the officer (and if represented, his attorney) whereupon the Township's duty to supplement pay shall terminate within five (5) days except as prohibited in the following paragraph.

- c. The determination of the hearer shall be conclusive and both parties agree that no right to appeal exist from such determination.
  - d. If the officer or the municipality files an application for disability pension by reason of the officer's inability to return to active police duty, the municipality shall continue to supplement pay or sustain an officer at his regular pay until such application is determined or four (4) months following such application, whichever event first occurs.
2. Notwithstanding the above, the Township will not supplement workers' compensation benefits for a period longer than one (1) year.

E. MILITARY LEAVE

1. An employee who is a member of the National Guard or Naval Militia or of the Military or Naval Forces of the United States and is required to engage in field training therein shall be granted a leave of absence with pay for the period of such field training. This leave shall be in addition to the annual vacation leave. The Township shall pay the difference between military pay and the employee's regular pay.
2. Employees subject to military duty shall be entitled to all rights and privileges in accordance with applicable state and federal statutes and Township policy.

ARTICLE VIII  
SICK LEAVE BENEFITS

A. SICK LEAVE

1. Members of the FOP shall be entitled to sick leave totaling 120 hours per year which shall begin accruing on January 1<sup>st</sup> of each year at a rate of 10 hours per month.
2. Sick leave will be cumulative from year to year without limit
3. Members hired after May 21, 2010 shall be compensated for unused leave pursuant to P.L. 2010, c.3, sub-section 2, effective May 21, 2010. Members hired before May 21, 2010 who retire shall receive the following retirement benefit:
  - 1 hour through 1000 hours to be paid at 55%
  - 1001 hours through 1600 hours to be paid at 45%
  - 1601 hours and above to be paid at 40%



4. Sick leave payouts for employees covered by this agreement shall be capped at \$35,000 or at the benefit level achieved on December 31, 2020, whichever is greater.
  - In the event that a covered employee's sick leave retirement benefit level exceeds the \$35,000 maximum on December 31, 2020, the Township shall certify with each such employee the exact amount of their maximum retirement benefit. This shall remain the employee's maximum cap regardless of sick time use after the cap date, unless the sick time value drops below the maximum capped amount.
  - There is nothing to preclude the sick leave retirement benefit value from being reduced in the future due to utilization of sick leave.
5. Only members terminating employment as a result of PFRS retirement shall be entitled to compensation associated with the above chart. Members who resign, in good standing, and have 10 years or more of service shall be entitled to 50 percent of the above chart. Member who terminate employment with less than 10 years of service are not entitled to compensation for accumulated sick leave.
6. Any member injured in the line of duty will be bound by the provisions of Article VII, Section (D) of this Agreement and relevant State Statutes. Said member will continue to accrue sick leave in accordance with Section "A" above.
7. A member's FMLA time will not start until his sick time has been exhausted.

B. MATERNITY LEAVE

Upon notifying the Chief of Police of a pregnancy, the pregnant officer shall be given the option to transfer to a modified duty assignment within the department OR, with the approval of the Township Manager, to another appropriate municipal function, for the remainder of the pregnancy or until maternity leave is required. The officer shall be required to supply a note from her physician stating that a member is no longer qualified for full duty as a police officer. During maternity leave, the member may use vacation, sick, personal or comp. time without penalty. Once a police officer's accrued time has been exhausted, the member will be placed on unpaid medical leave until a physician's note is produced clearing the member to return to full duty. During this unpaid maternity leave the township will agree to pay up to six (6) months of health insurance on behalf of the member.

The purpose of this clause is to take the pregnant officer out of harm's way and to preserve the officer's rights and benefits.

ARTICLE IX  
HEALTH AND WELFARE

A. MEDICAL AND DENTAL INSURANCE:

1. During the term of this contract, the Township shall continue to provide health insurance benefits, prescription plan, dental plan and disability income protection benefits to cover employees and their legal dependents. The Township reserves the right to change the insurance carriers provided that equal or better benefits are provided to the plans defined in sub-section (2).

2. Effective January 1, 2015, the standard health insurance plan shall be the Gold Plan (see attached plan design attached hereto as Attachment B) as presented by the Township and discussed in the negotiations resulting in this Agreement. Individuals shall be permitted to select enrollment in the Platinum, Gold Plus, Gold, Silver or Bronze Plan(s) (see Attachment B) provided the individual pays the premium differential and contributes pursuant to the provisions of subsection 4 (below).
3. Employees who volunteer to participate in the Township's "Opt-Out" program will receive the maximum permitted under P.L. 2011, c. 78, whichever is the lesser of 25% of the amount saved or \$5,000.
4. All active employees shall have deducted (pre-tax) via payroll deduction under the Federal Section 125 Plan any amount paid to the Township for their health insurance contribution pursuant to P.L. 2011, Ch.78.

B. PRESCRIPTION DRUG INSURANCE: Copay shall be as required by the plans offered by the Township. Any changes shall conform to sub-section A(1).

C. VISION REIMBURSEMENT PLAN: The Township shall provide a Vision Reimbursement Plan, which shall cover the employee and dependents (spouse and children under the age of nineteen (19) years old). For each member and qualified dependent up to one-hundred (\$100.00) dollars every twenty-four (24) months reimbursable upon presentation of receipts for eye glasses.

D. INSURANCE:

1. The Township will continue to provide the present life insurance policy, which provides for group term life insurance for fifty thousand dollars (\$50,000).
2. The Township will pay any reasonable funeral bill up to a maximum of ten thousand (\$10,000) dollars upon presentation of receipts for actual expenditure for any member who shall die while on official duty. Said provision to be effective immediately.
3. This payment shall be in addition to the statutory funeral expenses provided by Workers Compensation.
4. The Township shall pay attorney's fees to a licensed attorney selected by the spouse or administrator or executor of an officer's estate to a maximum amount of \$250 for legal services and counseling regarding available insurance and benefits in any case in which a police officer dies in the line of duty.

E. The Township will indemnify and save harmless the members of the FOP 143 from civil liability for false arrest except for punitive damages and legal fees related thereto.

F. Any member who is charged with the commission of any crime arising from the lawful execution of his/her said duties shall be entitled to full legal representation as outlined below. The Township will pay a reasonable amount for the services of legal counsel upon the completion of such services provided that selected counsel submits an itemized statement to Council reflecting fees

and costs prior to rendering such services and that the Township provides express authorization for the services.

The Township shall not reimburse legal fees for any member who is found guilty of an indictable offense.

- G. The Township shall exhibit any and all such policies of insurance to the members of the FOP 143, or their representatives, when and if requested.

## ARTICLE X

### CLOTHING, STANDBY COMPENSATION AND EYEWEAR REIMBURSEMENT

#### A. CLOTHING MAINTENANCE

In the event that the Township, in its discretion, utilizes non-uniformed officers during the term of this Agreement, The Township shall pay to each non-uniformed member \$1,450 for 2018 and 2019, and \$1,550 for 2020, 2021, and 2020 at the first pay period in April for the purpose of deferring the cost of work clothing. For the purpose of this section, "non-uniformed personnel" is defined as those police personnel assigned to the Criminal Bureau that are directed to wear clothing other than the standard issued uniform for police officers. Personnel assigned to the Criminal Bureau after January 1<sup>st</sup> of any year shall receive a clothing allowance pro-rated.

The Township will contract directly with a vendor for the purpose of uniform maintenance. Each member shall be entitled to dry cleaning services not to exceed two uniforms or an equivalent number of items per week. In the event that the Township utilizes non-uniformed officers, those officers shall be entitled to cleaning dry service not to exceed two business suits per week or equivalent number of items.

#### B. STANDBY COMPENSATION

Each Detective shall receive annual compensation with respect to standby duty as follows: \$1,600 for years 2018 and 2019, \$1,700 for 2020, \$1,800 for 2021, and \$1,900 for 2022.

In the event that a Detective should be assigned out of the Criminal Bureau or if a patrolman should be assigned to the Criminal Bureau, standby compensation shall be pro-rated for the portion of the year that the member was assigned to the Criminal Bureau. Payment for standby compensation shall be made on or about the first pay period in December of each year.

#### C. CANINE STIPEND

Compensation for "At-Home Care" of police canines will be calculated based on 30 minutes per day or 3.5 hours per week. It will be handled by way of schedule adjustment pursuant to the attached Appendix A.

#### D. EYEWEAR REIMBURSEMENT

The Township agrees to provide for the repair or replacement of a member's prescription eyewear, which may become damaged during the performance of on-duty police responsibilities. The Township's liability will not exceed one hundred dollars (\$100.00) In each case, the member must request prior authorization by submitting a signed written request and statement to the Chief of Police describing the damage and the detailed circumstances surrounding the incident, which led to

the damage. The Township will not be responsible for normal wear and tear. After authorization for repair is secured, the member must submit receipts to the Township.

ARTICLE XI  
SALARIES

A. ANNUAL WAGE INCREASES

1. Effective January 1, 2018, all employees covered under this Agreement shall be paid in accordance the wage guide attached to this Agreement (Attachment A).
2. Employees' hourly rates of pay will be determined by dividing the annual base salary by 2080 hours.
3. On January 1<sup>st</sup> of each subsequent year employees will advance one step on the wage guide until top step is reached.
4. The wage guide (Attachment A) represents annual salary increases for Step 12 on the guide as follows: 2018 – 2.0%; 2019 – 2.0%; 2020 – 2.35%; 2021 – 2.35%; and 2022 – 2.35%.
5. There will be no cost of living increases assigned to Steps 1-11 of the wage guide for the entirety of this Agreement.
6. On January 1, 2022, a thirteen (13) step wage guide will become operative.
  - a. All officers being compensated at Step 12 of the wage guide as of December 31, 2021 will be automatically moved to Step 13 effective January 1, 2022.
  - b. All other officers will be transitioned through the wage in accordance with Section A(3) of this Article.
7. All new hires (except recruit officers, if applicable) shall be placed at Step 1 and thereafter, the employee will move to the next step depending upon whether they are hired prior to or after July 1<sup>st</sup> of any year. For those employees hired prior to July 1<sup>st</sup>, they will advance one step on the wage guide on January 1<sup>st</sup> of the next year. For those employees hired on or after July 1<sup>st</sup>, they will not advance to the next step until January 1<sup>st</sup> one year removed.

[Ex. 1: Hired 1/1/18 through 6/30/18 will advance to next step on 1/1//19]

[Ex. 2: Hired 7/1/18 through 12/31/18 will advance to next step on 1/1//20]

B. RECRUIT

There is a rate of pay for recruit officers reflected in the wage guide. It is a rate that will be for members who have not yet graduated the academy nor received a PTC certification. The following shall apply with regard to Recruits:

1. Upon completion of the academy and PTC certification the member will advance to step "1"

Township: \_\_\_\_\_ FOP: SD

of the wage guide (Attachment A).

2. However, for purposes of advancement through the steps in the wage guide, the employee's date of hire will determine such movement, and not the employee's graduation from the police academy. For purposes of this provision, the employee's date of hire shall be the employee's first day in the police academy.
3. Recruit salary shall only apply to officers attending the police academy on a full-time basis.
4. For the purposes of future collective bargaining negotiations, when determining the unit-based annual percentage cost of living increases, if any, Recruits should be treated as Step 1 employees.

C. PROBATION

The probation period for all new hires will be for a period of one year or more in accordance with State Statutes.

D. DETECTIVES

Patrolman and detectives are equal in rank. Assignments in and out of the Investigative Bureau will be made by the Chief of Police. Any member assigned to the Investigative Bureau as a Detective will be compensated in accordance with the wage guide at the next higher step over his current pay rate. Further, once assigned by the Chief of Police to the Investigative Bureau as a Detective, the employee will remain at the advanced wage step even if the Chief reassigns the employee out of the Investigative Bureau. As with all other covered employees, step advancement will be one step every January 1<sup>st</sup> until top step is reached.

Detectives assigned a take home vehicle shall receive no additional compensation and shall not be required to reimburse the Township for any expenses related to the vehicle.

E. PAY PERIOD

Members shall be considered salaried employees. Annual salaries will be distributed over the course of the year on a bi-weekly basis. Payday shall remain Friday and shall occur every other Friday. This will typically result in 26 paydays and officers will receive 1/26<sup>th</sup> of their annual salary on each payday. In the event that a given year will have 27 paydays, management and the unit will meet to discuss a mutually agreed upon method for the distribution of the annual salary that is compatible with the Township's payroll program/system.

- F. The Township reserves the right to hire a patrol officer at any step not to exceed Step 3 based on qualifications and experience.

G. SHIFT DIFFERENTIAL

1. Rotating Monthly Shift

In the event the Township institutes a rotating shift schedule requiring members to work alternating shifts based on a 28-day schedule cycle, there shall be an annual flat shift differential payment to every officer assigned to the 28-day schedule cycle in the amount of \$2,700.

2. Fixed Shift

In the event the Township utilizes 8.5 hours shift intervals, a shift differential will be paid at the following rates: six percent (6%) for the evening shift (i.e. the 2:00pm to 10:30pm), or any part thereof. Eight percent (8%) for the overnight shift (i.e., 10:00pm to 6:30pm shift), or any part thereof.

3. Shift Differential shall be paid in the first paycheck of December each year.

ARTICLE XII  
EDUCATION

- A. Upon prior approval of the Chief of Police, the Township will pay, on a reimbursement basis, the tuition and book expense of any member furthering his education by taking police courses. Educational reimbursement shall be based on the less of 1) actual tuition cost; or 2) the established undergraduate tuition rate (per credit) for a New Jersey resident attending a college or university with the New Jersey State System. Police courses are defined as college level courses directly associated with a degree program in police science or criminal justice at an accredited college.
- B. Members hired after March 18, 1986 will be limited to a four-year bachelor's level degree with respect to the above. The Township will reimburse the member for tuition and book expenses only after completion of course work, the submission of receipts, and proof of the attainment of a final grade of "C" or better. The Township will only provide compensation, which in conjunction with financial aid or compensation received from other sources, will defray tuition and book expenses. The Township will not, in conjunction with financial aid and compensation received from other sources, provide compensation when such combined payments would exceed actual tuition and book expenses.

ARTICLE XIII  
GRIEVANCE PROCEDURE

A. STATEMENT OF PURPOSE

1. Grievance Resolution

The purpose of the grievance mechanism is to resolve, at the lowest possible level, any problem arising from the terms and conditions of this contract and in the employment relationship of all members covered by this Agreement.

2. Informal Resolution

Nothing herein shall limit or infringe the right of any employee freely and informally to discuss any grievance with a Superior.

B. EXCLUSIVE REMEDY

The procedures thereafter set forth are the sole and exclusive means of resolving grievances between the parties.

C. DEFINITIONS

1. Grievance

Any controversy arising over the interpretation, application, or violation of policies,

agreements, and administrative decisions affecting the terms and conditions of employees covered under this Agreement and may be raised by an individual, the FOP, or at the request and on behalf of an individual or group of individuals, or the Township.

2. Grievance Committee

For the purposes of this Agreement, "Grievance Committee", shall mean that group of members of the FOP, duly appointed by the FOP to resolve the member's grievances.

3. Superior Officer

For the purposes of this Agreement, "Superior Officer" shall mean the Chief of Police, his designee, or in their absence a Captain.

D. INITIATION OF GRIEVANCES

1. Written Complaints: All grievances shall be in writing, signed by the aggrieved party, and shall clearly set forth the allegations upon which it is based.

2. Service: All grievances shall be personally delivered to the Superior Officer and a Grievance Committee member within twenty calendar (20) days of the occurrence from which the grievance arose.

3. Representation: Any aggrieved party may either present his own case, designate an FOP member to present his case or to employ legal counsel for his representation. Should the member choose to employ legal counsel, he shall do so at his own or the FOP's expense.

4. Waiver: Failure to serve a written complaint citing a grievance within twenty calendar (20) days of its occurrence shall constitute a waiver of any and all rights to pursue said grievance.

5. Extension of Time: Any extension of time requirements contained in the grievance article may only be extended by the written consent of the Township Manager or the Chief of Police (or his designee) and the aggrieved party.

6. Attendance: Any member whose attendance may be necessary to resolve a grievance shall attend any meeting or hearing during working hours without loss of pay or other benefits.

7. Disciplinary Action: No disciplinary action shall be commenced without just cause.

E. DETERMINATION BY CHIEF OF POLICE

1. Referral to the Chief of Police

If the grievance is not settled by the Superior Officer to the member's satisfaction within seven (7) calendar days and such grievance concerns the interpretation, application, or alleged violation of this contract only, the aggrieved party may make written request within five (5) calendar days to the Chief of Police for review.

2. Decision by Chief of Police

The Chief of Police shall render a written decision clearly setting forth his decision and the

basis for said decision within five (5) calendar days of receipt of the complaint to both the FOP and to the complainant.

F. DETERMINATION BY TOWNSHIP MANAGER

1. Appeal to Township Manager

In the event the aggrieved party be unsatisfied with the determination by the Chief of Police, the complainant or the FOP may serve a copy of the original complaint upon the Township Manager within five (5) calendar days of the decision by the Chief of Police.

2. Decision by Township Manager

The Township Manager shall render a written copy of his/her decision to both the FOP and the complainant within twenty (20) calendar days of receipt of the complaint.

G. DETERMINATION BY ARBITRATION

1. Request for Arbitration

In the event the aggrieved party is unsatisfied with the determination of the Township Manager, the grievant shall petition the FOP for arbitration. Only the FOP Lodge #143 shall be allowed to move a grievance to arbitration. The Executive of the Lodge shall advise the Township Manager in writing that a grievance shall be moved to Arbitration.

2. Determination for Arbitration shall be made through the Offices of the Public Employment Relation Commission (PERC)

3. Choice of Arbitrator

Upon receipt of the list of arbitrators from PERC, the aggrieved party and the Township shall mutually agree on the selection of an arbitrator.

4. Cost of Arbitration

- a. In the event the aggrieved party is a member of the FOP at the time of the occurrence of the action complained of, then costs of the arbitration shall be shared equally by the Township and the FOP.
- b. In the event the aggrieved party not be an FOP member at the time of the occurrence of the action complained of, the FOP shall bear no responsibility for arbitration costs and the grievant shall pay half of costs.
- c. Any other expenses incurred by the parties beyond the cost of the arbitrator shall be the respective party's responsibility.
- d. In the event the arbitrator should determine a party to have prosecuted a claim so clearly lacking any merit or sufficiency so as to be deemed frivolous, the arbitrator may, in his sole discretion, assess reasonable counsel fees to costs upon said party.

5. Effect of Arbitration

The decision of the arbitrator shall be binding upon both parties



ARTICLE XIV  
MISCELLANEOUS UNION RIGHTS

The FOP shall have the right to install at its own expense a bulletin board and file cabinet on the Township's premises for the posting and filing of notices/correspondence relating to the FOP meetings and official business only. Location of the bulletin board and file cabinet will be approved by the Chief of Police. No other notice shall be posted until it has been submitted to and approved by the Township Manager or his designee. Such approval shall not be unreasonably withheld.

1. Nothing contained herein shall be construed to deny or restrict to any officer such rights as he may have under New Jersey Laws or other applicable Laws and Regulations. The rights granted to Officers and Lodge shall be deemed to be in addition to those provided elsewhere.
2. All discipline proceedings affecting any officer by any authorized agent of the Township shall not be made public and shall be confined to within the Department or Township.
3. Any dismissal or suspension shall be considered a discipline action and be subject to the grievance procedure subject to applicable statute.
4. The Executive member of the Lodge shall be furnished all information within the public domain pertaining to collective negotiations with the Township and any or all information in the processing of a grievance pursuant to Article 12 of this Agreement.
5. Nothing in this Article shall prohibit the Township from seeking information as required by law or rule.

ARTICLE XV  
TERM AND RENEWAL

This Agreement shall be in full force and effect as of January 1, 2018 and shall remain in effect up to and including December 31, 2022, but nothing herein shall be deemed to terminate the provisions of this Agreement prior to the parties hereto executing a new Agreement at the expiration date hereof.

ARTICLE XVI  
RETROACTIVITY

Unless otherwise specified, the terms and conditions contained herein shall be given retroactive effect, as though the Agreement were commenced on January 1, 2018.

ARTICLE XVII  
REDUCTION OF BENEFITS

It is expressly understood by both parties that reduction or elimination of any benefits shall only be by written agreement.

Township: \_\_\_\_\_ FOP: SD

ARTICLE XVIII  
FULLY BARGAINED PROVISION

This Agreement represents and incorporates the complete and final understanding and settlement by the parties on all bargain able issues, which were or could have been the subject of negotiations. During the term of this Agreement, neither party will be required to negotiate with respect to any such matter, whether or not covered by this Agreement, and whether or not within the knowledge or contemplation of either or both of the parties at the time they negotiated or signed this Agreement. Renegotiating may commence only upon the written request of both parties hereto.

**[SIGNATURE PAGE TO FOLLOW APPENDIX A]**

APPENDIX A  
ADJUSTMENT TIME

**WHEREAS**, generally and subject to the modifications stated herein, the police force of the Township of Evesham currently works a schedule commonly known as the "Pitman". A Pitman schedule is a schedule to utilize a 28-day work cycle where employees are scheduled to work two-on, two-off, three-on, two-off, two-on, three-off, two-on, two-off, three-on, two-off two-on, three-off and repeat that schedule throughout the year. Each officer working a Pitman works 13 twenty-eight day cycles annually. The working of a Pitman schedule results in approximately 2184 working hours per year whereas the working of a set 8-hour workday/40-hour work week would result in 2080 hours worked per year by any given officer. A 2080 hour work year corresponds with the FLSA standard work year; and

**WHEREAS**, the police officers of the Township of Evesham covered under this Agreement are assigned to patrol work in two separate groups or "sides", with one side being off while the other side is working, and vice versa; and

**WHEREAS**, in addition to the 2184 scheduled working hours created by working a Pitman Schedule, said officers of the Township of Evesham are required to spend 16 hours annually at the range and receiving additional mandatory training, resulting in a 2200 scheduled working hour year annually, an amount which exceeds the 2080 hour FLSA standard work year by 120 hours. Officers working the extra 16 hours of mandatory annual range training shall be compensated for the extra hours with 16 hours of unscheduled time off (Compensatory Time) thereby reducing the hours imbalance by 16 hours resulting in an adjusted total of 104 hours; and

**WHEREAS**, the 13 twenty-eight day cycles worked by patrol will consume 364 days of a standard (non-leap) calendar year, resulting in an "extra work day" of 12 hours which will be scheduled to be worked by one "side" annually, meaning that one "side" will be scheduled to work 2196 hours annually, exceeding the 2080 hour FLSA standard work year by 116 hours annually. These officers scheduled to work the "extra day" will be given 12 hours of additional unscheduled time off (Compensatory Time) as compensation for the extra hours, thereby reducing the hours imbalance by 12 hours and resulting in an adjusted total of 104 hours; and

**WHEREAS**, the remaining 104 "extra hours" scheduled to be worked by said officers assigned to patrol will result in scheduled time off (known as "adjustment time") in order to balance out the remaining discrepancy between a typical 2080 hour work year and the work year created by working a Pitman schedule; and

**WHEREAS**, Canine Officers of the Evesham Township Police Department covered under this Agreement work 286.5 hours beyond the 2080 FLSA standard when considering the 104 extra hours scheduled to be worked due to a Pitman schedule, together with the 182.5 hours annually for which Canine Officers are compensated for their "at home" care of their canine partners. To accommodate for the discrepancy between the 2080 FLSA standard and the 2366.5 hours worked as described above, each Canine Officer will work a ten (10) hour shift when on Night Watch Shift (i.e. 6:00 p.m. to 4:00 a.m.), thereby reducing the hours imbalance by 182 hours and resulting in an adjusted total of 104.5 hours. Additionally, 8 hour (as opposed to the standard 11 hour) canine training days are factored in further reducing the annual imbalance of hours by 36 hours resulting in an adjusted total of 68.5 hours. Therefore, in order to meet the 2080 FLSA standard work year, 68.5 hours annually must be scheduled as

"adjustment time" for each Canine Officer; and

**WHEREAS**, Canine Officers assigned to work the "extra calendar day" are given an additional 12 hours of Compensatory Time for that year; and

**WHEREAS**, the parties negotiated this issue and agreed to record the negotiated terms by and through this Appendix A in order to provide record notice of the agreement which the parties have achieved:

**NOW, THEREFORE**, the parties do hereby agree as follows:

1. "Adjustment Time" - in order to comply with the 2080 hour FLSA standard work year, and after factoring in the above described awarding of Compensatory Time and other schedule adjustments, officers covered under this Agreement assigned to patrol will require an additional 104 hours of Adjustment Time to correct the imbalance between scheduled hours of work under the Pitman schedule and the FLSA standard work year of 2080 hours. Similarly, Canine Officers assigned to the Pitman schedule will require an additional 68.5 hours of Adjustment Time to correct the imbalance in their schedule.

2. Effective for the term of this Agreement, the Chief of Police shall manage the aforementioned additional Adjustment Time as follows:

a. Patrol Adjustment Time shall be assigned to the schedule in 12 hour blocks of time.

b. The Chief of Police, in his sole discretion, shall schedule the 12 hour blocks of Adjustment Time on officers' scheduled days of work, Sunday through Thursday, throughout the calendar year. There will be no scheduled Adjustment Time on Fridays or Saturdays.

c. After scheduling full 12 hour blocks of Adjustment Time, any remaining hours balance of Adjustment Time owed to an officer will be awarded to the officer as unscheduled time off (Compensatory Time).

d. If for any reason the chief of police determines that it is necessary for the efficient delivery of law enforcement service to the Township to modify and or revise the terms of this Appendix A, the Chief of Police shall articulate the necessity to modify the terms and agrees to meet and negotiate with the FOP in good faith to reach a mutual resolution.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hand and seals at Evesham Township, New Jersey, on the date and year below written.

TOWNSHIP OF EVESHAM

FOP 143

Jacy Veary  
Mayor

[Signature] - PRESIDENT  
FOP 143

[Signature]  
Township Manager  
Robert Corzides

[Signature] - VICE PRESIDENT  
FOP 143 Attest

\_\_\_\_\_  
FOP 143 Attest

Dated: 5/27/2020

Dated: 5/19/2020

Township: \_\_\_\_\_ FOP: SD

**ATTACHMENT A**

**Wage Guide - 2018 through 2022**

Step	2018	2019	2020	2021	2022
Recruit	35,000	35,000	35,000	35,000	35,000
1	51,945	51,945	51,945	51,945	51,945
2	57,536	57,536	57,536	57,536	57,536
3	63,127	63,127	63,127	63,127	63,127
4	68,719	68,719	68,719	68,719	68,719
5	74,310	74,310	74,310	74,310	74,310
6	79,901	79,901	79,901	79,901	79,901
7	85,492	85,492	85,492	85,492	85,492
8	91,084	91,084	91,084	91,084	91,084
9	96,675	96,675	96,675	96,675	96,675
10	102,266	102,266	102,266	102,266	102,266
11	107,858	107,858	107,858	107,858	107,858
12	116,009	118,329	121,110	123,956	117,364
13	N/A	N/A	N/A	N/A	126,869

# ATTACHMENT B



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Platinum Plan	
	Participating	Non-Participating
<b>*In-Network Services (Participating)</b>		
Allowables are based on the Negotiated Rate established in a contractual arrangement with a Provider and/or Facility.		
<b>*Out-of-Network Services (Non-Participating) - Payments are subject to the "Maximum Allowable Charge"</b>		
"Maximum Allowable Charge" shall mean the benefit payable for a specific coverage item or benefit under the Plan. Maximum Allowable Charge(s) may be the lesser of:		
1. The Usual and Customary amount;		
2. The allowable charge specified under the terms of the Plan;		
3. 125% of the Medicare Reimbursement Rate; or		
4. The actual billed charges for the covered services.		
The Plan will reimburse the actual charge billed if it is less than the Usual and Customary amount.		
The Plan has the discretionary authority to decide if a charge is Usual and Customary and for a Medically Necessary and Reasonable service.		
The Maximum Allowable Charge will not include any identifiable billing mistakes including, but not limited to, up-coding, duplicate charges, and charges for services not performed.		
Please see pre-certed services at the end of the schedule of benefits.		
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Plan Year Maximum</b>	Unlimited	Unlimited
<b>Deductible (Per Calendar Year)</b>		
Individual	None	\$100
Per Family Unit	None	\$250
<i>Charges tracking to the deductible in the last quarter of the year are applied to the following year deductible.</i>		
<b>Out of Pocket Maximum</b>		
Individual	\$400	\$2,000
Family Unit	\$1,000	\$5,000
<i>Out-of-network expenses are applied to the in-network out-of-pocket maximum.</i>		
<i>The plan will pay the designated percentage of covered charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered charges for the rest of the Calendar Year unless otherwise stated.</i>		
<i>Deductible, Coinsurance, and Copayments are included in the Out of Pocket Maximum.</i>		
<i>Cost containment penalties do not apply toward the out-of-pocket maximum and are never paid at 100%.</i>		
<b>Co-Payments</b>		
<b>Teladoc Consultation</b>	Covered 100%	N/A
<b>Physician Visits</b>	Covered 100% after \$10 copay	Covered 80% after deductible
<b>Specialist Visits</b>	Covered 100% after \$10 copay	Covered 80% after deductible
<b>Urgent Care Visits</b>	Covered 100% after \$10 copay	Covered 80% after deductible
<b>Emergency Services</b>		
<b>Ambulance Service (For Emergency Transportation Only)</b>	Covered 90%	
<b>Emergency Room Services (copay waived if admitted)</b>	Covered 100% after \$75 copay	
<i>The utilization review administrator must be notified within 48 hours of the admission (please refer to your ID card) even if the patient is discharged within 48 hours of the admission.</i>		

SD





Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Platinum Plan	
	Participating	Non-Participating
<b>Covered Services</b>		
Acupuncture for Pain Management Only	Covered 100%	Covered 80% after deductible
Allergy Injections/Testing	Covered 100% after \$10 copay	Covered 80% after deductible
Biofeedback	Covered 100%	Covered 80% after deductible
Chiropractic Care <i>(Limit of 30 visits per Calendar Year, Combined in and out-of-network)</i>	Covered 100% after \$10 copay	Covered 80% after deductible
Diabetic Self-Management Education <i>(4 visits per year)</i>	Covered 100%	Not Covered
Dialysis Treatment <i>(Outpatient)</i>	Covered 100%	Covered 80% after deductible
<i>Outpatient-100% after the Maximum Allowable Charge after all applicable deductibles and coinsurance</i>		
Durable Medical Equipment	Covered 90%	Covered 80% after deductible
Hearing Aids <i>(children under age 16 only, one per ear in 24 months)</i>	Covered 100%	Not Covered
Home Health Care <i>(Requires Pre-Certification) (Nursing Home Care or Custodial Care is Not Covered)</i>	Covered 100%	Covered 80% after deductible
Hospice Care Outpatient & Facility	Covered 100%	Covered 80% after deductible
Hospital Inpatient Care		
Hospital Inpatient Care	Covered 100%	Covered 80% after separate \$200 deductible per hospital stay
Inpatient Physician Services	Covered 100%	Covered 80% after deductible
Infertility Services <i>(Pre-Cert Required)</i>	Diagnosis covered after \$10 copay; Treatment covered, with limitations, after \$10 copay	Diagnosis covered at 80% after deductible; Treatment covered, with limitations, at 80% after deductible
Insulin Pump and Supplies	Covered 100%	Covered 80% after deductible
Maternity Benefits		
Inpatient Hospital Charges	Covered 100%	Covered 80% after separate \$200 deductible per hospital stay
Obstetric Care/Physician Charges	Covered 100% after \$10 copay for first visit	Covered 80% after deductible
Ultrasound	Covered 100%	Covered 80% after deductible
Mental Health/Alcohol and Drug Abuse		
Inpatient	Covered 100%	Covered 80% after separate \$200 deductible per hospital stay
Outpatient	Covered 100% after \$10 copay	Covered 80% after deductible
Orthotics <i>(Limited to one pair per Calendar Year. \$600 maximum per Calendar Year)</i>	Covered 90%	Covered 80% after deductible
Prosthetic Devices	Covered 90%	Covered 80% after deductible
Scalp Hair Prostheses <i>(benefit max of \$500 in a 24 month period)</i>	Covered 90%	Covered 80% after deductible
<i>Only for the treatment of disease by radiation or chemicals, Alopecia Universalis (totalis), or Alopecia Areata</i>		
Skilled Nursing Facility	Covered 100% <i>(For up to 120 Days per Calendar Year; combined in and out-of-network)</i>	Covered 80% after deductible <i>(For up to 60 Days per Calendar Year; combined in and out-of-network)</i>

50



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Platinum Plan	
	Participating	Non-Participating
<b>Preventive Well Care as defined by PPACA</b>		
Breastfeeding Support, Supplies & Counseling	Covered 100%	Covered 80% after deductible
Colonoscopy & Colorectal Screening	Covered 100%	Not Covered
Contraceptive Methods & Counseling	Covered 100%	Covered 80% after deductible
GYN/PAP	Covered 100%	Covered 80% after deductible
Immunizations (Except for Travel and/or Job Related)	Covered 100%	Covered for children under 12 months: 80% after deductible
Mammograms (Includes 3D mammograms)	Covered 100%	80% after deductible
Prostate Cancer Screening	Covered 100%	Not Covered
Routine Adult Physicals	Covered 100%	Not Covered
Well Child Exams	Covered 100%	Not Covered
<b>Surgical Benefits</b>		
Ambulatory Surgical Center/Free Standing Facility	Covered 100%	Covered 80% after deductible
Anesthesia at Ambulatory Surgical Center/Free Standing Facility	Covered 100%	Covered 80% after deductible
Physician Services at Ambulatory Surgical Center/Free Standing Facility	Covered 100%	Covered 80% after deductible
Physician Office	Covered 100% under office visit copay	Covered 80% after deductible
Hospital Inpatient Surgery	Covered 100%	Covered 80% after deductible
Anesthesia Hospital Inpatient	Covered 100%	Covered 80% after deductible
Physician Services Hospital Inpatient	Covered 100%	Covered 80% after deductible
Hospital Outpatient Surgery	Covered 100%	Covered 80% after deductible
Anesthesia Hospital Outpatient	Covered 100%	Covered 80% after deductible
Physician Services Hospital Outpatient	Covered 100%	Covered 80% after deductible
Bariatric Surgery	Covered 100%	Covered 80% after deductible
<b>X-Rays, Ultrasound and Lab Tests - Charge By Place of Service</b>		
Physicians Office Testing	Covered 100%	Covered 80% after deductible
Independent Facility Testing	Covered 100%	Covered 80% after deductible
Hospital - Outpatient Testing	Covered 100%	Covered 80% after deductible
<b>Advanced Radiology Imaging (MRI, MRA, CAT Scan, PET Scan, etc.) - Charge By Place of Service</b>		
Physicians Office Testing	Covered 100%	Covered 80% after deductible
Independent Facility Testing	Covered 100%	Covered 80% after deductible
Hospital - Outpatient Testing	Covered 100%	Covered 80% after deductible
<b>Therapy Services</b>		
Chemotherapy	Covered 100%	Covered 80% after deductible
Radiation	Covered 100%	Covered 80% after deductible
Infusion (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$10 copay per visit	Covered 80% after deductible
Occupational (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$10 copay per visit	Covered 80% after deductible

SD



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Platinum Plan	
	Participating	Non-Participating
<b>Outpatient Cardiac Rehabilitation</b> <i>(Limited to a \$250 out-of-pocket maximum per incident)</i>	Covered 100% after \$10 copay per visit	Covered 80% after deductible
<b>Physical</b> <i>(Limited to a \$250 out-of-pocket maximum per incident)</i>	Covered 100% after \$10 copay per visit	Covered 80% after deductible
<b>Speech</b> <i>(Limited to a \$250 out-of-pocket maximum per incident)</i>	Covered 100% after \$10 copay per visit	Covered 80% after deductible
<b>Vision Care Benefits</b>		
<b>Routine Annual Eye Examinations</b>	Covered 100%	Not Covered
<b>Wellness &amp; Nutritional Coach On-Site Benefits</b>		
<b>Wellness Coaching On-Site Visits</b>	Covered 100%	Not Covered
<b>*Nutritional Counseling On-Site Visits</b>	Covered 100%	Not Covered
<b>*Nutritional Counseling</b>	Covered 100%	Not Covered
<i>*Nutritional Counseling is a combined benefit and benefit limit is 3 visits per year.</i>		
<b>Prescription Drug Benefit</b>		
<b>Out of Pocket Maximum (Rx Only)</b>		
Individual	\$1,430	N/A
Family Unit	\$2,860	N/A
<b>Retail 30-Day Supply</b>		
Tier 1	\$3	N/A
Tier 2	\$10	N/A
Tier 3	\$10	N/A
Preventative Medications as defined by PPACA	\$0	N/A
<b>Mail Order 90-Day Supply</b>		
Tier 1	\$5	N/A
Tier 2	\$15	N/A
Tier 3	\$15	N/A
Preventative Medications as defined by PPACA	\$0	N/A

SD



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Precertification List**

**The following services require Precertification**

Inpatient hospitalization  
Home Health Services  
Inpatient Mental/Nervous facility based programs  
Inpatient Substance Abuse facility based programs  
Adenoidectomy  
Breast Surgery (non-diagnostic, excluding needle biopsy/aspirations or lumpectomies)  
Skilled Nursing Facility stays  
Infusion services  
Obesity Surgery  
Foot Surgery  
Gallbladder Surgery  
Gastric Bypass Surgery (Covered under the Platinum Plan only)  
Infertility Services  
Heart Surgery (excluding cardiac cauterization or PTCA)  
Hysterectomy  
Joint Surgery (excluding arthroscopy for diagnostic use)  
Joint Replacement Surgery  
Laminectomy  
Nasal Surgery (excluding sinus surgery, i.e. submucous resection, ethmoidectomy, polyp removal)  
Prostatectomy (excluding TURP (transurethral prostatectomy))  
Spinal Fusion  
Tonsillectomy  
Lithotripsy after three  
Prosthetic Devices

80



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Gold Plus Plan	
	Participating	Non-Participating
<b>*In-Network Services (Participating)</b>		
Allowables are based on the Negotiated Rate established in a contractual arrangement with a Provider and/or Facility.		
<b>*Out-of-Network Services (Non-Participating) - Payments are subject to the "Maximum Allowable Charge"</b>		
"Maximum Allowable Charge" shall mean the benefit payable for a specific coverage item or benefit under the Plan. Maximum Allowable Charge(s) may be the lesser of:		
1. The Usual and Customary amount;		
2. The allowable charge specified under the terms of the Plan;		
3. 125% of the Medicare Reimbursement Rate; or		
4. The actual billed charges for the covered services.		
The Plan will reimburse the actual charge billed if it is less than the Usual and Customary amount.		
The Plan has the discretionary authority to decide if a charge is Usual and Customary and for a Medically Necessary and Reasonable service.		
The Maximum Allowable Charge will not include any identifiable billing mistakes including, but not limited to, up-coding, duplicate charges, and charges for services not performed.		
Please see pre-certified services at the end of the schedule of benefits.		
Lifetime Maximum	Unlimited	Unlimited
Plan Year Maximum	Unlimited	Unlimited
Deductible (Per Calendar Year)		
Individual	\$250	\$500
Per Family Unit	\$500	\$1,000
Charges tracking to the deductible in the last quarter of the year are applied to the following year deductible.		
Out of Pocket Maximum		
Individual	\$2,000	\$4,000
Family Unit	\$4,000	\$8,000
Out-of-network expenses are applied to the in-network deductible and out-of-pocket maximum.		
The plan will pay the designated percentage of covered charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered charges for the rest of the Calendar Year unless otherwise stated.		
Deductible, Coinsurance, and Copayments are included in the Out of Pocket Maximum.		
Cost containment penalties do not apply toward the out-of-pocket maximum and are never paid at 100%.		
<b>Co-Payments</b>		
Teladoc Consultation	Covered 100%	N/A
Physician Visits	Covered 100% after \$10 copay	Covered 80% after deductible
Specialist Visits	Covered 100% after \$10 copay	Covered 80% after deductible
Urgent Care Visits	Covered 100% after \$10 copay	Covered 80% after deductible
<b>Emergency Services</b>		
Ambulance Service (For Emergency Transportation Only)	Covered 90% after deductible	
Emergency Room Services (copay waived if admitted)	Covered 100% after \$75 copay	
The utilization review administrator must be notified within 48 hours of the admission (please refer to your ID card) even if the patient is discharged within 48 hours of the admission.		
<b>Covered Services</b>		
Acupuncture For Pain Management Only	Covered 100% after \$10 copay per visit	Not Covered
Allergy Injections/Testing	Covered 100% after \$10 copay	Covered 80% after deductible

SD



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Gold Plus Plan	
	Participating	Non-Participating
<b>Biofeedback</b>	Covered 100% after \$10 copay per visit	Covered 80% after deductible
<b>Chiropractic Care</b> (Limit of 30 visits per Calendar Year, Combined in and out-of-network)	Covered 100% after \$10 copay	Covered 80% after deductible
<b>Diabetic Self-Management Education</b> (4 visits per year)	Covered 100%	Not Covered
<b>Dialysis Treatment</b> (Outpatient)	Covered 100% after deductible	Covered 80% after deductible
<i>Outpatient-100% after the Maximum Allowable Charge after all applicable deductibles and coinsurance</i>		
<b>Durable Medical Equipment</b>	Covered 90% after deductible	Covered 80% after deductible
<b>Hearing Aids</b> (children under age 16 only, one per ear in 24 months)	Covered 90% after deductible	Not Covered
<b>Home Health Care</b> (Requires Pre-Certification) (Nursing Home Care or Custodial Care is Not Covered)	Covered 100% after deductible	Covered 80% after deductible
<b>Hospice Care Outpatient &amp; Facility</b>	Covered 100% after deductible	Covered 80% after deductible
<b>Hospital Inpatient Care</b>		
Hospital Inpatient Care	Covered 100% after deductible	Covered 80% after separate \$200 deductible per hospital stay
Inpatient Physician Services	Covered 100% after deductible	Covered 80% after deductible
<b>Infertility Services</b> (Requires Pre-Certification)	Diagnosis covered 100% after deductible; Treatment covered, with limitations, 100% after deductible	Diagnosis covered at 80% after deductible; Treatment covered, with limitations, at 80% after deductible
<b>Insulin Pump and Supplies</b>	Covered 100%	Covered 80% after deductible
<b>Maternity Benefits</b>		
Inpatient Hospital Charges	Covered 100% after deductible	Covered 80% after separate \$200 deductible per hospital stay
Obstetric Care/Physician Charges	Covered 100% after \$10 copay for first visit	Covered 80% after deductible
Ultrasound	Covered 100%	Covered 80% after deductible
<b>Mental Health/Alcohol and Drug Abuse:</b>		
Inpatient	Covered 100% after deductible	Covered 80% after separate \$200 deductible per hospital stay
Outpatient	Covered 100% after \$10 copay	Covered 80% after deductible
<b>Orthotics</b> (Limited to one pair per Calendar Year. \$600 maximum per Calendar Year)	Covered 90% after deductible	Covered 80% after deductible
<b>Prosthetic Devices</b> (Requires Pre-Certification)	Covered 90% after deductible	Covered 80% after deductible
<b>Scalp Hair Prosthesis</b> (benefit max of \$500 in a 24 month period)	Covered 90% after deductible	Covered 80% after deductible
<i>Only for the treatment of disease by radiation or chemicals, Alopecia Universalis (totalis), or Alopecia Areata</i>		
<b>Skilled Nursing Facility</b>	Covered 100% (For up to 120 Days per Calendar Year; combined in and out-of-network)	80% after deductible (For up to 60 Days per Calendar Year; combined in and out-of-network)

50



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Gold Plus Plan	
	Participating	Non-Participating
<b>Preventive Well Care as defined by PPACA</b>		
Breastfeeding Support, Supplies & Counseling*	Covered 100%	Covered 80% after deductible
Colonoscopy & Colorectal Screening	Covered 100%	Not Covered
Contraceptive Methods & Counseling*	Covered 100%	Covered 80% after deductible
GYN/PAP	Covered 100%	Covered 80% after deductible
Immunizations (Except for Travel and/or Job Related)	Covered 100%	Covered for children under 12 months: 80% after deductible
Mammograms (Includes 3D mammograms)	Covered 100%	Covered 80% after deductible
Prostate Cancer Screening	Covered 100%	Not Covered
Routine Adult Physicals	Covered 100%	Not Covered
Well Child Exams	Covered 100%	Not Covered
<b>Surgical Benefits</b>		
Ambulatory Surgical Center/Free Standing Facility	Covered 100% after deductible	Covered 80% after deductible
Anesthesia at Ambulatory Surgical Center/Free Standing Facility	Covered 100% after deductible	Covered 80% after deductible
Physician Services at Ambulatory Surgical Center/Free Standing Facility	Covered 100% after deductible	Covered 80% after deductible
Physician Office	Covered 100% under office visit copay	Covered 80% after deductible
Hospital Inpatient Surgery	Covered 100% after deductible	Covered 80% after deductible
Anesthesia Hospital Inpatient	Covered 100% after deductible	Covered 80% after deductible
Physician Services Hospital Inpatient	Covered 100% after deductible	Covered 80% after deductible
Hospital Outpatient Surgery	Covered 100% after deductible	Covered 80% after deductible
Anesthesia Hospital Outpatient	Covered 100% after deductible	Covered 80% after deductible
Physician Services Hospital Outpatient	Covered 100% after deductible	Covered 80% after deductible
Bariatric Surgery	Not Covered	Not Covered
<b>X-Rays, Ultrasound and Lab Tests - Charge By Place of Service</b>		
Physicians Office Testing	Covered 100% after deductible	Covered 80% after deductible
Independent Facility Testing	Covered 100% after deductible	Covered 80% after deductible
Hospital - Outpatient Testing	Covered 100% after deductible	Covered 80% after deductible
<b>Advanced Radiology Imaging (MRI, MRA, CAT Scan, PET Scan, etc.) - Charge By Place of Service</b>		
Physicians Office Testing	Covered 100% after deductible	Covered 80% after deductible
Independent Facility Testing	Covered 100% after deductible	Covered 80% after deductible
Hospital - Outpatient Testing	Covered 100% after deductible	Covered 80% after deductible





Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Gold Plus Plan		
	Participating	Non-Participating	
<b>Therapy Services</b>			
<b>Chemotherapy</b>	Covered 100% after deductible	Covered 80% after deductible	
<b>Radiation Therapy</b>	Covered 100% after deductible	Covered 80% after deductible	
<b>Infusion</b> (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$10 copay per visit	Covered 80% after deductible	
<b>Occupational</b> (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$10 copay per visit	Covered 80% after deductible	
<b>Outpatient Cardiac Rehabilitation</b> (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$10 copay per visit	Covered 80% after deductible	
<b>Physical</b> (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$10 copay per visit	Covered 80% after deductible	
<b>Speech</b> (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$10 copay per visit	Covered 80% after deductible	
<b>Vision Care Benefits</b>			
<b>Routine Annual Eye Examinations</b>	Covered 100%	Not Covered	
<b>Wellness Program Work Site Benefits</b>			
<b>Wellness Coach On-Site Visits</b>	Covered 100%	N/A	
<b>*Nutritional Counseling On-Site Visits</b>	Covered 100%	N/A	
<b>*Nutritional Counseling</b>	Covered 100% after \$10 copay per visit	Covered 80% after deductible	
<i>*Nutritional Counseling is a combined benefit and benefit limit is 3 visits per year.</i>			
<b>Prescription Drug Benefit</b>			
<b>Out of Pocket Maximum (Rx Only)</b>	Individual	\$1,430	N/A
	Family Unit	\$2,860	N/A
<b>Retail 30-Day Supply</b>	Tier 1	\$3	N/A
	Tier 2	\$10	N/A
	Tier 3	\$10	N/A
	Preventative Medications as defined by PPACA	\$0	N/A
<b>Mail Order 90-Day Supply</b>	Tier 1	\$5	N/A
	Tier 2	\$15	N/A
	Tier 3	\$15	N/A
	Preventative Medications as defined by PPACA	\$0	N/A







Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Precertification List**

**The following services require Precertification**

Inpatient hospitalization  
Home Health Services  
Inpatient Mental/Nervous facility based programs  
Inpatient Substance Abuse facility based programs  
Adenoidectomy  
Breast Surgery (non-diagnostic, excluding needle biopsy/aspirations or lumpectomies)  
Skilled Nursing Facility stays  
Infusion services  
Obesity Surgery  
Foot Surgery  
Gallbladder Surgery  
Infertility Services  
Heart Surgery (excluding cardiac catheterization or PTCA)  
Hysterectomy  
Joint Surgery (excluding arthroscopy for diagnostic use)  
Joint Replacement Surgery  
Laminectomy  
Nasal Surgery (excluding sinus surgery, i.e. submucous resection, ethmoidectomy, polyp removal)  
Prostatectomy (excluding TURP (transurethral prostatectomy))  
Spinal Fusion  
Tonsillectomy  
Lithotripsy after three  
Prosthetic Devices





Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Gold Plan	
	Participating	Non-Participating
<b>*In-Network Services (Participating)</b>		
Allowables are based on the Negotiated Rate established in a contractual arrangement with a Provider and/or Facility.		
<b>*Out-of-Network Services (Non-Participating) - Payments are subject to the "Maximum Allowable Charge"</b>		
"Maximum Allowable Charge" shall mean the benefit payable for a specific coverage item or benefit under the Plan. Maximum Allowable Charge(s) may be the lesser of:		
1. The Usual and Customary amount;		
2. The allowable charge specified under the terms of the Plan;		
3. 125% of the Medicare Reimbursement Rate; or		
4. The actual billed charges for the covered services.		
The Plan will reimburse the actual charge billed if it is less than the Usual and Customary amount.		
The Plan has the discretionary authority to decide if a charge is Usual and Customary and for a Medically Necessary and Reasonable service.		
The Maximum Allowable Charge will not include any identifiable billing mistakes including, but not limited to, up-coding, duplicate charges, and charges for services not performed.		
Please see pre-certified services at the end of the schedule of benefits.		
Lifetime Maximum	Unlimited	Unlimited
Plan Year Maximum	Unlimited	Unlimited
Deductible (Per Calendar Year)		
Individual	\$250	\$1,000
Per Family Unit	\$500	\$2,000
Charges tracking to the deductible in the last quarter of the year are applied to the following year deductible.		
Out of Pocket Maximum		
Individual	\$2,500	\$10,000
Family Unit	\$5,000	\$20,000
Out-of-network expenses are applied to the in-network deductible and out-of-pocket maximum.		
The plan will pay the designated percentage of covered charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered charges for the rest of the Calendar Year unless otherwise stated.		
Deductible, Coinsurance, and Copayments are included in the Out of Pocket Maximum.		
Cost containment penalties do not apply toward the out-of-pocket maximum and are never paid at 100%.		
<b>Co-Payments</b>		
Teladoc Consultation	Covered 100%	N/A
Physician Visits	Covered after \$25 copay	Covered 80% after deductible
Specialist Visits	Covered after \$45 copay	Covered 80% after deductible
Urgent Care Visits	Covered after \$25 copay	Covered 80% after deductible
<b>Emergency Services</b>		
Ambulance Service (For Emergency Transportation Only)	Covered 90% after deductible	
Emergency Room Services (copay waived if admitted)	Covered 100% after \$100 copay	
The utilization review administrator must be notified within 48 hours of the admission (please refer to your ID card) even if the patient is discharged within 48 hours of the admission.		
<b>Covered Services</b>		
Acupuncture For Pain Management Only	Covered 100% after \$25 copay per visit	Covered 80% after deductible
Allergy Injections/Testing	Covered 100% after \$25 copay	Covered 80% after deductible

SD



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Gold Plan	
	Participating	Non-Participating
<b>Biofeedback</b>	Covered 100% after \$25 copay per visit	Covered 80% after deductible
<b>Chiropractic Care</b> <i>(Limit of 30 visits per Calendar Year, Combined in and out-of-network)</i>	Covered 100% after \$25 copay	Covered 80% after deductible
<b>Diabetic Self-Management Education</b> <i>(4 visits per year)</i>	Covered 100%	Not Covered
<b>Dialysis Treatment (Outpatient)</b>	Covered 100% after deductible	Covered 80% after deductible
<i>Outpatient- 100% of the Maximum Allowable Charge after all applicable deductibles and coinsurance</i>		
<b>Durable Medical Equipment</b>	Covered 90% after deductible	Covered 80% after deductible
<b>Hearing Aids</b> <i>(children under age 16 only, one per ear in 24 months)</i>	Covered 90% after deductible	Not Covered
<b>Home Health Care</b> <i>(Requires Pre-Certification) (Nursing Home Care or Custodial Care is Not Covered)</i>	Covered 100% after deductible	Covered 80% after deductible
<b>Hospice Care -Outpatient &amp; Facility</b>	Covered 100% after deductible	Covered 80% after deductible
<b>Hospital Inpatient Care</b>		
Inpatient Admission	Covered 100% after deductible	Covered 80% after separate \$200 deductible per hospital stay
Inpatient Physician Services	Covered 100% after deductible	Covered 80% after deductible
<b>Infertility Services</b>	Diagnosis covered 100% after deductible: Treatment covered, with limitations, 100% after deductible	Diagnosis covered at 80% after deductible: Treatment covered, with limitations, at 80% after deductible
<b>Insulin Pump and Supplies</b>	Covered 100%	Covered 80% after deductible
<b>Maternity Benefits</b>		
Inpatient Hospital Charges	Covered 100% after deductible	Covered 80% after separate \$200 deductible per hospital stay
Obstetric Care/Physician Charges	100% after \$25 copay for first visit only	Covered 80% after deductible
Ultrasound	Covered 100%	Covered 80% after deductible
<b>Mental Health/Alcohol and Drug Abuse:</b>		
Inpatient	Covered 100% after deductible	Covered 80% after separate \$200 deductible per hospital stay
Outpatient	Covered 100% after \$45 copay	Covered 80% after deductible
<b>Orthotics</b> <i>(Limited to one pair per Calendar Year. \$600 maximum per Calendar Year)</i>	Covered 90% after deductible	Covered 80% after deductible
<b>Prosthetic Devices</b>	Covered 90% after deductible	Covered 80% after deductible
<b>Scalp Hair Protheses</b> <i>(benefit max of \$500 in a 24 month period)</i>	Covered 90%	Covered 80% after deductible
<b>Skilled Nursing Facility</b>	Covered 100% <i>(For up to 120 Days per Calendar Year, combined in and out-of-network)</i>	80% after deductible <i>(For up to 60 Days per Calendar Year, combined in and out-of-network)</i>

80



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020**

Benefits	Gold Plan	
	Participating	Non-Participating
<b>Preventive Well Care as defined by PPACA</b>		
Breastfeeding Support, Supplies & Counseling*	Covered 100%	Covered 80% after deductible
Colonoscopy & Colorectal Screening	Covered 100%	Not Covered
Contraceptive Methods & Counseling*	Covered 100%	Covered 80% after deductible
GYN/PAP	Covered 100%	Covered 80% after deductible
Immunizations (Except for Travel and/or Job Related)	Covered 100%	Covered for children under 12 months: 80% after deductible
Mammograms (Includes 3D mammograms)	Covered 100%	Covered 80% after deductible
Prostate Cancer Screening	Covered 100%	Not Covered
Routine Adult Physicals	Covered 100%	Not Covered
Well Child Exams	Covered 100%	Not Covered
<b>Surgical Benefits</b>		
Ambulatory Surgical Center/Free Standing Facility	Covered 100% after deductible	Covered 80% after deductible
Anesthesia at Ambulatory Surgical Center/Free Standing Facility	Covered 100% after deductible	Covered 80% after deductible
Physician Services at Ambulatory Surgical Center/Free Standing Facility	Covered 100% after deductible	Covered 80% after deductible
Physician Office	Covered 100% under office visit copay	Covered 80% after deductible
Hospital Inpatient Surgery	Covered 100% after deductible	Covered 80% after deductible
Anesthesia Hospital Inpatient	Covered 100% after deductible	Covered 80% after deductible
Physician Services Hospital Inpatient	Covered 100% after deductible	Covered 80% after deductible
Hospital Outpatient Surgery	Covered 100% after deductible	Covered 80% after deductible
Anesthesia Hospital Outpatient	Covered 100% after deductible	Covered 80% after deductible
Physician Services Hospital Outpatient	Covered 100% after deductible	Covered 80% after deductible
Bariatric Surgery	Not Covered	Not Covered
<b>X-Rays, Ultrasound and Lab Tests - Charge By Place of Service</b>		
Physicians Office Testing	Covered 100% after deductible	Covered 80% after deductible
Independent Facility Testing	Covered 100% after deductible	Covered 80% after deductible
Hospital - Outpatient Testing	Covered 100% after deductible	Covered 80% after deductible
<b>Advanced Radiology Imaging (MRI, MRA, CAT Scan, PET Scan, etc.) - Charge By Place of Service</b>		
Physicians Office Testing	Covered 100% after deductible	Covered 80% after deductible
Independent Facility Testing	Covered 100% after deductible	Covered 80% after deductible
Hospital - Outpatient Testing	Covered 100% after deductible	Covered 80% after deductible
<b>Therapy Services</b>		
Chemotherapy	Covered 100% after deductible	Covered 80% after deductible
Radiation Therapy	Covered 100% after deductible	Covered 80% after deductible
Infusion (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$25 copay per visit	Covered 80% after deductible
Occupational (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$25 copay per visit	Covered 80% after deductible
Outpatient Cardiac Rehabilitation (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$25 copay per visit	Covered 80% after deductible
Physical (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$25 copay per visit	Covered 80% after deductible
Speech (Limited to a \$250 out-of-pocket maximum per incident)	Covered 100% after \$25 copay per visit	Covered 80% after deductible

30



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Gold Plan		
	Participating	Non-Participating	
<b>Vision Care Benefits</b>			
Routine Annual Eye Examinations	Covered 100%	Not Covered	
<b>Wellness &amp; Nutritional Coach On-Site Benefits</b>			
Wellness Coach On-Site Visits	100%	N/A	
* Nutritional Counseling On-Site Visits	100%	N/A	
*Nutritional Counseling	Covered 100% after \$25 copay per visit	Not Covered	
<i>*Nutritional Counseling is a combined benefit and benefit limit is 3 visits per year.</i>			
<b>Prescription Drug Benefit</b>			
Out of Pocket Maximum (Rx Only)	Individual	\$1,430	N/A
	Family	\$2,860	N/A
Retail 30-Day Supply	Tier 1	\$5	N/A
	Tier 2	\$25 if generic is not available. \$35 if generic is available	
	Tier 3	\$25 if generic is not available. \$35 if generic is available	
	Preventative Medications as defined by PPACA	\$0 copay	
Mail Order 90-Day Supply	Tier 1	\$5	N/A
	Tier 2	\$25 if generic is not available. \$35 if generic is available	
	Tier 3	\$25 if generic is not available. \$35 if generic is available	
	Preventative Medications as defined by PPACA	\$0 copay	

SD



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Precertification List**

**The following services require Precertification**

Inpatient hospitalization  
Home Health Services  
Inpatient Mental/Nervous facility based programs  
Inpatient Substance Abuse facility based programs  
Adenoidectomy  
Breast Surgery (non-diagnostic, excluding needle biopsy/aspirations or lumpectomies)  
Skilled Nursing Facility stays  
Infusion services  
Obesity Surgery  
Foot Surgery  
Gallbladder Surgery  
Infertility Services  
Heart Surgery (excluding cardiac catheterization or PTCA)  
Hysterectomy  
Joint Surgery (excluding arthroscopy for diagnostic use)  
Joint Replacement Surgery  
Laminectomy  
Nasal Surgery (excluding sinus surgery, i.e. submucous resection, ethmoidectomy, polyp removal)  
Prostatectomy (excluding TURP (transurethral prostatectomy))  
Spinal Fusion  
Tonsillectomy  
Lithotripsy after three



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Silver Plan	
	Participating	Non-Participating
<b>*In-Network Services (Participating)</b>		
Allowables are based on the Negotiated Rate established in a contractual arrangement with a Provider and/or Facility.		
<b>*Out-of-Network Services (Non-Participating) - Payments are subject to the "Maximum Allowable Charge"</b>		
"Maximum Allowable Charge" shall mean the benefit payable for a specific coverage item or benefit under the Plan. Maximum Allowable Charge(s) may be the lesser of:		
1. The Usual and Customary amount;		
2. The allowable charge specified under the terms of the Plan;		
3. 125% of the Medicare Reimbursement Rate; or		
4. The actual billed charges for the covered services.		
The Plan will reimburse the actual charge billed if it is less than the Usual and Customary amount.		
The Plan has the discretionary authority to decide if a charge is Usual and Customary and for a Medically Necessary and Reasonable service.		
The Maximum Allowable Charge will not include any identifiable billing mistakes including, but not limited to, up-coding, duplicate charges, and charges for services not performed.		
Please see pre-certified services at the end of the schedule of benefits.		
Lifetime Maximum	Unlimited	Unlimited
Plan Year Maximum	Unlimited	Unlimited
Deductible (Per Calendar Year)		
Individual	\$500	\$1,000
Per Family Unit	\$1,000	\$2,000
<i>Charges tracking to the deductible in the last quarter of the year are applied to the following year deductible.</i>		
Out of Pocket Maximum		
Individual	\$5,000	\$10,000
Family Unit	\$10,000	\$20,000
<i>Out-of-network expenses are applied to the in-network deductible and out-of-pocket maximum.</i>		
<i>The plan will pay the designated percentage of covered charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered charges for the rest of the Calendar Year unless otherwise stated.</i>		
<i>Deductible, Coinsurance, and Copayments are included in the Out of Pocket Maximum.</i>		
<i>Cost containment penalties do not apply toward the out-of-pocket maximum and are never paid at 100%.</i>		
<b>Co-Payments</b>		
Teladoc Consultation	Covered 100%	N/A
Physician Visits	Covered 90% after \$25 copay	80% after deductible
Specialist Visits	Covered 90% after \$45 copay	80% after deductible
Urgent Care Visits	Covered 90% after \$25 copay	80% after deductible
<b>Emergency Services</b>		
Ambulance Service (For Emergency Transportation Only)	Covered 80% after deductible	
Emergency Room Services (copay waived if admitted)	Covered 100% after \$100 copay	
<i>The utilization review administrator must be notified within 48 hours of the admission (please refer to your ID card) even if the patient is discharged within 48 hours of the admission.</i>		
<b>Covered Services</b>		
Acupuncture for Pain Management Only	Covered 90% after \$25 copay per visit	Covered 80% after deductible
Allergy Injections/Testing	Covered 90% after deductible	Covered 80% after deductible

50



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Silver Plan	
	Participating	Non-Participating
<b>Biofeedback</b>	Covered 90% after \$25 copay per visit	Covered 80% after deductible
<b>Chiropractic Care</b> <i>(Limit of 30 visits per Calendar Year, Combined in and out-of-network)</i>	Covered 90% after \$25 copay	Covered 80% after deductible
<b>Diabetic Self-Management Education</b> <i>(4 visits per year)</i>	Covered 100%	Not Covered
<b>Dialysis (Outpatient)</b>	Covered 90% after deductible	Covered 80% after deductible
<i>Outpatient--100% of the Maximum Allowable Charge after all applicable deductibles and coinsurance.</i>		
<b>Durable Medical Equipment</b>	Covered 90% after deductible	Covered 80% after deductible
<b>Hearing Aids</b> <i>(children under age 16 only, one per ear in 24 months)</i>	Covered 90% after deductible	Not Covered
<b>Home Health Care</b> <i>(Requires Pre-Certification) (Nursing Home Care or Custodial Care is Not Covered)</i>	Covered 90% after deductible	Covered 80% after deductible
<b>Hospice Care Outpatient &amp; Facility</b>	Covered 90% after deductible	Covered 80% after deductible
<b>Hospital Inpatient Care</b>		
Hospital Inpatient Care	Covered 90% after deductible	Covered 80% after separate \$200 deductible per hospital stay
Inpatient Physician Services	Covered 90% after deductible	Covered 80% after deductible
<b>Infertility Services</b> <i>(Requires Pre-Certification)</i>	Diagnosis covered 90% after deductible: Treatment covered, with limitations, 90% after deductible	Diagnosis covered at 80% after deductible: Treatment covered, with limitations, at 80% after deductible
<b>Insulin Pump and Supplies</b>	Not Covered	Not Covered
<b>Maternity Benefits</b>		
Inpatient Hospital Charges	Covered 90% after deductible	Covered 80% after separate \$200 deductible per hospital stay
Obstetric Care/Physician Charges	Covered 100% after \$25 copay for first visit	Covered 80% after deductible
Ultrasound	Covered 100%	Covered 80% after deductible
<b>Mental Health/Alcohol and Drug Abuse:</b>		
Inpatient	Covered 90% after deductible	Covered 80% after separate \$200 deductible per hospital stay
Outpatient	Covered 90% after \$45 copay	Covered 80% after deductible
<b>Orthotics</b> <i>(Limited to one pair per Calendar Year. \$600 maximum per Calendar Year)</i>	Covered 90% after deductible	Covered 80% after deductible
<b>Prosthetic Devices</b> <i>(Requires Pre-Certification)</i>	Covered 90% after deductible	Covered 80% after deductible
<b>Scalp Hair Protheses</b> <i>(benefit max of \$500 in a 24 month period)</i>	Covered 90%	Covered 80% after deductible
<b>Skilled Nursing Facility</b>	Covered 100% <i>(For up to 120 Days per Calendar Year; combined in and out-of-network)</i>	80% after deductible <i>(For up to 60 Days per Calendar Year; combined in and out-of-network)</i>

SD





Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Silver Plan	
	Participating	Non-Participating
<b>Preventive Well Care as defined by PPACA</b>		
Breastfeeding Support, Supplies & Counseling*	Covered 100%	Covered 80% after deductible
Colonoscopy & Colorectal Screening	Covered 100%	Not Covered
Contraceptive Methods & Counseling*	Covered 100%	Covered 80% after deductible
GYN/PAP	Covered 100%	Covered 80% after deductible
Immunizations (Except for Travel and/or Job Related)	Covered 100%	Covered for children under 12 months: 80% after deductible
Mammograms (Includes 3D mammograms)	Covered 100%	Covered 80% after deductible
Prostate Cancer Screening	Covered 100%	Not Covered
Routine Adult Physicals	Covered 100%	Not Covered
Well Child Exams	Covered 100%	Not Covered
<b>Surgical Benefits</b>		
Ambulatory Surgical Center/Free Standing Facility	Covered 90% after deductible	Covered 80% after deductible
Anesthesia at Ambulatory Surgical Center/Free Standing Facility	Covered 90% after deductible	Covered 80% after deductible
Physician Services at Ambulatory Surgical Center/Free Standing Facility	Covered 90% after deductible	Covered 80% after deductible
Physician Office	Covered 90%	Covered 80% after deductible
Hospital Inpatient Surgery	Covered 90% after deductible	Covered 80% after deductible
Anesthesia Hospital Inpatient	Covered 90% after deductible	Covered 80% after deductible
Physician Services Hospital Inpatient	Covered 90% after deductible	Covered 80% after deductible
Hospital Outpatient Surgery	Covered 90% after deductible	Covered 80% after deductible
Anesthesia Hospital Outpatient	Covered 90% after deductible	Covered 80% after deductible
Physician Services Hospital Outpatient	Covered 90% after deductible	Covered 80% after deductible
Bariatric Surgery	Not Covered	Not Covered
<b>X-Rays, Ultrasound and Lab Tests - Charge By Place of Service</b>		
Physicians Office Testing	Covered 90% after deductible	Covered 80% after deductible
Independent Facility Testing	Covered 90% after deductible	Covered 80% after deductible
Hospital - Outpatient Testing	Covered 90% after deductible	Covered 80% after deductible
<b>Advanced Radiology Imaging (MRI, MRA, CAT Scan, PET Scan, etc.) - Charge By Place of Service</b>		
Physicians Office Testing	Covered 90% after deductible	Covered 80% after deductible
Independent Facility Testing	Covered 90% after deductible	Covered 80% after deductible
Hospital - Outpatient Testing	Covered 90% after deductible	Covered 80% after deductible
<b>Therapy Services</b>		
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible
Radiation Therapy	Covered 90% after deductible	Covered 80% after deductible
Infusion (Limited to a \$250 out-of-pocket maximum per incident)	Covered 90% after \$25 copay per visit	Covered 80% after deductible
Occupational (Limited to a \$250 out-of-pocket maximum per incident)	Covered 90% after \$25 copay per visit	Covered 80% after deductible
Outpatient Cardiac Rehabilitation (Limited to a \$250 out-of-pocket maximum per incident)	Covered 90% after \$25 copay per visit	Covered 80% after deductible
Physical (Limited to a \$250 out-of-pocket maximum per incident)	Covered 90% after \$25 copay per visit	Covered 80% after deductible
Speech (Limited to a \$250 out-of-pocket maximum per incident)	Covered 90% after \$25 copay per visit	Covered 80% after deductible

SD



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Silver Plan		
	Participating	Non-Participating	
<b>Vision Care Benefits</b>			
Routine Annual Eye Examinations	Covered 100%	Not Covered	
<b>Wellness Program Work Site Benefits</b>			
Wellness Coach On-Site Visits	Covered 100%	N/A	
Nutritional Counseling On-Site Visits	Covered 100%	N/A	
Nutritional Counseling	Covered 90% after \$25 copay per visit	Not Covered	
<i>*Nutritional Counseling is a combined benefit and benefit limit is 3 visits per year.</i>			
<b>Prescription Drug Benefit</b>			
Out of Pocket Maximum	Individual	\$1,430	N/A
	Family Unit	\$2,860	N/A
Retail 30-Day Supply	Tier 1	\$5	N/A
	Tier 2	\$25 if generic is not available.\$35 if generic is available	
	Tier 3	\$25 if generic is not available.\$35 if generic is available	
	Preventative Medications as defined by PPACA	\$0	
Mail Order 90-Day Supply	Tier 1	\$5	N/A
	Tier 2	\$25 if generic is not available.\$35 if generic is available	
	Tier 3	\$25 if generic is not available.\$35 if generic is available	
	Preventative Medications as defined by PPACA	\$0	

SD



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Precertification List**

**The following services require Precertification**

- Inpatient hospitalization
- Home Health Services
- Inpatient Mental/Nervous facility based programs
- Inpatient Substance Abuse facility based programs
- Adenoidectomy
- Breast Surgery (non-diagnostic, excluding needle biopsy/aspirations or lumpectomies)
- Skilled Nursing Facility stays
- Infusion services
- Obesity Surgery
- Foot Surgery
- Gallbladder Surgery
- Infertility Services
- Heart Surgery (excluding cardiac catheterization or PTCA)
- Hysterectomy
- Joint Surgery (excluding arthroscopy for diagnostic use)
- Joint Replacement Surgery
- Laminectomy
- Nasal Surgery (excluding sinus surgery, i.e. submucous resection, ethmoidectomy, polyp removal)
- Prostatectomy (excluding TURP (transurethral prostatectomy))
- Spinal Fusion
- Tonsillectomy
- Lithotripsy after three
- Prosthetic Devices

SP



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Bronze Plan - HSA Option	
	Participating	Non-Participating
<b>*In-Network Services (Participating)</b>		
Allowables are based on the Negotiated Rate established in a contractual arrangement with a Provider and/or Facility.		
<b>*Out-of-Network Services (Non-Participating) - Payments are subject to the "Maximum Allowable Charge"</b>		
"Maximum Allowable Charge" shall mean the benefit payable for a specific coverage item or benefit under the Plan.		
1. The Usual and Customary amount;		
2. The allowable charge specified under the terms of the Plan;		
3. 125% of the Medicare Reimbursement Rate; or		
4. The actual billed charges for the covered services.		
The Plan will reimburse the actual charge billed if it is less than the Usual and Customary amount. The Plan has the discretionary authority to decide if a charge is Usual and Customary and for a Medically Necessary and Reasonable service.		
The Maximum Allowable Charge will not include any identifiable billing mistakes including, but not limited to, up-coding, duplicate charges, and charges for services not performed.		
Please see pre-certed services at the end of the schedule of benefits.		
Lifetime Maximum	Unlimited	Unlimited
Plan Year Maximum	Unlimited	Unlimited
Deductible (Per Calendar Year)		
Single Coverage	\$1,500	\$1,500
Family Coverage	\$3,000	\$3,000
Out of Pocket Maximum (Combined with Rx)		
Single Coverage	\$2,500	\$3,500
Family Coverage	\$5,000	\$7,000
<i>Out-of-network expenses are applied to the in-network deductible and out-of-pocket maximum.</i>		
<i>The plan will pay the designated percentage of covered charges until out-of-pocket amounts are reached, at which time the Plan will pay 100% of the remainder of Covered charges for the rest of the Calendar Year unless otherwise stated.</i>		
<i>Deductible and Coinsurance are applied to the Out of Pocket Maximum. There is no deductible carry over provision for this plan.</i>		
<i>Cost Containment penalties do not apply toward the out-of-pocket maximum and are never paid at 100% .</i>		
Employer HSA Funding	\$500 Annually	
<b>Coinsurance</b>		
Teladoc	Covered 80% after deductible	N/A
Physician Office Visits	Covered 80% after deductible	Covered 60% after deductible
Specialist Office Visits	Covered 80% after deductible	Covered 60% after deductible
Urgent Care Visits	Covered 80% after deductible	Covered 60% after deductible
<b>Emergency Services</b>		
Ambulance Service (For Emergency Transportation Only)	Covered 80% after deductible	
Emergency Room Services	Covered 80% after deductible	
<i>The utilization review administrator must be notified within 48 hours of the admission (please refer to your ID card), even if the patient is discharged within 48 hours of the admission.</i>		
<b>Covered Services</b>		
Acupuncture For Pain Management Only	Covered 80% after deductible	Covered 60% after deductible
Allergy Injections/Testing	Covered 80% after deductible	Covered 60% after deductible





Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Bronze Plan - HSA Option	
	Participating	Non-Participating
<b>Anesthesia Inpatient and Outpatient</b>	Covered 80% after deductible	Covered 60% after deductible
<b>Biofeedback</b>	Covered 80% after deductible	Covered 60% after deductible
<b>Chiropractic Care</b> <i>(Limit of 30 visits per Calendar Year, Combined in and out-of-network)</i>	Covered 80% after deductible	Covered 60% after deductible
<b>Diabetic Self-Management Education</b> <i>(4 visits per year)</i>	Covered 100%	Not Covered
<b>Dialysis Treatment (Outpatient)</b>	Covered 80% after deductible	Covered 60% after deductible
<i>Outpatient--100% of the Maximum Allowable Charge after all applicable deductibles and coinsurance.</i>		
<b>Durable Medical Equipment</b>	Covered 80% after deductible	Covered 60% after deductible
<b>Hearing Aids</b> <i>(children under age 16 only, one per ear in 24 months)</i>	Covered 80% after deductible	Covered 60% after deductible
<b>Home Health Care</b> <i>(Requires Pre-Certification) (Nursing Home Care or Custodial Care is Not Covered)</i>	Covered 80% after deductible	Covered 60% after deductible
<b>Hospice Care -Outpatient &amp; Facility</b>	Covered 80% after deductible	Covered 60% after deductible
<b>Hospital Inpatient Care</b>		
Inpatient Admission	Covered 80% after deductible	Covered 60% after deductible
Inpatient Physician Services	Covered 80% after deductible	Covered 60% after deductible
<b>Infertility Services</b> <i>(Requires Pre-Certification)</i>	Covered 80% after deductible	Covered 60% after deductible
<b>Insulin Pump and Supplies</b>	Not Covered	Not Covered
<b>Maternity/PreNatal Care</b>		
Inpatient Hospital Charges	Covered 80% after deductible	Covered 60% after deductible
Obstetric Care/Physician Charges	Covered 80% after deductible	Covered 60% after deductible
Ultrasound	Covered 80% after deductible	Covered 60% after deductible
<b>Mental Health/Alcohol and Drug Abuse:</b>		
Inpatient	Covered 80% after deductible	Covered 60% after deductible
Outpatient	Covered 80% after deductible	Covered 60% after deductible
<b>Orthotics</b> <i>(Limited to one pair per Calendar Year. \$600 maximum per Calendar Year)</i>	Covered 80% after deductible	Covered 60% after deductible
<b>Prosthetic Devices</b> <i>(Requires Pre-Certification)</i>	Covered 80% after deductible	Covered 60% after deductible
<b>Scalp Hair Prostheses</b> <i>(benefit max of \$500 in a 24 month period)</i>	Covered 80% after deductible	Covered 60% after deductible
<i>Only for the treatment of disease by radiation or chemicals, Alopecia Universalis (totalis), or Alopecia Areata</i>		
<b>Skilled Nursing Facility</b>	Covered 80% after deductible <i>(For up to 120 Days per Calendar Year; combined in and out-of-network)</i>	Covered 60% after deductible <i>(For up to 60 Days per Calendar Year; combined in and out-of-network)</i>

30



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Bronze Plan - HSA Option	
	Participating	Non-Participating
<b>Preventive Well Care as defined by PPACA</b>		
Breastfeeding Support, Supplies & Counseling*	Covered 100%	Covered 60% after deductible
Colonoscopy & Colorectal Screening	Covered 100%	Not Covered
Contraceptive Methods & Counseling*	Covered 100%	Covered 60% after deductible
GYN/PAP	Covered 100%	Covered 60% after deductible
Immunizations (Except for Travel and/or Job Related)	Covered 100%	Covered for children under 12 months: 80% after deductible
Mammograms (Includes 3D mammograms)	Covered 100%	Covered 60% after deductible
Prostate Cancer Screening	Covered 100%	Not Covered
Routine Adult Physicals	Covered 100%	Not Covered
Well Child Exams	Covered 100%	Not Covered
<b>Surgical Benefits</b>		
Ambulatory Surgical Center/Free Standing Facility	Covered 80% after deductible	Covered 60% after deductible
Anesthesia at Ambulatory Surgical Center/Free Standing Facility	Covered 80% after deductible	Covered 60% after deductible
Physician Services at Ambulatory Surgical Center/Free Standing Facility	Covered 80% after deductible	Covered 60% after deductible
Physician Office	Covered 80% after deductible	Covered 60% after deductible
Hospital Inpatient Surgery	Covered 80% after deductible	Covered 60% after deductible
Anesthesia Hospital Inpatient	Covered 80% after deductible	Covered 60% after deductible
Physician Services Hospital Inpatient	Covered 80% after deductible	Covered 60% after deductible
Hospital Outpatient Surgery	Covered 80% after deductible	Covered 60% after deductible
Anesthesia Hospital Outpatient	Covered 80% after deductible	Covered 60% after deductible
Physician Services Hospital Outpatient	Covered 80% after deductible	Covered 60% after deductible
Bariatric Surgery	Not Covered	Not Covered
<b>X-Rays, Ultrasound and Lab Tests - Charge By Place of Service</b>		
Physicians Office Testing	Covered 80% after deductible	Covered 60% after deductible
Independent Facility Testing	Covered 80% after deductible	Covered 60% after deductible
Hospital - Outpatient Testing	Covered 80% after deductible	Covered 60% after deductible
<b>Advanced Radiology Imaging (MRI, MRA, CAT Scan, PET Scan, etc.) - Charge By Place of Service</b>		
Physicians Office Testing	Covered 80% after deductible	Covered 60% after deductible
Independent Facility Testing	Covered 80% after deductible	Covered 60% after deductible
Hospital - Outpatient Testing	Covered 80% after deductible	Covered 60% after deductible
<b>Therapy Services</b>		
Chemotherapy	Covered 80% after deductible	Covered 60% after deductible
Radiation Therapy	Covered 80% after deductible	Covered 60% after deductible
Infusion (Limited to a \$250 out-of-pocket maximum per incident)	Covered 80% after deductible	Covered 60% after deductible
Occupational (Limited to a \$250 out-of-pocket maximum per incident)	Covered 80% after deductible	Covered 60% after deductible



Powerful Solutions Real Savings From IAA, Your Employee Benefit Experts

**Evesham Township  
Schedule of Benefits  
January 1, 2020  
Non-Grandfathered Plan**

Benefits	Bronze Plan - HSA Option	
	Participating	Non-Participating
<b>Outpatient Cardiac Rehabilitation</b> <i>(Limited to a \$250 out-of-pocket maximum per incident)</i>	Covered 80% after deductible	Covered 60% after deductible
<b>Physical</b> <i>(Limited to a \$250 out-of-pocket maximum per incident)</i>	Covered 80% after deductible	Covered 60% after deductible
<b>Speech</b> <i>(Limited to a \$250 out-of-pocket maximum per incident)</i>	Covered 80% after deductible	Covered 60% after deductible
<b>Vision Care Benefits</b>		
<b>Routine Annual Eye Examinations</b>	Covered 100%	Not Covered
<b>Wellness &amp; Nutritional Coach On-Site Benefits</b>		
<b>Wellness Coach On-Site Visits</b>	Covered 100%	N/A
<b>* Nutritional Counseling On-Site Visits</b>	Covered 100%	N/A
<b>*Nutritional Counseling</b>	Covered 80% after deductible	Not Covered
<i>*Nutritional Counseling is a combined benefit and benefit limit is 3 visits per year.</i>		
<b>Prescription Drug Benefit</b>		
<b>Rx Out of Pocket Maximum: Combined with Medical</b>		
<b>Rx Benefit</b>	Covered 80% after deductible	Not Covered
<b>Preventive Medications as defined by PPACA are covered at 100%</b>		

Precertification List
<b>The following services require Precertification</b>
Inpatient hospitalization Home Health Services Inpatient Mental/Nervous facility based programs Inpatient Substance Abuse facility based programs Adenoidectomy Breast Surgery (non-diagnostic, excluding needle biopsy/aspirations or lumpectomies) Skilled Nursing Facility stays Infusion services Obesity Surgery Foot Surgery Gallbladder Surgery Infertility Services Heart Surgery (excluding cardiac catheterization or PTCA) Hysterectomy Joint Surgery (excluding arthroscopy for diagnostic use) Joint Replacement Surgery Laminectomy Nasal Surgery (excluding sinus surgery, i.e. submucous resection, ethmoidectomy, polyp removal) Prostatectomy (excluding TURP (transurethral prostatectomy)) Spinal Fusion Tonsillectomy Lithotripsy after three Prosthetic Devices

SD