

COLLECTIVE BARGAINING AGREEMENT
BETWEEN
TOWNSHIP OF GREENWICH
AND
NEW JERSEY STATE POLICEMEN'S
BENEVOLENT ASSOCIATION, LOCAL #122
JANUARY 1, 2005 THROUGH DECEMBER 31, 2008

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AGREEMENT

THIS COLLECTIVE BARGAINING AGREEMENT made and entered into by and between the TOWNSHIP OF GREENWICH, in the County of Gloucester and State of New Jersey, hereinafter referred to as "Employer" or "Township" and the New Jersey Policemen's Benevolent Association, Local #122, hereinafter referred to as "PBA", is entered into this day of January, 2005, and is designed to promote the harmonious working relationship between the Employer and the PBA in order that more efficient and more progressive public service be rendered to the citizens of the Township of Greenwich.

WITNESSETH:

WHEREAS, as a result of collective bargaining, an agreement intending to promote and improve the working relationship between the parties and concerning benefits, wages, hours of work and working conditions of employment has been negotiated; NOW, THEREFORE, be it agreed as follows:

ARTICLE I

RECOGNITION OF THE UNION AND WORK POSITION

1. The Employer recognizes the PBA as the sole and exclusive collective bargaining agent for all employers of the bargaining unit.
2. The Township of Greenwich hereby recognizes the New Jersey State Policemen's Benevolent Association, Local No. 122, as the sole and lawful bargaining agent for the officers of the Township of Greenwich Police Department. As per the provisions of the New Jersey Employer-Employee Relations Act of 1968, the following agreement is effective as to all employees in the bargaining unit.

3. This Agreement shall be binding upon the successors and assignees of the parties and no provision, term, or obligation herein shall be affected, modified, altered or changed in any respect by any change in the status of management of either party.

4. The bargaining unit is comprised of: Lieutenants, Sergeants, Detectives, Detective Sergeants, and Patrolmen (classes 1 to 7 inclusive). The positions of Chief and Captain shall be deemed to be management positions, and not includable in this Agreement. Dispatchers are not part of the bargaining unit.

5. The Employer agrees to allow any member of the bargaining unit that becomes any elected officer of PBA Local No. 122 or the New Jersey State PBA time off, when on duty, to attend and to preside over the monthly meetings of the State PBA and Local No. 122. It is understood that the time off given to the member of the bargaining unit is with pay and without penalty and that he or she will be away from his or her assigned duties only for the duration of the meeting with allowance for reasonable travel time to and from the meeting varying with its location. It is further agreed to and understood that if the bargaining unit member's shift is short handed with only one remaining officer to patrol the Township, the Chief of Police will authorize overtime for a second officer to be called in to supplement the short handed shift.

ARTICLE II

DESIGNATED MANAGEMENT RIGHTS

It is recognized that the management of the Division of Police in the Department of Public Safety, the control of properties and maintenance of order and efficiency, is solely the responsibility of the Township. Accordingly, the Township retains the rights, including but not limited to, hire, suspend, or discharge for just cause, assign, promote, or transfer to determine the amount of overtime to be worked, to relieve employees from duty because of lack of work or for other legitimate reasons, decide the number and location of its facilities and stations, to determine the work to be performed within the unit, maintenance and repair, amount of supervision if necessary, machinery and equipment, methods, schedules of work, together with the selection, procurement, designing, engineering, and the control of equipment and materials, purchases, services of others, contract or otherwise, except as they may be otherwise specifically limited in this Agreement and to make reasonable and binding rules which shall not be inconsistent with this Agreement.

ARTICLE III

NON-DISCRIMINATION

There shall be no discrimination, interference, or coercion by the Employer or any agents against the PBA or any of its members. The parties shall adhere to all state and federal law prohibiting employment discrimination.

ARTICLE IV

MAINTENANCE OF WORK OPERATIONS

The parties agree that there shall be no lock-outs, strikes, work stoppages, sick outs, or slow downs during the life of this Agreement. No officer or representative of the PBA shall authorize, instigate, or condone any such activity, nor shall any employee participate in any such activity. It is understood that violations of the provisions of the Article may subject any employee participating in or condoning such activity to disciplinary action by the Township. Such disciplinary action may include termination of employment, or any other appropriate form of lesser discipline.

The parties recognize that under New Jersey law, public employees do not have the right to strike.

The Employer shall not be required to discuss, negotiate, or hear or rule on any problem or grievance related to any strike or other work stoppage or slow down until such time as such prohibited acts are discontinued.

ARTICLE V

PROBATIONARY PERIOD; WAGES

1. During the first one year of employment, an employee is considered a probationary employee and the employer may terminate his employment without challenge by either the Employee or the Union and without resort to the grievance procedure or any other hearing procedure. This provision shall not affect his/her eligibility for benefits.

2. There shall be seven classes of patrolman with the seventh class being the lowest. Officers will graduate through the classes upon each anniversary of his/her date of appointment as a police officer until he/she reaches first class.

3. The Seventh class patrolman will be an entry level position for officers who do not possess New Jersey PTC certification and a minimum of one year law enforcement experience when hired.

4. The Sixth class patrolman will be entry level for those officers who are New Jersey PTC certified and have at least one year law enforcement experience.

5. The Township may at its discretion hire a police officer at a higher classification commensurate with that officer's experience.

6. The salary of all patrolmen, sergeants, detectives, and lieutenants shall be set forth in the Salary Schedule attached hereto, for the years 2005, 2006, 2007 and 2008.

7(a). Members of the bargaining unit shall receive, in addition to the base salary, longevity compensation upon the completion of full years of service with the Township of Greenwich Police Department as of January first of each year as set forth below. This compensation shall be calculated on base salary.

(b). Employees hired after June 15, 2000, will not receive longevity compensation until reaching ten years of service with the Township.

Longevity shall be as follows:

- a. After 5 years 2.0%
- b. After 10 years 3.0%
- c. After 15 years 3.75%
- d. After 20 years 4.75%

8. All members of the bargaining unit will have their longevity compensation incorporated into, and it shall become part of, their base salary and subject to all deductions as base pay. The longevity compensation disbursement shall be paid to employees in twenty-six equal disbursements.

9. There shall be no credit for time spent as a dispatcher regarding the calculation of years of service for longevity purposes for any employee hired after October 1, 1989.

10. When a non-ranking officer is in charge of a shift for more than ten (10) consecutive calendar days, that officer will be compensated at Sergeant's salary while serving in that position. Compensation will begin following the initial 10 day period and not be retroactive for the initial 10 days.

ARTICLE VI

HEALTH AND INSURANCE BENEFITS

1. The Township shall continue to maintain and provide full medical and prescription coverage at the Township's expense, to each employee and his/her family in accordance with the terms of the "Active PPO Plan-Greenwich Township" which first became effective January 1, 2001, and is described in Exhibit "A" attached hereto, or the equivalent thereof. Benefits, co-payments and deductible amounts shall be as described therein, provided that co-payments for office visits shall be ten (\$10.00) dollars; co-payments for generic drugs shall be five (\$5.00) dollars and ten (\$10.00) dollars for brand name drugs; and officers shall be reimbursed at eighty (80%) percent rather than the current practice of one hundred (100%) percent of the thirty (30%) percent co-insurance payment for which bargaining unit members are responsible under the Plan for any out-of-network services. With respect to the "Office Visit" co-payment, the Township shall reimburse officers for all co-payment amounts exceeding one hundred (\$100.00) dollars in the aggregate per calendar year in the case of single coverage, and exceeding two hundred (\$200.00) dollars in the aggregate per calendar year in the case of family coverage. In addition, the Township will pay all medical bills for injuries or illnesses sustained in the line of duty.

2. The Township shall continue to maintain and provide the same level of benefits as those carried under the plan described in paragraph One (1) of this Article and as recognized in the parties' 2000-2002 collective bargaining agreement.

3. Any police officer who retires from the Greenwich Township Police Department in good standing shall be entitled to receive fully paid family plan health insurance benefits as set forth under the terms of this paragraph until he becomes deceased. This is conditioned only

upon the retired police officer having twenty-five (25) years of credited service under the Police and Firemen's Retirement System (PFRS) and not receiving this benefit from any other source. The retiree shall be entitled to the identical medical benefits at the time of retirement as were in effect for active officers at the time the officer retired. Should the employee receive the benefit through any other source and then lose this benefit, he would be entitled to receive this coverage through the Township of Greenwich. In the event that legislation is enacted which permits the employer to pay for medical benefits upon retirement with twenty (20) years of credited service, this provision will be applied to members of this bargaining unit.

Officers who retired prior to January 1, 2001 and are eligible for continued health insurance coverage at Township expense, shall continue to receive such coverage pursuant to the terms and conditions described under the "2001 IDA Plan," attached hereto as Exhibit "B". Officers who retired on or after January 1, 2001, and are eligible for continued health insurance coverage at Township expense, shall receive such continued coverage under the "Article PPO Plan-Greenwich Township" described in Exhibit "A" attached hereto. For such eligible retirees who retired on or after January 1, 2001, benefits, co-payments, and deductible amounts shall be as described in Exhibit "A" provided, however, that with respect to the "Office Visit," co-payment and prescription co-payment, the Township shall reimburse officers for all co-payment amounts exceeding one hundred (\$100.00) dollars in the aggregate per calendar year in the case of single coverage, and for all co-payment amounts exceeding two hundred (\$200.00) dollars in the aggregate per calendar year in the case of family coverage.

Officers who retire on or after January 1, 2005 shall be entitled to the identical medical benefits at the time of retirement as were in effect for active officers at the time the officers retired.

4. The Township will pay for each employee and family to receive an eye examination and prescription glasses or contacts each year. The total cost of this benefit shall not exceed \$250 per year per family.

5. If an officer is killed in the line of duty, his widow and children shall receive all medical and dental benefits to which he would have been entitled at the time of his/her death. The benefits for the widow shall continue until such time as the widow remarries. The benefits shall continue for the children until such time as they become emancipated.

6. The members of the bargaining unit shall receive the New Jersey Dental Service Plan, NJBPA – sponsored plan designed as Program I and orthodontic rider. Those members of the bargaining unit not married shall be enrolled as single members. Those members of the bargaining unit that are married but have no children shall be enrolled as two (2) parties, and those members of the bargaining unit who are married and have children shall be enrolled as family members. Should any member of the bargaining unit become married, have children, or become divorced, the Employer must be notified immediately so that his enrollment in the dental service plan can be modified to ensure that the member is appropriately protected and at the same time the Township is not paying for unnecessary coverage.

It is the intent of this Agreement that even if a member of the bargaining unit becomes a widower or divorced, that his children shall continue to be covered by the plan in effect.

7. The Township shall pay for all health insurance for the widow/widower of an employee who has completed ten (10) years of employment with the Township, until such time as the widow remarries.

8. The Township shall pay for all health insurance for the employee and his family if the employee becomes disabled after ten (10) years of employment with the Township.

9. The Township shall pay the cost of and maintain a life insurance policy that will pay the beneficiary of the employee ten thousand dollars (\$10,000.00). This policy shall remain effect until the last day of the insurance month in which that employee leaves the job or retires.

10. The Township shall provide each employee with weekly income insurance in the amount of three hundred (\$300.00) dollars per week. The Township shall be the beneficiary of the weekly income insurance as long as they are paying the employee's salary. When the employee's sick leave is used up and the Township stops paying his salary, the weekly insurance shall be paid to that employee.

11. All members of the bargaining unit shall be entitled to one complete physical annually, at the Township's expense, to the extent not otherwise covered by the Township's existing health insurance plan.

ARTICLE VII

BEREAVEMENT LEAVE

1. All members of the bargaining unit shall be granted special leave, with pay, because of death in the family. Such leave shall start when requested to ensure time off to attend the funeral. Time off shall be set forth below:

- a. Death of a spouse, son or daughter5 days leave
- b. Death of a mother, father, brother, sister or grandchild3 days leave
- c. Death of a mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparents of employee and spouse, uncle, aunt, cousin, niece or nephew of employee1 day leave

ARTICLE VII

HOLIDAY AND PERSONAL LEAVE

1. All members of the bargaining unit shall be entitled to compensation for the following holidays:

- a. New Year's Day
- b. Washington's Birthday
- c. Good Friday
- d. Memorial Day
- e. Independence Day
- f. Labor Day
- g. Veteran's Day
- h. General Election Day
- i. Thanksgiving Day
- j. Christmas Day
- k. Birthday of the employee
- l. Martin Luther King Day

Each member of the bargaining unit shall be entitled to compensation for a holiday at the rate of eight (8) hours straight time. The twelve above holidays shall be incorporated in the employee's annual salary commencing January 1, 1986 (8 hours x 12 = 96 hours added to annual salary).

2. In the event that a member of the bargaining unit is required to work on any day set forth in paragraph One (1) of this Article, the rate of compensation shall be computed at straight time times (x) one half (1/2) the total number of hours worked on that day.

3. Distribution of all holiday pay shall be made within the pay period that the holiday is worked.

4. Each member of the bargaining unit shall be entitled to three (3) personal days leave annually. Each member will be permitted to take personal days upon request with the exception of holidays. The employee must give at least twenty-four (24) hours notice to the Employer with the exception that one personal day may be taken without such notice for an

emergency, which is defined as an unforeseen occurrence, which necessitates the presence of the employee, regarding a matter which the employee is unable to resolve outside of the work day. In the event it is subsequently found that the occurrence does not meet the definition of an emergency, use of the day as a personal day may be disallowed by the Chief.

5. Employer shall give a personal day to each employee who goes six consecutive months with no lost time due to illness or injury. The day shall be used during the six-month period immediately following the day it is given.

ARTICLE IX

VACATIONS

1. Members of the bargaining unit excluding detectives, shall receive an annual vacation in accordance with their years of service with the Township as set forth in Schedule A:

Schedule A
Vacations

- a. After fifty (50) weeks of service 60 hours/5 days
- b. After two (2) years of service 96 hours/8 days
- c. After five (5) years of service 144 hours/12 days
- d. After ten (10) years of service..... 180 hours/15 days
- e. After fifteen (15) years of service 204 hours/17 days
- f. After twenty (20) years of service 228 hours/19 days

Effective January 1, 2008 and thereafter, members of the bargaining unit excluding detectives, shall receive an annual vacation in accordance with their years of service with the Township as set forth in Schedule A below:

Schedule A
Vacations

- a. After fifty (50) weeks of service 72 hours/6 days
- b. After two (2) years of service 108 hours/9 days
- c. After five (5) years of service 156 hours/13 days
- d. After ten (10) years of service..... 192 hours/16 days
- e. After fifteen (15) years of service 216 hours/18 days
- f. After twenty (20) years of service 240 hours/20 days

2. The vacation schedule shall be approved by the Chief of Police or his designee so as not to interfere with the operation of the Department. The vacation of each member of the bargaining unit shall be approved in accordance with the current practice of the Department and shall consider the seniority of the member of the bargaining unit.

3. Unit members shall retain the right to submit vacation requests on a daily basis subject to the limitation that no more than one member be on vacation for each calendar day of

the year. When scheduling permits and only upon the discretion of the Chief of Police and upon his written approval, more than one member can be on vacation in the same calendar day of the year. The first pick shall be prime vacation. The prime pick shall not exceed the number of working days the employee is scheduled to work in that week. In regard to all other vacation days, unit members shall have the option to submit vacation requests in increments of one (1) day or more provided that such scheduling does not cause the Township to incur overtime to cover the days of the vacationing employee and provided such a request is made at least twenty-four (24) hours in advance. One day equals the total number of hours scheduled to work in a daily shift.

4. In the event of a return to an eight hour day of patrol personnel, vacation Schedule A shall terminate and be replaced by vacation Schedule B upon commencement of the eight (8) hour day schedule.

5. Detectives shall receive annual vacation in accordance with their years of service as set forth in Schedule B:

Schedule B

- a. After fifty (50) weeks of serviceone (1) week and one (1) day
- b. After two (2) years of service two(2) weeks and one (1) day
- c. After five (5) years of service three (3) weeks and one (1) day
- d. After ten (10) years of service..... four (4) weeks and one (1) day
- e. After fifteen (15) years of service four (4) weeks and three (3) days
- f. After twenty (20) years of service five (5) weeks and two (2) days

NOTE: One (1) week = forty (40) hours
 One (1) day = eight (8) hours, under Schedule B

Effective January 1, 2008 and thereafter, detectives shall receive annual vacation in accordance with their years of service as set forth in Schedule B below:

Schedule B

- a. After fifty (50) weeks of serviceone (1) week and two (2) days
- b. After two (2) years of service two(2) weeks and two (2) days
- c. After five (5) years of service three (3) weeks and two (2) days
- d. After ten (10) years of service..... four (4) weeks and two (2) days
- e. After fifteen (15) years of service four (4) weeks and four (4) days
- f. After twenty (20) years of service five (5) weeks and three (3) days

ARTICLE X

SICK LEAVE

1. Each member of the bargaining shall receive sick leave of one and one-quarter (1 ¼) days per month of employment starting with the date of hire and shall be carried over on an unlimited basis. No sick leave shall be used by an employee while that employee is in his or her probationary period.

2. The Employer has the right to reasonably request a medical examination by a doctor of its choosing or to ask the employee for verification of his or her injury or illness through the submission of a medical report or letter.

3. For all injuries or illnesses incurred in the line of duty, the member of the bargaining unit shall receive up to twelve (12) full months of sick leave with pay. The Side-Letter Agreement entered into by the Township, PBA 122 and the Greenwich Township Dispatchers Association concerning sick leave donation is incorporated herein and applicable to each member of the bargaining unit.

4. All time used as sick leave shall be compensated as time actually worked within the eighty-four (84) hour work period, with the exception as follows:

It is understood and agreed that employees who are absent for more than fourteen (14) consecutive days shall not accrue compensatory time for that entire absence.

5. After the first day off for illness, the Chief of Police or designee shall go to the overtime schedule and call the employee with the least amount of hours worked for overtime. If that employee turns down the overtime, the Chief will go down the list and call all available persons and, if no one wants that shift overtime, then the first person called shall be called again

and he/she shall work the shift for overtime. Any employee who has called out sick may not work overtime until after completing his or her first regular shift upon return to duty.

6. Any member of the bargaining unit who retires from the Township in good standing shall be entitled to compensation for any unused sick leave that the employee has accrued during the employee's years of service with the Township. Said compensation shall be calculated pursuant to paragraphs 9 and 10 below.

7. For each employee hired prior to January 1, 1980, a separate sick leave account will be established and maintained. This account will be maintained separate and apart from the employee's sick leave benefit as set forth in paragraph 1 of Article X. By establishing the employee's accrued sick leave account, it is not the intent to reduce any sick leave benefits the employee currently enjoys.

8. The account will be derived by reviewing each employee's past work records from date of hire to the present with regards to the actual sick days used by each employee during their years of service with the Township. The calculation will be done for each employee, utilizing the past records, as it was done by the current practice for those employees hired after January 1, 1980. The account will be kept current and maintained hereafter, until such employee retires.

9. The compensation will be determined by using the employee's daily rate of compensation, at the time of his retirement, multiplied by the number of unused sick days accrued by the employee, which will determine the value of the unused sick leave accrued by the employee. The Township will pay the employee 35% of the value of the unused sick leave, upon retirement.

10. This payment may be spread out over two calendar years following the officer's retirement, with fifty (50%) percent to be paid in January of the first year and fifty (50%) percent in January of the second year. The payments are to be made directly to the officer and/or his or her estate upon death.

ARTICLE XI

CLOTHING MAINTENANCE/EQUIPMENT

1. The employer will pay for all new uniforms and related police equipment as needed.
2. The maintenance and cleaning of uniforms and related equipment will be fully paid by the Township as is present policy.
3. In regard to non-uniformed members of the unit, detectives shall receive a clothing allowance of \$950.00. Detectives are to receive the costs of one pair of shoes per year. The costs not to exceed the cost of shoes provided for patrol officers. Detectives shall receive annually as reimbursement for cleaning in an amount equal to the average cost of uniform cleaning paid by the Township the previous year for uniformed officers. The Township shall make this disbursement in the month of January.
4. The Township shall include body armor as part of uniform equipment and provide for its replacement as per manufacturer's recommendation.
5. The Employer shall provide each member of the bargaining unit with practice ammunition not to exceed an annual cost of five hundred dollars (\$500.00) for the Department.

ARTICLE XII

OVERTIME PAY

1. Each member of the bargaining unit, excluding detectives, shall be compensated as on an eighty-four (84) hour work period. The work period shall consist of two (2) consecutive calendar weeks. Eighty (80) hours shall be paid in straight time and four (4) hours shall be taken in compensatory time. For the initial eighty-four (84) work period, each member shall be entitled to compensation in the form of pay or compensatory time for all time actually worked in furtherance of his/her police duties, as above. When the employee is required to work more than the eighty-four (84) hours in any one (1) work period, he/she shall be entitled to pay at the rate of one and one-half (1 ½) times his/her regular hourly rate.

2. Overtime shall be required. Insofar as practical, the Employer shall attempt to distribute overtime equitably. An overtime list shall be maintained by the Employer and such list shall be posted and kept current on a weekly basis.

3. Compensatory time is defined as entitlement to time off equal to the number of hours earned provided the scheduling of such compensatory time would not cause the Township to incur the payment of overtime. Compensatory time accrued within a six (6) week period, shall be taken within that six (6) week period when scheduling permits without the Township incurring overtime costs. Any member of the bargaining unit may credit accrued compensatory time to sick leave in lieu of taking days off, not to exceed four (4) sick days a year.

4. Bargaining unit members agree to accept compensatory time calculated at time and one half in lieu of paid overtime for any hours they work which exceed the current eighty-four for the purpose of attending any non-mandated school and/or in-service training. Non-

mandated schools and training for purposes of this section are any schools or training that is not mandated by the State, but is authorized or ordered by the Employer.

5. Employees agree to accept compensatory time calculated at time and one-half in lieu of paid overtime for time spent in attendance of departmental meetings. Lieutenant and Sergeants will receive compensatory time up to eight (8) hours annually, and all other officers will receive compensatory time up to six (6) hours annually. Any hours which exceed the limits of this section, will be compensated monetarily at one and one-half that employee's hourly rate.

6. Overtime compensatory for detectives shall be as follows: straight time after 40 hours per calendar week; compensatory time at time and one-half rates after 43 hours per calendar week; overtime pay at time and one-half after 48 hours per calendar week.

7. A detective shall be paid one and one-half (1½) times his/her hourly rate for all hours worked on a holiday.

8. A detective on call on Saturday and/or Sunday shall receive compensation of two hours straight pay per day of the weekend he/she is on call. If the detective on call is actually required to work on the Saturday and/or Sunday, he/she shall be entitled to receive two (2) hours straight pay given by this Article for the day or days he/she is required to work.

9. A detective temporarily assigned to patrol duty shall be paid his/her detective's salary. All other rights and privileges of such detective temporarily assigned to patrol duty shall be the same as an officer with the patrol division.

10. Officers who are assigned to patrol will be compensated with four (4) hours straight pay for any change in regular work schedule with less than seventy-two (72) hours notification to the employee of such change. Employees will only be entitled to one four (4)

hour compensation per seven (7) day work week. The work week as it pertains to this section will be Sunday to Saturday to be consistent with existing pay periods.

11. Officers assigned to the K-9 unit shall perform two (2) different types of work; (1) their regular duties as police officers, and (2) the care and training of the canines assigned to them.

a. There is hereby established a separate, *bona fide* hourly rate of pay for canine care and training, which hourly rate is \$5.15 per hour. It is understood and agreed that this separate, *bona fide* hourly rate of pay equals the current applicable statutory minimum wage now in effect. Should the applicable statutory minimum wage be modified, the separate *bona fide* hourly rate of pay set forth herein shall be similarly modified.

b. The separate, *bona fide* hourly rate for canine care for canine care and training shall apply to all time during which K-9 officers perform canine care and training work outside of their regular police duty hours; provided, however, that no officer shall perform more than four (4) hours per week of canine care and training work outside of their regular police duty hours without the express prior authorization of the Township.

c. Pursuant to 29 U.S.C. 785.23, the Township and PBA hereby agree that all officers shall be credited with four (4) hours overtime compensation each week, based on the separate *bona fide* rate of \$5.15, as compensation for canine care and training work outside of their regular police duty hours. The first forty (40) hours of overtime compensation under this paragraph shall be in the form of compensatory time, at the rate of one and one-half hours accrued for every hour credited, resulting in a maximum total of sixty (60) accrued compensatory hours per year. The remaining overtime compensation shall be in the form of pay at the rate of time and one-half, resulting in a maximum total payment of \$1,298.64 per year.

Any canine care and training in excess of four (4) hours per week, for which prior express authorization was received, will be compensated in accordance with law, based on the separate *bona fide* rate of \$5.15.

d. Officers assigned to the K-9 unit shall receive \$250.00 per year for food for the canine. This shall be dispersed on or about January 1st of each year. Current procedure for food purchasing shall continue.

e. The Township shall pay the yearly veterinary maintenance fee and any emergency veterinary care that may be needed for the canine at the veterinary hospital of the Township's choosing.

f. The Township will provide, maintain, and replace any equipment as needed for the canine or the handler.

g. All officers assigned to the K-9 unit shall, as a condition of their assignment, be required to acknowledge in writing their acceptance of the conditions set forth in paragraphs a-g above prior to commencing their K-9 assignment.

ARTICLE XIII

GRIEVANCE PROCEDURE

1. The term "Grievance" as used in this Article shall mean a complaint by a member of the bargaining unit against the Employer alleging a failure to comply with any of the provisions of this Agreement and/or concerning the meaning or application of the terms of this Agreement or any right which that employee may have under the laws of the State of New Jersey or the United States. The following grievance procedure constitutes the sole and exclusive method for resolving grievances between the parties and shall be followed in its entirety unless any step is waived by the mutual consent of the parties.

Step One. The aggrieved employee or his representative shall institute a grievance under the provisions of this Article, in writing, within 10 days of the occurrence of the alleged grievance. A genuine and sincere effort shall be made to settle the dispute between the PBA and the Chief of Police. Failure to file the grievance within 10 days of its occurrence shall be deemed an abandonment of the grievance. The PBA representative shall meet with the Chief of Police and discuss the grievance with him/her, informally. The Chief shall render his written decision within five days after the discussion of the grievance with the PBA representative. Failure to render a written decision within five days shall permit the PBA to automatically move to Step 2. For purposes of computation, the five days mentioned herein shall not include Saturday, Sunday, or holidays.

Step Two. In the event that the grievance has not been resolved at Step One, the aggrieved party shall, in writing and signed, file a grievance with the Director of Public Safety within five calendar days following the conclusion of Step One. The PBA representative and the Director of Public Safety shall meet and discuss the grievance. The Director of Public Safety

shall render a written decision within five calendar days from the receipt of the grievance. If no written decision is rendered, the grievance is deemed to be denied and the grievance may automatically progress to Step Three.

Step Three. In the event that the grievance has not been resolved at Step Two, the PBA shall, in writing and signed, file a grievance with the Public Safety Committee. The PBA and Public Safety Committee shall meet to discuss the grievance within 15 days of the filing of said grievance. If the meeting does not take place within 15 days or if a written decision is not forthcoming within five (5) days of the meeting, the grievance is deemed to be denied and it may progress to Step Four.

Step Four. 1. In the event that the grievance has not been resolved in any of the steps set forth above, the matter may be referred to arbitration. The party demanding arbitration shall serve written notice of its intention to arbitrate on the other party within 10 calendar days following the termination of Step Three. The arbitration petition shall be filed with the Public Employment Relations Commission and the hearing shall be conducted in accordance with the rules and regulations of that agency. The cost of the arbitrator shall be borne equally by the parties. The decision of the arbitrator shall be final and binding upon the parties. Each party shall bear the expenses for the presentation of its case, including the payment of any witness who may testify and thus not be able to attend his/her scheduled work assignment.

2. The time limits set forth above may be extended by the mutual consent of the parties, in writing.

3. The PBA representative shall have the right to be present at all steps of the grievance procedure. In the event that his/her attendance is during her/her scheduled working hours, he/she shall suffer no loss of pay.

ARTICLE XIV

REIMBURSEMENT OF MILEAGE EXPENSES

Any member of the bargaining unit who uses his/her own vehicle in the course of his/her duties or as transportation to any police function authorized by the Chief of Police shall be entitled to reimbursement for his/her mileage at the rate authorized by the Internal Revenue Service for the current year.

ARTICLE XV

DURATION

The Agreement shall be effective January 1, 2005 and remain in effect until December 31, 2008. If either party wishes to renegotiate any provision of this Agreement they must serve written notice upon the other party of its intent to renegotiate no later than September 1, 2008. Failure to so notify the other party shall automatically continue the terms and provisions of the Agreement for the following year.

ARTICLE XVI

MODIFICATION OF AGREEMENT

1. This document constitutes the full and complete Agreement between the parties. The parties acknowledge that they have had the opportunity to present and discuss the proposal on any subject which is the proper subject of collective negotiation. No term or condition of the Agreement may be modified unless in writing and signed by both parties.

2. Except as modified by this Agreement, all rights, privileges, or benefits which were applicable to the PBA prior to the execution of this Agreement shall be maintained at not less than the existing standard in effect before signing the Agreement. These rights and privileges shall remain in full force and effect during the term of the Agreement.

3. Both parties agree that it will be permissible to open negotiations at any time during the life of this Agreement, upon written request for the purpose of creation of special program(s) and/or unit(s), such as, but not limited to; Canine Unit, Bicycle patrol, Community Policing Programs, etc. The terms and conditions discussed and amended as a result of this reopening shall be narrow in scope and will be limited to those terms and conditions directly effected by the creation and implementation of these units. Other issues or topics will not be permitted in the negotiations, except upon mutual consent and in writing of both parties. Nothing in this section is meant to compel any negotiations not affected by the implementation of such program(s) or unit(s).

ARTICLE XVII

SAVINGS CLAUSE

It is understood and agreed that if any part of this Agreement is in conflict with the law, such part shall be suspended and the remaining Agreement shall remain in full force and effect.

SALARY SCHEDULE

Title	2005 Inc. 3.8%	2006 Inc. 3.9%	2007 Inc. 4%	2008 Inc. 4%
Lieutenant	73,591	76,461	79,520	82,700
Sergeant	70,981	73,749	76,699	79,767
Detective Sergeant	70,981	73,749	76,699	79,767
Detective	68,021	70,674	73,501	76,441
Patrolman 1 st	66,718	69,321	72,093	74,977
Patrolman 2 nd	54,128	56,239	58,488	60,828
Patrolman 3 rd	46,522	48,336	50,270	52,281
Patrolman 4 th	39,706	41,254	42,904	44,620
Patrolman 5 th	36,109	37,517	39,018	40,579
Patrolman 6 th	34,400	35,742	37,172	38,659
Patrolman 7 th	32,692	33,967	35,325	36,738

Salaries in this Schedule do not reflect longevity, which will be incorporated into the base salary of those employees who are entitled as per Article V, Section 8 of this Agreement.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals this

day of January, 2005.

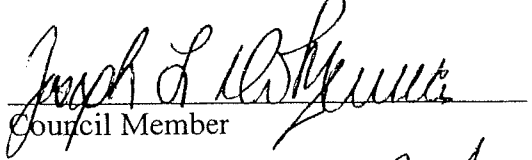
Township of Greenwich



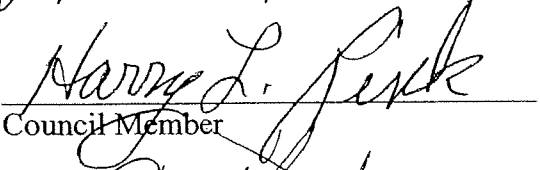
Mayor



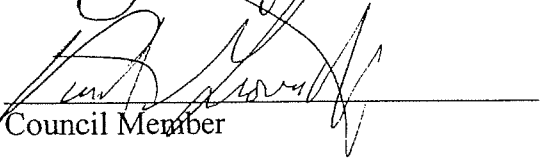
Council Member



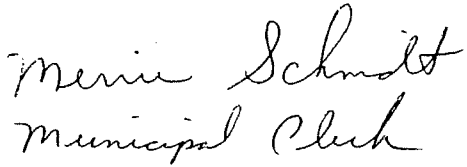
Council Member



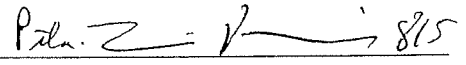
Council Member



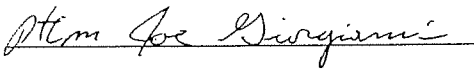
Council Member


Municipal Clerk

PBA Local No. 122



815



Item for Discharge

EXHIBIT A

**BENEFIT SUMMARY - ACTIVE PPO PLAN
GREENWICH TOWNSHIP**

BENEFIT DESIGN	PROVISIONS	IN-NETWORK (NETWORK)	OUT-OF-NETWORK (NON-NETWORK)
DEDUCTIBLES** • Per Calendar Year	• Per Covered Person	NONE	\$250**
	• Per Covered Family Unit (Two (2) Covered Persons must each satisfy a separate individual Calendar Year Deductible.)	NONE	\$500**
PLAN COVERAGE	• Percentage payable	100%	70%, 100%
COPAYMENT PER HOSPITAL/FACILITY CONFINEMENT	• Copayment applies per Day per Hospital/Facility Confinement • Copayment applies per Covered Person • \$500 Maximum Copayment per Confinement* • \$1,000 Maximum Copayment Total per Calendar Year*	\$100 per Day \$500 per Confinement \$1,000 per Calendar Year <i>NONE</i>	NOT APPLICABLE
COINSURANCE (Maximum eligible Covered Charges)	• The amount of Covered Charges accumulated before the 100% provision applies		\$5,000 <i>510,000</i>
OUT OF POCKET MAXIMUM (Coinsurance Limit) • Per Calendar Year* Note: Copayments for In-Network services do count toward satisfying the Out-of-Network Deductibles or Out-of-Pocket Maximum	• Per Covered Person • Including Calendar Year Deductible	NONE	When a Covered Person's annual coinsurance (out-of-pocket) equals \$1,250 including the Calendar Year deductible; the 100% provision will apply for all eligible covered charges for that Covered Person for the balance of that Calendar Year
	• Per Covered Family Unit (Cumulative) • Including Calendar Year Deductible	NONE	When the Covered Family Unit's annual coinsurance (out-of-pocket) equals \$2,500 including the Calendar Year deductibles; the 100% provisions will apply for all eligible covered charges for all Covered Persons in the Family Unit for the balance of that Calendar Year
INDIVIDUAL LIFETIME MAXIMUM	• Per Covered Person • Combined Lifetime Maximum Benefit In & Out-of-Network		2,000,000

* All Limitations and Maximum Totals are combined In and Out-of-Network unless otherwise noted.

** Deductibles: \$250 per Covered Person per Calendar Year
\$500 per Covered Family Unit per Calendar Year (Two (2) Covered Persons must each satisfy a separate individual Calendar Year Deductible.)

NOTE: Substance Abuse (Alcohol Related) covered on the same basis as any other Medical Condition.

@ Precertification Required - Non Compliance Penalty - Inpatient and Emergency Admissions, Surgical Procedures or Skilled Nursing Facility and other services noted with an "@" which are not precertified or authorized are subject to a 20% reduction in benefits payable; to a Maximum of \$500 per Calendar Year. The Covered Person's 20% responsibility will not be applied to the Calendar Year coinsurance (out-of-pocket maximum), and will not include this Plan's Deductible or Copayment where applicable. Certain other services such as Home Health Care, Infusion Therapy, Durable Medical Equipment, Nutritional Counseling, Hospice Care, Fertility Services and Prosthetic Devices are also subject to a 20% reduction in benefits payable if not precertified or authorized; to a Maximum of \$500 per Calendar Year.

**BENEFIT SUMMARY - ACTIVE PPO PLAN
GREENWICH TOWNSHIP**

BENEFIT DESIGN	PROVISIONS	IN-NETWORK (NETWORK)	OUT-OF-NETWORK (NON-NETWORK)
<p>PREVENTIVE CARE</p> <ul style="list-style-type: none"> • \$500 Maximum Benefit per Calendar Year from birth to one (1) year of age applies to Out-of-Network provisions only* • \$300 Maximum Benefit from age one (1) and over applies to Out-of-Network provisions only* 	<ul style="list-style-type: none"> • Well Adult Care* - Including <ul style="list-style-type: none"> • Routine Physical Examinations* • Related X-ray & Laboratory Tests* • Immunizations/Vaccinations* • Well Woman Examinations* • Nicotine Dependency Treatment • Copayment applies per Office Visit In-Network only • Maximum Benefit applies per Calendar Year Out-of-Network only* 	<p>\$10 Copayment per Office Visit; then 100% Coverage</p> <p>Maximum Benefit NOT Applicable</p>	<p>Deductible Waived** 100% Coverage</p> <p>Maximum Benefit Applies*</p>
<ul style="list-style-type: none"> • Important See # Note Below • \$500 Maximum Benefit per Calendar Year from birth to one (1) year of age applies to Out-of-Network provisions only* • \$300 Maximum Benefit from age one (1) and over applies to Out-of-Network provisions only* 	<ul style="list-style-type: none"> • Pap Smear* <ul style="list-style-type: none"> • Limited to: One (1) per Calendar Year* • Mammography* <ul style="list-style-type: none"> • Limited to: Ages 35 - 39 - one (1) baseline* Ages 40 & over - one (1) per Calendar Year* • Prostate Screening* <ul style="list-style-type: none"> • Limited to: Age 40 & over with family history - one (1) per Calendar Year* Age 50 & over - one (1) per Calendar Year* 	<p>100% Coverage</p> <p>Maximum Benefit Applies*</p>	<p>Deductibles Waived** 100% Coverage</p> <p>Maximum Benefit Applies*</p>
	<ul style="list-style-type: none"> • Well Child Care* - Including <ul style="list-style-type: none"> • Routine Physical Examination* • Related X-ray & Laboratory Tests* • Copayment applies per Office Visit In-Network only • Maximum Benefit applies the first year of life Out-of-Network only* 	<p>\$10 Copayment per Office Visit; then 100% Coverage</p> <p>Maximum Benefit NOT Applicable</p>	
	<ul style="list-style-type: none"> • Well Child Care Immunizations/Vaccinations* • Screening & Treatment for Lead Poisoning 	<p>100% Coverage</p>	
<p>PHYSICIAN SERVICES</p>	<ul style="list-style-type: none"> • Inpatient Visits • Nursery Well Newborn Care (First seven (7) Days) • Surgical Services • Anesthesia • Assistant Surgeon 	<p>100% Coverage</p>	<p>Deductibles Apply** 70% Coverage; 30% Coinsurance</p>
	<ul style="list-style-type: none"> • Physician Visits (Office/Home) • All related care & services rendered during an Office Visit are covered at the percentage shown after the appropriate Copayment or Deductible, whichever applies • Copayment applies per Office Visit In-Network 	<p>\$10 Copayment per Office Visit; then 100% Coverage</p>	

* All Limitations and Maximum Totals are combined In and Out-of-Network unless otherwise noted.

** Deductibles: \$250 per Covered Person per Calendar Year
\$500 per Covered Family Unit per Calendar Year (Two (2) Covered Persons must each satisfy a separate individual Calendar Year Deductible.)

NOTE: Substance Abuse (Alcohol Related) covered on the same basis as any other Medical Condition.

@ Precertification Required - Non Compliance Penalty - Inpatient and Emergency Admissions, Surgical Procedures or Skilled Nursing Facility and other services noted with an "@" which are not precertified or authorized are subject to a 20% reduction in benefits payable; to a Maximum of \$500 per Calendar Year. The Covered Person's 20% responsibility will not be applied to the Calendar Year coinsurance (out-of-pocket maximum), and will not include this Plan's Deductible or Copayment where applicable. Certain other services such as Home Health Care, Infusion Therapy, Durable Medical Equipment, Nutritional Counseling, Hospice Care, Fertility Services and Prosthetic Devices are also subject to a 20% reduction in benefits payable if not precertified or authorized; to a Maximum of \$500 per Calendar Year.

**BENEFIT SUMMARY - ACTIVE PPO PLAN
GREENWICH TOWNSHIP**

BENEFIT DESIGN	PROVISIONS	IN-NETWORK (NETWORK)	OUT-OF-NETWORK (NON-NETWORK)
PHYSICIAN SERVICES (cont'd)	<ul style="list-style-type: none"> Specialist Visits (Office) All related care & services rendered during an Office Visit are covered at the percentage shown after the appropriate Copayment or Deductible, whichever applies Copayment applies per Office Visit In-Network 	\$10 Copayment per Office Visit; then 100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
	<ul style="list-style-type: none"> Chiropractic Visits Thirty (30) Visit Maximum Benefit per Calendar Year In & Out-of-Network* Copayment applies per Office Visit In-Network 		
	<ul style="list-style-type: none"> Allergy testing and treatment Copayment applies to Office Visit only 		
ASSOCIATED MEDICAL SERVICES • Facility Services	<ul style="list-style-type: none"> Diagnostic X-ray & Therapeutic X-rays MRIs and CAT Scans Chemotherapy & Radiation Therapy Diagnostic Screening Tests Laboratory and Pathology 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
	<ul style="list-style-type: none"> Medically Necessary - (Diagnosis Required) Mammography Pap Smear Prostate Screening & Testing 		
ASSOCIATED MEDICAL SERVICES • Professional/Physician Services	<ul style="list-style-type: none"> Diagnostic X-ray & Therapeutic X-rays MRIs and CAT Scans Diagnostic Screening Tests Laboratory and Pathology Chemotherapy & Radiation Therapy 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
	<ul style="list-style-type: none"> Medically Necessary - (Diagnosis Required) Mammography Pap Smear Prostate Screening & Testing 		

* All Limitations and Maximum Totals are combined In and Out-of-Network unless otherwise noted.

** Deductibles: \$250 per Covered Person per Calendar Year
\$500 per Covered Family Unit per Calendar Year (Two (2) Covered Persons must each satisfy a separate individual Calendar Year Deductible.)

NOTE: Substance Abuse (Alcohol Related) covered on the same basis as any other Medical Condition.

@ Precertification Required - Non Compliance Penalty - Inpatient and Emergency Admissions, Surgical Procedures or Skilled Nursing Facility and other services noted with an "@" which are not precertified or authorized are subject to a 20% reduction in benefits payable; to a Maximum of \$500 per Calendar Year. The Covered Person's 20% responsibility will not be applied to the Calendar Year coinsurance (out-of-pocket maximum), and will not include this Plan's Deductible or Copayment where applicable. Certain other services such as Home Health Care, Infusion Therapy, Durable Medical Equipment, Nutritional Counseling, Hospice Care, Fertility Services and Prosthetic Devices are also subject to a 20% reduction in benefits payable if not precertified or authorized; to a Maximum of \$500 per Calendar Year.

**BENEFIT SUMMARY - ACTIVE PPO PLAN
GREENWICH TOWNSHIP**

BENEFIT DESIGN	PROVISIONS	IN-NETWORK (NETWORK)	OUT-OF-NETWORK (NON-NETWORK)
SECOND SURGICAL OPINION	<ul style="list-style-type: none"> Physician other than one performing the surgical procedure 	\$10 Copayment per Office Visit; then 100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
MATERNITY/PREGNANCY @	<ul style="list-style-type: none"> Treated the same as any other Sickness 	\$25 Copayment for initial Visit only; then 100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
HOSPITAL INPATIENT @ <ul style="list-style-type: none"> General Conditions Substance Abuse (Alcohol Related) 	<ul style="list-style-type: none"> Unlimited Days Semi-Private Room/ Board Other Hospital provided Services, Facilities, Supplies & Equipment Intensive Care/Coronary Care/Neonatal Care/Burn Care Unit Newborn Nursery Facility Charges Copayment Applies per Day per Confinement to Maximum per Confinement Only one (1) Confinement Copayment applies up to the Maximum per Confinement 	Copayment per Day per Confinement Applies to the Maximum per Confinement; then 100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
HOSPITAL OUTPATIENT - <ul style="list-style-type: none"> Facility 	<ul style="list-style-type: none"> Ambulatory Surgery (includes Surgery Center Confinement) @ Surgery @ Chemotherapy & Radiation Therapy Blood Diagnostic X-rays & Laboratory Tests Dialysis Outpatient Therapy Services Other Services not specifically noted in this Plan Hospital Ambulance (if applicable) 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
HOSPITAL OUTPATIENT <ul style="list-style-type: none"> Professional/Physician Services 	<ul style="list-style-type: none"> Ambulatory Surgery (includes Surgery Center Confinement) @ Surgery @ Chemotherapy & Radiation Therapy Blood Diagnostic X-rays & Laboratory Tests Dialysis Outpatient Therapy Services Other Services not specifically noted in this Plan 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
PRE-ADMISSION TESTING <ul style="list-style-type: none"> Facility & Professional Service 	<ul style="list-style-type: none"> Performed within seven (7) Days of admission 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance

* All Limitations and Maximum Totals are combined In and Out-of-Network unless otherwise noted.

** Deductibles: \$250 per Covered Person per Calendar Year
 \$500 per Covered Family Unit per Calendar Year (Two (2) Covered Persons must each satisfy a separate individual Calendar Year Deductible.)

NOTE: Substance Abuse (Alcohol Related) covered on the same basis as any other Medical Condition.

@ Precertification Required - Non Compliance Penalty - Inpatient and Emergency Admissions, Surgical Procedures or Skilled Nursing Facility and other services noted with an "@" which are not precertified or authorized are subject to a 20% reduction in benefits payable; to a Maximum of \$500 per Calendar Year. The Covered Person's 20% responsibility will not be applied to the Calendar Year coinsurance (out-of-pocket maximum), and will not include this Plan's Deductible or Copayment where applicable. Certain other services such as Home Health Care, Infusion Therapy, Durable Medical Equipment, Nutritional Counseling, Hospice Care, Fertility Services and Prosthetic Devices are also subject to a 20% reduction in benefits payable if not precertified or authorized; to a Maximum of \$500 per Calendar Year.

**BENEFIT SUMMARY - ACTIVE PPO PLAN
GREENWICH TOWNSHIP**

BENEFIT DESIGN	PROVISIONS	IN-NETWORK (NETWORK)	OUT-OF-NETWORK (NON-NETWORK)
INPATIENT MENTAL DISORDERS AND SUBSTANCE ABUSE @ <i>(Drug Related)</i> • IMPORTANT - Partial Hospitalization (Day Care) must be pre-authorized. Unused Inpatient Days may be exchanged for Partial Hospitalization Visits on a two-for-one basis (One (1) Inpatient Day equals two (2) Partial Hospitalization Visits.)	<ul style="list-style-type: none"> • Semi-Private Room & Board, other Hospital Services & Supplies* • Copayment applies per Day per Confinement to Maximum per Confinement • Only one (1) Confinement Copayment applies up to the Maximum per Confinement • Combined Maximum Benefits Inpatient & Out-of-Network per Calendar Year* • Combined Maximum Benefits In & Out-of-Network per Calendar Year & Lifetime* • Day Care in an approved facility for not less than four (4) hours or more than sixteen (16) hours in any twenty-four (24) hour period. 	Copayment per Day per Confinement Applies to the Maximum per Confinement; then 100% Coverage Maximum Benefits Apply*	Deductibles Apply** 75% Coverage; 25% Coinsurance Maximum Benefits Apply* Out-of-Pocket Maximum NOT Applicable
INPATIENT SUBSTANCE ABUSE @ <i>(Alcohol Related)</i>	<ul style="list-style-type: none"> • Covered on the same basis as any other Medical Condition • Copayment applies per Day per Confinement to the Maximum per Confinement • Only one (1) Confinement Copayment applies up to the Maximum per Confinement 	Copayment per Day per Confinement Applies to the Maximum per Confinement; then 100% Coverage Maximum Benefits Apply*	Deductibles Apply** 70% Coverage; 30% Coinsurance Maximum Benefits Apply* Out-of-Pocket Maximum NOT Applicable
INPATIENT MENTAL DISORDERS AND SUBSTANCE ABUSE @ <i>(Drug Related)</i> • Related care in an Intermediate Care Facility • IMPORTANT - Partial Hospitalization (Day Care) must be pre-authorized. Unused Inpatient Days may be exchanged for Partial Hospitalization Visits on a two-for-one basis (One (1) Inpatient Day equals two (2) Partial Hospitalization Visits.)	<ul style="list-style-type: none"> • See Inpatient for provisions & limitations • Copayment applies per Day per Confinement to the Maximum per Confinement • Only one (1) Confinement Copayment applies up to the Maximum per Confinement 	Copayment per Day per Confinement Applies to the Maximum per Confinement; then 100% Coverage Maximum Benefits Apply*	Deductibles Apply** 70% Coverage; 30% Coinsurance Maximum Benefits Apply* Out-of-Pocket Maximum NOT Applicable
SUBSTANCE ABUSE CARE @ <i>(Alcohol Related)</i> • Related care in an Intermediate Care Facility	<ul style="list-style-type: none"> • Covered on the same basis as any other Medical Condition • Copayment applies per Day per Confinement to the Maximum per Confinement • Only one (1) Confinement Copayment applies up to the Maximum per Confinement 	Copayment per Day per Confinement Applies to the Maximum per Confinement; then 100% Coverage Maximum Benefits Apply*	Deductibles Apply; 70% Coverage; 30% Coinsurance Maximum Benefits Apply* Out-of-Pocket Maximum NOT Applicable

* All Limitations and Maximum Totals are combined In and Out-of-Network unless otherwise noted.

** Deductibles: \$250 per Covered Person per Calendar Year
 \$500 per Covered Family Unit per Calendar Year (Two (2) Covered Persons must each satisfy a separate individual Calendar Year Deductible.)

NOTE: Substance Abuse (*Alcohol Related*) covered on the same basis as any other Medical Condition.

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**BENEFIT SUMMARY - ACTIVE PPO PLAN
GREENWICH TOWNSHIP**

BENEFIT DESIGN	PROVISIONS	IN-NETWORK (NETWORK)	OUT-OF-NETWORK (NON-NETWORK)
OUTPATIENT MENTAL DISORDERS AND SUBSTANCE ABUSE <i>(Drug Related)</i>	<ul style="list-style-type: none"> • Combined Maximum Benefits Inpatient & Outpatient In & Out-of-Network per Calendar Year; and Lifetime* • Copayment applies per Office Visit In-Network* • For Partial Hospitalization (Day Care) see "Inpatient Mental Disorders"* 	\$10 Copayment per Office Visit; then 100% Coverage Maximum Benefits Apply*	Deductibles Apply** 70% Coverage; 30% Coinsurance Maximum Benefits Apply* Out-of-Pocket Maximum NOT Applicable
OUTPATIENT SUBSTANCE ABUSE <i>(Alcohol Related Care)</i>	<ul style="list-style-type: none"> • Covered on the same basis as any other Medical Condition 	\$10 Copayment applies per Visit; then 100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
MAXIMUM BENEFITS MENTAL DISORDERS	<ul style="list-style-type: none"> • Combined Inpatient Calendar Year Maximum Benefit In & Out-of-Network* • Combined Outpatient Calendar Year Maximum Benefit In & Out-of-Network* • Combined Inpatient Maximum Lifetime Benefit In & Out-of-Network* • Combined Outpatient Maximum Lifetime Benefit In & Out-of-Network* 	<ul style="list-style-type: none"> • Forty-five (45) Inpatient Days/Visits per Calendar Year* • Sixty (60) Inpatient Days/Visits Lifetime* • Twenty-five (25) Outpatient Visits per Calendar Year* • Fifty (50) Outpatient Visits Lifetime* 	
MAXIMUM BENEFITS SUBSTANCE ABUSE <i>(Drug Related)</i> • Substance Abuse <i>(Drug Related)</i>	<ul style="list-style-type: none"> • Combined Calendar Year & Lifetime Maximum Benefits Inpatient & Outpatient, In & Out-of-Network* 	<ul style="list-style-type: none"> • \$5,000 Calendar Year Maximum* • \$25,000 Lifetime Maximum* 	
MAXIMUM BENEFITS SUBSTANCE ABUSE <i>(Alcohol Related)</i>	<ul style="list-style-type: none"> • Combined Maximum Benefits, Inpatient & Outpatient, In and Out-of-Network, Calendar Year and Lifetime* 	Part of Plan Maximum	
DETOXIFICATION & RESIDENTIAL FACILITY @ • Substance Abuse <i>(Alcohol Related)</i> <i>(including outpatient)</i>	<ul style="list-style-type: none"> • Individual & group therapy • Combined Maximum Benefits Inpatient and/or Outpatient In & Out-of-Network per Calendar Year & Lifetime* • Refer to specific Plan Provisions 	100% Coverage Maximum Benefits Apply*	Deductibles Apply** 70% Coverage; 30% Coinsurance Maximum Benefits Apply*
OUTPATIENT SHORT TERM REHABILITATION	<ul style="list-style-type: none"> • Physical Therapy • Occupational Therapy • Combined thirty (30) Visit Maximum Benefit per Calendar Year combined for Physical and Occupational Therapy In & Out-of-Network* • Additional Visits may be provided following a Medical Review to determine Medical Necessity & Appropriateness of Care 	100% Coverage Maximum Benefit Applies*	Deductibles Apply** 70% Coverage; 30% Coinsurance Maximum Benefits Apply*
	<ul style="list-style-type: none"> • Speech Therapy • Cognitive Therapy • Combined thirty (30) Visit Maximum Benefit per Calendar Year combined for Speech and Cognitive Therapy In & Out-of-Network* • Additional Visits may be provided following a Medical Review to determine Medical Necessity & Appropriateness of Care 	100% Coverage Maximum Benefit Applies*	Deductibles Apply** 70% Coverage; 30% Coinsurance Maximum Benefits Apply*

* All Limitations and Maximum Totals are combined In and Out-of-Network unless otherwise noted.

** Deductibles: \$250 per Covered Person per Calendar Year
 \$500 per Covered Family Unit per Calendar Year (Two (2) Covered Persons must each satisfy a separate individual Calendar Year Deductible.)

NOTE: Substance Abuse *(Alcohol Related)* covered on the same basis as any other Medical Condition.

@ Precertification Required - Non Compliance Penalty - Inpatient and Emergency Admissions, Surgical Procedures or Skilled Nursing Facility and other services noted with an "@" which are not precertified or authorized are subject to a 20% reduction in benefits payable; to a Maximum of \$500 per Calendar Year. The Covered Person's 20% responsibility will not be applied to the Calendar Year coinsurance (out-of-pocket maximum), and will not include this Plan's Deductible or Copayment where applicable. Certain other services such as Home Health Care, Infusion Therapy, Durable Medical Equipment, Nutritional Counseling, Hospice Care, Fertility Services and Prosthetic Devices are also subject to a 20% reduction in benefits payable if not precertified or authorized; to a Maximum of \$500 per Calendar Year.

**BENEFIT SUMMARY - ACTIVE PPO PLAN
GREENWICH TOWNSHIP**

BENEFIT DESIGN	PROVISIONS	IN-NETWORK (NETWORK)	OUT-OF-NETWORK (NON-NETWORK)
OUTPATIENT SHORT TERM REHABILITATION <i>(cont'd)</i>	<ul style="list-style-type: none"> • Cardiac Rehabilitation Therapy • Radiation Therapy • Respiration Therapy • Infusion Therapy • Chelation Therapy 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
	<ul style="list-style-type: none"> • Inhalation Therapy • Prior authorization required 		
AMBULANCE (Ground, Rail or Air Transport) (Chartered air flights are not covered)	<ul style="list-style-type: none"> • Medically Necessary • To nearest facility where appropriate treatment can be rendered based on the Medical Condition • Also transportation between Inpatient Facilities 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
EMERGENCY SERVICES @ <ul style="list-style-type: none"> • Utilization Management notification & authorization required within forty-eight (48) hours of the emergency treatment In & Out-of-Network or Out of the Area in order to receive maximum benefits • Utilization Management Service notification required if admitted • Copayment waived if admitted 	<ul style="list-style-type: none"> • Benefits apply per incident for all services rendered within forty-eight (48) hours for the following: <ul style="list-style-type: none"> • Accidental Injury • Sudden & Serious Medical Condition (life & limb threatening) 	\$50 Copayment; then 100% Coverage	\$50 Copayment; then 100% Coverage if Utilization Management Service is notified within forty-eight (48) hours; otherwise, after forty-eight (48) hours Deductibles Apply** 70% Coverage; 30% Coinsurance
EMERGENCY ROOM CARE <ul style="list-style-type: none"> • Services rendered in the Emergency Room 	<ul style="list-style-type: none"> • Medical Condition (Non-Emergency) 	\$50 Copayment; then 100% Coverage	\$50 Copayment; then 100% Coverage if Utilization Management Service is notified within forty-eight (48) hours; otherwise, after forty-eight (48) hours Deductibles Apply** 70% Coverage; 30% Coinsurance
EMERGENCY CARE <ul style="list-style-type: none"> • Non-Hospital/Physician's Office 	<ul style="list-style-type: none"> • Accidental Injury • Medical Condition 	\$10 Copayment; then 100% Coverage	\$50 Copayment; then 100% Coverage if Utilization Management Service is notified within forty-eight (48) hours; otherwise, after forty-eight (48) hours Deductibles Apply** 70% Coverage; 30% Coinsurance

* All Limitations and Maximum Totals are combined In and Out-of-Network unless otherwise noted.
 ** Deductibles: \$250 per Covered Person per Calendar Year
 \$500 per Covered Family Unit per Calendar Year (Two (2) Covered Persons must each satisfy a separate individual Calendar Year Deductible.)

NOTE: Substance Abuse (*Alcohol Related*) covered on the same basis as any other Medical Condition.
 @ Precertification Required - Non Compliance Penalty - Inpatient and Emergency Admissions, Surgical Procedures or Skilled Nursing Facility and other services noted with an "@" which are not precertified or authorized are subject to a 20% reduction in benefits payable; to a Maximum of \$500 per Calendar Year. The Covered Person's 20% responsibility will not be applied to the Calendar Year coinsurance (out-of-pocket maximum), and will not include this Plan's Deductible or Copayment where applicable. Certain other services such as Home Health Care, Infusion Therapy, Durable Medical Equipment, Nutritional Counseling, Hospice Care, Fertility Services and Prosthetic Devices are also subject to a 20% reduction in benefits payable if not precertified or authorized; to a Maximum of \$500 per Calendar Year.

**BENEFIT SUMMARY - ACTIVE PPO PLAN
GREENWICH TOWNSHIP**

BENEFIT DESIGN	PROVISIONS	IN-NETWORK (NETWORK)	OUT-OF-NETWORK (NON-NETWORK)
HOME HEALTH CARE @	<ul style="list-style-type: none"> • Medically Necessary • Treatment Plan prescribed & monitored by Attending Physician • Treatment Plan reviewed every sixty (60) Days by the Attending Physician • Four (4) hours equal one (1) Visit • Additional Visits may be provided following a medical review to determine Medical Necessity & Appropriateness of continued care 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
OUTPATIENT PRIVATE DUTY NURSING	<ul style="list-style-type: none"> • Medically Necessary • Prescribed by the Attending Physician • These services are subject to the Home Health Care provisions (Refer to Home Health Care Provision.) 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
SKILLED NURSING/EXTENDED CARE FACILITY & REHABILITATION FACILITY @	<ul style="list-style-type: none"> • One hundred twenty (120) Day Maximum Benefit per Calendar Year* • Copayment applies per Day per Confinement to the Maximum per Confinement • Only one (1) Confinement applies up to the Maximum per Confinement • Combined Maximum Benefit per Calendar Year In & Out-of-Network* • Must begin within fourteen (14) Days of discharge from a Hospital Confinement or in lieu of Hospital Confinement for same or related condition 	100% Coverage Maximum Benefit Applies*	Deductibles Apply** 70% Coverage; 30% Coinsurance Maximum Benefit Applies*
BIRTHING CENTERS @ • Professional/Facility Services (where applicable)	<ul style="list-style-type: none"> • All services • Confinement Copayment Not Applicable 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
SURGICAL CENTERS @ • Professional/Facility Services (where applicable)	<ul style="list-style-type: none"> • Admission & discharge within twenty-four (24) hours • Confinement Copayment Not Applicable 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
FREESTANDING DIALYSIS CENTER @	<ul style="list-style-type: none"> • Medically Necessary • Prescribed by the Attending Physician 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
PROSTHETIC & ORTHOTIC APPLIANCES @ • Prior authorization required	<ul style="list-style-type: none"> • Medically Necessary • Prescribed by the Attending Physician • Breast Prosthesis following surgery • Dental treatment completed and Prosthesis within six (6) months of the Accidental Injury • This Plan provides for initial fitting and purchase unless predetermined that a replacement is Medically Necessary and Appropriate 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance

* All Limitations and Maximum Totals are combined In and Out-of-Network unless otherwise noted.

** Deductibles: \$250 per Covered Person per Calendar Year
\$500 per Covered Family Unit per Calendar Year (Two (2) Covered Persons must each satisfy a separate individual Calendar Year Deductible.)

NOTE: Substance Abuse (Alcohol Related) covered on the same basis as any other Medical Condition.

@ Precertification Required - Non Compliance Penalty - Inpatient and Emergency Admissions, Surgical Procedures or Skilled Nursing Facility and other services noted with an "@" which are not precertified or authorized are subject to a 20% reduction in benefits payable; to a Maximum of \$500 per Calendar Year. The Covered Person's 20% responsibility will not be applied to the Calendar Year coinsurance (out-of-pocket maximum), and will not include this Plan's Deductible or Copayment where applicable. Certain other services such as Home Health Care, Infusion Therapy, Durable Medical Equipment, Nutritional Counseling, Hospice Care, Fertility Services and Prosthetic Devices are also subject to a 20% reduction in benefits payable if not precertified or authorized; to a Maximum of \$500 per Calendar Year.

**BENEFIT SUMMARY - ACTIVE PPO PLAN
GREENWICH TOWNSHIP**

BENEFIT DESIGN	PROVISIONS	IN-NETWORK (NETWORK)	OUT-OF-NETWORK (NON-NETWORK)
DURABLE MEDICAL EQUIPMENT (DME) @ • Prior authorization required	<ul style="list-style-type: none"> • Medically Necessary • Prescribed by the Attending Physician • Primarily for Medical purposes • Not useful in the absence of an Injury or Sickness 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
MEDICAL SUPPLIES	<ul style="list-style-type: none"> • Medically Necessary • Prescribed by the Attending Physician 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
HUMAN ORGAN TRANSPLANTS @	<ul style="list-style-type: none"> • Medically Necessary • Non-experimental 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
ACUPUNCTURE	<ul style="list-style-type: none"> • Medically Necessary and used to substitute for other forms of anesthesia or to relieve pain. 	\$10 Copayment per Office Visit; then 100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
TEMPOROMANDIBULAR JOINT DISORDER (TMJ) @	<ul style="list-style-type: none"> • Medically Necessary and Appropriate • Surgical and Non-surgical services except for orthodontia, crowns & bridgework. • No Coverage for Appliances 	\$10 Copayment per Office Visit; then 100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
NUTRITIONAL COUNSELING @ • Prior authorization required	<ul style="list-style-type: none"> • Covered for management of Sickness or Disease entities which have a specific diagnostic criteria • Prescribed by the Attending Physician and provided by a Physician or licensed practitioner 	\$10 Copayment per Office Visit; then 100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
FERTILITY SERVICES @ • Prior authorization required	<ul style="list-style-type: none"> • Prior Authorization and Approval required for all procedures and prescription drugs • Copayment applies to Physician Office Visit 	\$10 Copayment applies to Physician Office Visit only; then 100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
VISION SCREENING	<ul style="list-style-type: none"> • Eye examinations for Dependent children through age seventeen (17) 	\$10 Copayment; then 100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance
TREATMENT OF WILM'S TUMOR	<ul style="list-style-type: none"> • Covered the same as any other Sickness 	100% Coverage	Deductibles Apply** 70% Coverage; 30% Coinsurance

* All Limitations and Maximum Totals are combined in and Out-of-Network unless otherwise noted.

** Deductibles: \$250 per Covered Person per Calendar Year
\$500 per Covered Family Unit per Calendar Year (Two (2) Covered Persons must each satisfy a separate individual Calendar Year Deductible.)

NOTE: Substance Abuse (Alcohol Related) covered on the same basis as any other Medical Condition.

@ Precertification Required - Non Compliance Penalty - Inpatient and Emergency Admissions, Surgical Procedures or Skilled Nursing Facility and other services noted with an "@" which are not precertified or authorized are subject to a 20% reduction in benefits payable; to a Maximum of \$500 per Calendar Year. The Covered Person's 20% responsibility will not be applied to the Calendar Year coinsurance (out-of-pocket maximum), and will not include this Plan's Deductible or Copayment where applicable. Certain other services such as Home Health Care, Infusion Therapy, Durable Medical Equipment, Nutritional Counseling, Hospice Care, Fertility Services and Prosthetic Devices are also subject to a 20% reduction in benefits payable if not precertified or authorized; to a Maximum of \$500 per Calendar Year.

**BENEFIT SUMMARY - ACTIVE PPO PLAN
GREENWICH TOWNSHIP**

BENEFIT DESIGN	PROVISIONS	IN-NETWORK (NETWORK)	OUT-OF-NETWORK (NON-NETWORK)
PRESCRIPTION DRUGS	<ul style="list-style-type: none"> • Prescribed by a licensed Physician and dispensed by a licensed Pharmacist • Medically Necessary to treat a Medical Condition • Prescription Drugs and Medicines are covered under this Plan ONLY if they are not payable under the Standalone Prescription Drug Card Plan and eligible under this Plan. • A Standalone Prescription Drug Card Plan Copayment is not eligible for reimbursement under this Medical Plan 		Deductibles Apply** 70% Coverage; 30% Coinsurance

* All Limitations and Maximum Totals are combined In and Out-of-Network unless otherwise noted.

** Deductibles: \$250 per Covered Person per Calendar Year
\$500 per Covered Family Unit per Calendar Year (Two (2) Covered Persons must each satisfy a separate individual Calendar Year Deductible.)

NOTE: Substance Abuse (Alcohol Related) covered on the same basis as any other Medical Condition.

@ Precertification Required - Non Compliance Penalty - Inpatient and Emergency Admissions, Surgical Procedures or Skilled Nursing Facility and other services noted with an "@" which are not precertified or authorized are subject to a 20% reduction in benefits payable; to a Maximum of \$500 per Calendar Year. The Covered Person's 20% responsibility will not be applied to the Calendar Year coinsurance (out-of-pocket maximum), and will not include this Plan's Deductible or Copayment where applicable. Certain other services such as Home Health Care, Infusion Therapy, Durable Medical Equipment, Nutritional Counseling, Hospice Care, Fertility Services and Prosthetic Devices are also subject to a 20% reduction in benefits payable if not precertified or authorized; to a Maximum of \$500 per Calendar Year.

PRESCRIPTION DRUG CARD PLAN		
BENEFIT DESIGN	PROVISIONS	COPAYMENT
Pharmacy Option • Thirty (30) Day or one hundred (100) Unit Doses OPTIONS • Thirty-four (34) Day or one hundred (100) Unit Doses	Copayment applies per prescription filled or refilled Prescription drugs and medications prescribed by a licensed Physician and dispensed by a licensed Pharmacist which is Medically Necessary to treat a Medical Condition.	\$2 Copayment Name Brand \$0 Copayment Generic
Mall Service Option • Ninety (90) Day or three hundred (300) Unit Doses	Copayment applies per prescription filled or refilled Prescription drugs and medications prescribed by a licensed Physician and dispensed by a licensed Pharmacist which is Medically Necessary to treat a Medical Condition.	\$2 Copayment Name Brand \$0 Copayment Generic

COST MANAGEMENT BENEFITS

The Utilization Management Service

Refer to the Medical identification card for the telephone number of the current Utilization Management Service.

This Plan has implemented a *Utilization Management Service* to bring participants actively into the role of selecting the appropriate level of delivery for the Covered Person's health care needs. Utilization Management is a review process utilizing established criteria and standards that address the planned services or treatment before they are rendered, as well as monitoring continued treatment.

Utilization Management consists of the following:

- Certification of the Medical Necessity for all non-emergency Hospital or inpatient admissions before medical services are provided;
- Retrospective review of the Medical Necessity for all emergency Hospital admissions, or other emergency services if required;
- Concurrent review, based on the admitting diagnosis, of the number of days of Hospital confinement requested by the Attending Physician; and
- Certification of the length of confinement and discharge planning.

The goal of the *Utilization Management Service* is to help assure that all Covered Persons receive necessary and appropriate health care, while avoiding unnecessary expenses to both the Covered Person and this Plan.

In order to be effective and maximize this Plan's reimbursement, please read the following provisions carefully. Failure to comply with the outlined procedures may result in a reduction of benefits.

INPATIENT PRE-ADMISSION CERTIFICATION REQUIREMENTS

A Covered Person, Physician or relative should certify:

- A non-emergency Hospital or inpatient admission at least five (5) business days in advance of a scheduled inpatient admission.
- An emergency admission (those admissions which cannot be scheduled in advance) within forty-eight (48) hours or by the next business day following the admission.
- For maternity admissions during the first trimester and within two (2) business days following hospitalization.

To certify or report an admission, a Covered Person, Physician or relative should call the *Utilization Management Service* with the following information:

- Name of the patient, and relationship to the Covered Person if a dependent
- Name, Social Security number and address of the Covered Person
- Name of the Group
- Name and telephone number of the Attending Physician
- Name of the Hospital and proposed date of admission
- Diagnosis and/or type of surgery
- Proposed length of stay

It is the responsibility of the Covered Person and/or Covered Dependent to inform the Physician and/or Hospital that this Plan has a Pre-Admission Certification Program.

Inpatient and emergency admissions not certified or authorized by the Utilization Management Service will result in a 20% reduction in benefits payable to a maximum of \$500 per Calendar Year. The Covered Person's 20% responsibility and will not include this Plan's deductible where applicable.

Should it be impossible for a Hospital or inpatient admission to be certified (for example, because the Covered Person/patient is unconscious, a relative is unaware of the requirements or, if due to a clerical error) a Covered Person may appeal the reduction of benefits. Please refer to the "Claims Appeal Procedures" as outlined in the benefit booklet for this process.

CONCURRENT STAY REVIEW/DISCHARGE PLANNING

As part of the Utilization Management process, the *Utilization Management Service* will monitor the Covered Person's Hospital stay and coordinate with the Attending Physician, Hospital and Covered Person/patient either the scheduled release from the Hospital or an extension of the Hospital admission.

If the Attending Physician feels that it is Medically Necessary for a Covered Person/patient to remain hospitalized for a length of time greater than has been certified, the Physician must notify the *Utilization Management Service* of the need for additional days.

When discharge is indicated, discharge planning plays an important part in managing care. The timing of moving the Covered Person/patient to the appropriate setting and giving the Covered Person/patient informational guidance will allow the patient to have a smooth transition after leaving an acute care facility.

EMERGENCY SERVICES

In cases of medical emergency, one should go to the nearest emergency facility. To receive maximum benefits for an eligible service, one must contact the *Utilization Management Service* within forty-eight (48) hours of the emergency treatment in order to receive maximum benefits.

OUT OF THE AREA EMERGENCY CARE SERVICES

When receiving emergency care outside the service area, one must contact the *Utilization Management Service* within forty-eight (48) hours of the emergency treatment in order to be eligible for maximum benefits.

SURGICAL PROCEDURES

Certain surgical procedures may be performed either inappropriately or unnecessarily. In some cases, surgery is only one (1) of the several treatment options. As patterns of medical practices change, the specific procedures which may require a second opinion may also change.

A Covered Person, Physician or relative should certify non-emergency surgical procedures by calling the *Utilization Management Service* in advance of the scheduled procedure.

Surgical procedures not certified or authorized by the Utilization Management Service will result in a 20% reduction in benefits payable to a maximum of \$500 per Calendar Year. The Covered Person's 20% responsibility and will not include this Plan's deductible where applicable.

PRECERTIFICATION REQUIRED FOR OTHER MEDICAL SERVICES

Certain other medical services and/or supplies, as shown in the Schedule of Benefits and the Benefit Summary, are required to be precertified or authorized. Any such services and/or supplies which are not precertified or authorized will be subject to the non-compliance penalty of 20% reduction in benefits payable, to a maximum of \$500 per Calendar Year assessed by this Plan.

- * Human Organ Transplants
- * Durable Medical Equipment
- * Fertility Services
- * Home Health Care
- * Hospice Care
- * Infusion Therapy
- * Nutritional Counseling
- * Prosthetic Devices
- * Temporomandibular Joint Dysfunction Care & Services
- * Additional services which may exceed this Plan's applicable Maximum Benefits

HIGH RISK MATERNITY REVIEW PROGRAM

The High Risk Maternity Review Program focuses on an early identification and intervention of potential high risk pregnancies and the subsequent case management of appropriate and approved medical services needed to protect the health of both the mother and child.

During the first trimester, High Risk Maternity Review begins with a call from the Covered Person/patient or Attending Physician to the *Utilization Management Service* for an initial screening. A risk assessment is taken and the treatment plan is reviewed. If a high risk situation is identified the case management process is initiated.

The *Utilization Management Service* will initiate a second screening during the 24th - 26th week gestation. If a risk is identified during this screening the Covered Person/patient's Physician is contacted regarding the appropriate treatment planning.

A Final Screening will be conducted after the birth of the child to address any questions the Covered Person/patient may have and determine if any further treatment is necessary.

LARGE CASE MANAGEMENT

Often it is most efficient and more convenient for both this Plan and the family of the Covered Person to have this Plan provide active management of care and its delivery.

When a Covered Person has been identified with a medical condition or catastrophic Sickness (such as a spinal cord injury, a degenerative Sickness or a neurological paralytic disease, multiple birth defect, stroke, terminal or chronic Sickness, etc.), that Covered Person may require long term or lifetime care, or complicated patterns of care. In addition, when medical care costs for a particular condition are expected to exceed a certain dollar amount, and there is a potential for alternative treatment or an alternate setting, then the case may be referred for Large Case Management (LCM).

LCM is a program which provides an individual case analysis and medical treatment plan recommendations to address the needs of the catastrophically ill or injured individual. The decision to implement LCM will be determined by the stated criteria set forth by this Plan.

A case manager will contact the Covered Person and/or family to explain about case management. The case manager, team of Physicians and rehabilitation nurses work with the Attending Physician and the Covered Person to develop a cost effective, long term plan of care that maximizes Plan resources, eliminate excess services and meets the individual Covered Person's needs.

In certain circumstances a recommendation to use alternative treatment, not normally covered by this Plan, may be suggested when such treatment endorses quality care, Medical Necessity and cost effectiveness. Under these circumstances any such suggested alternative treatment will be covered by this Plan.

Note: This is a voluntary service. The Covered Person/patient and family are required to review the recommended alternative treatment plan. The final determination regarding the services to be rendered is the decision of the Covered Person/patient and/or family and the Attending Physician. There is no reduction of benefits or penalties imposed if the Covered Person/ patient and family choose not to participate.

Each treatment plan is individually tailored to a specific Covered Person/patient and should not be seen as appropriate or recommended for any other Covered Person/patient, even one with the same diagnosis.

EXHIBIT B

**BENEFIT COMPARISON* FOR GREENWICH TOWNSHIP
RETIREES-December 20, 2000**

Plan Benefits	2000 IDA Plan	2001 IDA Plan
Office Visit Copay	100% after \$100/\$200 Deductible	100% after \$100/\$200 Deductible
Hospital/Surgery/Pre-Admission Testing	100% of UCR	100% of UCR
Diagnostic, Radiology & Laboratory	\$150/person/year	\$150/person/year
Physical Therapy	\$50/person/year	\$50/person/year
Mental, Nervous & Substance Abuse	Limited to 30 inpatient days/calendar year. Limited to 20 outpatient days/calendar year	
Prescription	\$0 Generic/\$2 Brand Name	\$0 Generic/\$2 Brand Name- **\$0 3-Month Mail Order for Maintenance Drugs after 2 Week Trial
Maternity	100% of UCR	100% of UCR
Preventative Care/Wellness	Pap Smears Only Balance Subject to Deductible	Pap Smears Only Balance Subject to Deductible
Routine Vision/Corrective Lenses	None	None
Pre-certification Required	No	Yes***
Lifetime Maximum	\$1,000,000	\$1,000,000

*Information above was provided by each respective carrier via benefit descriptions, employee handbooks, etc. and is not meant to be used as proof of benefits. Presenters are not liable for any errors in the benefits and/or description thereof. In most instances, "year" refers to calendar year.

**Additional optional benefit.

***Requirement necessary for continuation of benefit structure.

BROKERAGE AND ADMINISTRATIVE SERVICES

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