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LABOR AGREEMENT

BETWEEN

**HINCKLEY TOWNSHIP,
MEDINA COUNTY**

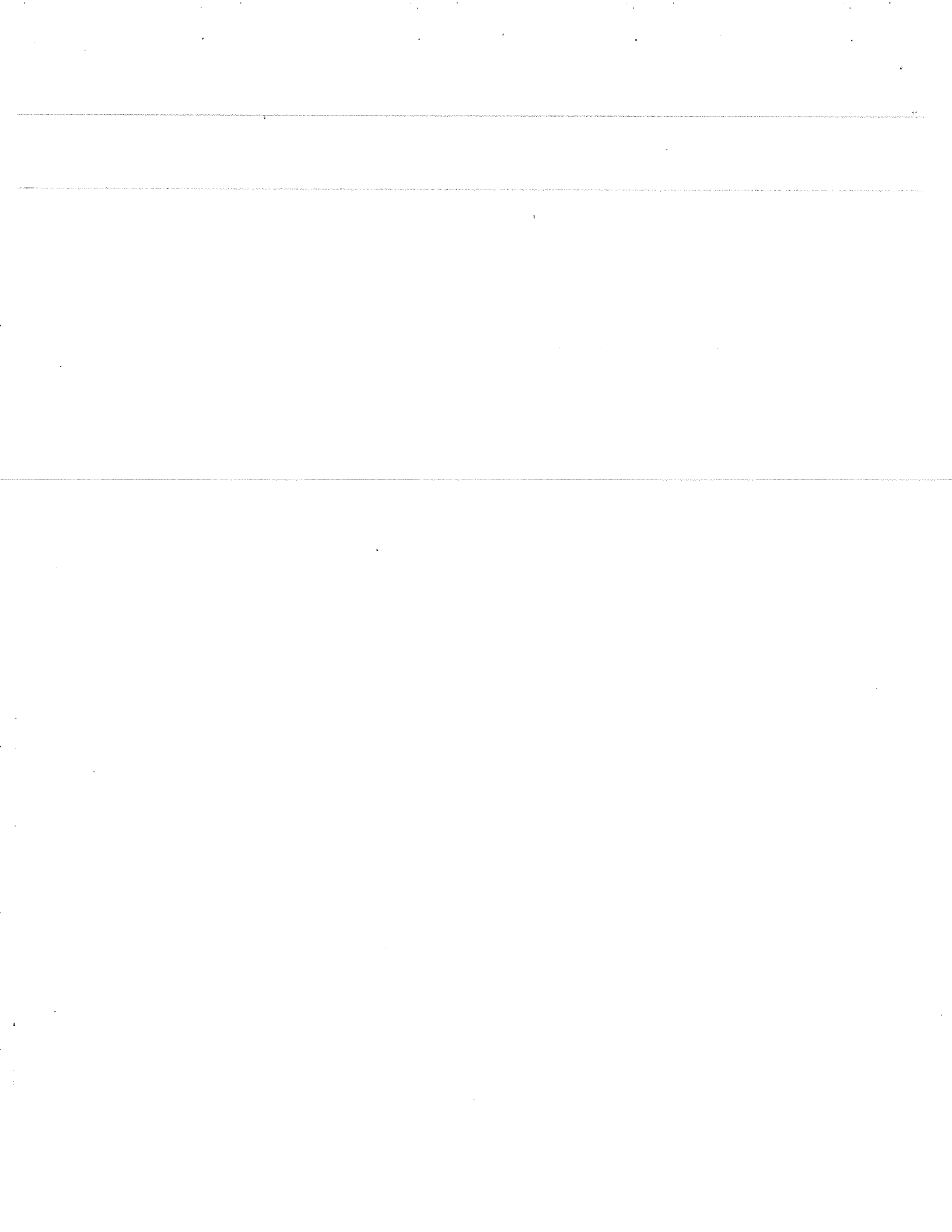
AND

**OHIO PATROLMEN'S
BENEVOLENT ASSOCIATION**

January 1, 2017– December 31, 2019

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ARTICLE 1 **AGREEMENT**

Section 1 This document is a contractual agreement ("Agreement") entered into this 1st day of January, 2017 between Hinckley Township, Medina County, as Employer ("the Township"), subject to approval by the Township Board of Trustees, and the Ohio Patrolmen's Benevolent Association ("the Union"), to establish the bargaining unit members' wages, hours, terms and conditions of employment.

Section 2 The wages, hours, terms and conditions of employment in this Agreement shall supersede any conflicting provision of Ohio law to the extent permitted by law.

Section 3 If any part of this Agreement is rendered illegal by state or federal legislation or by a court of competent jurisdiction, it shall be considered void, but the remainder of the Agreement shall remain effective.

ARTICLE 2 **RECOGNITION**

Section 1 The Township recognizes the Union as the exclusive certified bargaining representative of all full time patrol officers (SERB Case No. 2010-REP-09-0143, Full Time Patrolmen). The Union's status as exclusive representative relieves the Township of any obligations to allow the participation of any bargaining unit member's private attorney or private representative in any matter concerning negotiations or the grievance procedures.

Section 2 The Union agrees to represent all bargaining unit members fairly and equally. Any one of the Union's designated representatives shall be deemed equally qualified and capable of representing a bargaining unit member.

Section 3 The Township's recognition of the classification of patrol officers in this Article as a bargaining unit does not limit the Township's right to add or eliminate bargaining unit positions or to add duties to those positions.

Section 4 If a disagreement arises between the Township and the Union as to whether a position belongs in the bargaining unit, the parties will discuss the issue. If the parties are unable to reach agreement on the issue, they shall file a petition with SERB requesting a unit clarification determination. This Section establishes mutual consent under O.A.C. Section 4117.5-01.

ARTICLE 3
UNION REPRESENTATION

Section 1 Up to two (2) designated representatives shall be recognized by the Employer as O.P.B.A. representatives in accordance with this Agreement upon receipt of a letter so identifying them and signed by the O.P.B.A.

Section 2 An O.P.B.A. representative who is on duty working his normal shift shall be allowed reasonable time off without loss of pay to accompany a bargaining unit member to a hearing where the member has a right to a Union representative provided that exigent circumstances do not require that the representative remain on duty. Any O.P.B.A. representative that comes into work or works outside of his normal scheduled hours to handle Union matters or to represent a bargaining unit member does so voluntarily without pay or overtime.

Section 3 Members of the negotiating committee shall be allowed reasonable time off to participate in collective bargaining meetings with the Township if held during a member's regular hours without loss of pay. The negotiation teams for each party shall not exceed four (4), one of which may be a professional representative.

Section 4 The employer shall make available to each member of the bargaining unit with a copy of the agreement. Employees may use the Township Police Department copier to make copies of the union contract and other union documents as reasonably necessary.

ARTICLE 4
DUES DEDUCTION

Section 1 Subject to the provisions below, the Employer agrees to deduct O.P.B.A. initiation fees and membership dues for the bargaining unit upon the successful completion of their individual field training officer periods.

Section 2 The Employer agrees to deduct regular O.P.B.A. membership dues once each month from the pay of an employee in the bargaining unit eligible for membership upon receiving authorization signed individually and voluntarily by the employee. The signed payroll deduction form provided by the O.P.B.A. must be presented to the Employer by the employees. Upon receipt of the authorization, the Employer will deduct O.P.B.A. dues from the payroll check for the next pay period in which the authorization was received by the Employer.

Section 3 The parties agree that the Employer assumes no obligation, financial or otherwise, arising out of the provisions of this Article, regarding the deduction of O.P.B.A. dues. The O.P.B.A. agrees that it will indemnify and hold the Employer harmless from any claims, actions or proceedings by any employee arising from the deductions made by the Employer pursuant to this Article. Once the funds are remitted to the O.P.B.A., their disposition thereafter shall be the sole and exclusive obligation and responsibility of the O.P.B.A.

Section 4 The Employer shall be relieved from making such individual "check-off" deductions upon an employee's: 1) termination of employment; 2) transfer to another job other than one covered by the bargaining unit; 3) layoff from work; 4) unpaid leave of absence; 5) revocation of the check-off authorization in accordance with the terms of this Agreement and applicable state and federal laws; or 6) resignation by the employee from the O.P.B.A.

Section 5 The parties agree that neither the employees nor the O.P.B.A. shall have a claim against the Employer for errors in the processing of deductions. If it is found an error was made, it will be corrected at the next pay period that the O.P.B.A. dues deduction would normally be made by deducting the proper amount.

Section 6 The rate at which dues are to be deducted shall be certified to the Employer by an authorized officer of the O.P.B.A. during January of each year. One (1) month advance notice must be given to the Employer prior to making any changes in an individual's dues deductions.

Section 7 Except as otherwise provided herein, each eligible employee's written authorization for dues deduction shall be honored by the Employer for the duration of this Agreement.

ARTICLE 5 **EMPLOYEE RIGHTS**

Section 1 A member has the right to the presence and advice of a union representative and/or a private attorney at all pre-disciplinary hearings and/or disciplinary interrogations. The unavailability of a union representative or a private attorney, within forty-eight (48) hours however, is not grounds to postpone or reschedule a pre-disciplinary hearing or disciplinary interrogation.

Section 2 A member shall have the right, upon request, to review any and all of his personnel files. Requests for copies of items included in the file shall be honored within a reasonable period of time.

Section 3 Citizen complaints against a member that are reduced to writing shall be provided to the member. This includes anonymous complaints.

Section 4 Whenever a member receives any written disciplinary action that will appear in his file, the member shall be provided a copy of it.

Section 5 Upon completion of the investigation of a complaint against a member, the member shall be notified in writing.

Section 6 Questioning or interviewing a member in the course of an internal or external investigation will be conducted in hours reasonably related to the member's shift, unless operational necessities require otherwise. The interrogation sessions shall be for a reasonable period of time and shall allow the member periodic rest periods for a refreshment and snack and a bathroom break.

ARTICLE 6 **NONDISCRIMINATION**

Section 1 Neither the Employer nor the Union shall discriminate against any bargaining unit member on the basis of age, sex, race, color, creed, national origin, disability or handicap. The Union shall share equally with the Employer the responsibility for applying this Article to the Agreement.

Section 2 All reference to members in the Agreement designated both sexes, and whenever the male gender is used, it shall be construed to include male and female members.

Section 3 The Employer agrees not to interfere with the rights of bargaining unit members to become members of the Union and the Employer shall not discriminate, interfere restrain or coerce any member because of Union membership or because of any legal activity in an official capacity on behalf of the Union, as long as that activity does not conflict with the terms of this Agreement or otherwise constitute unreasonable or disrespectful behavior. The Union shall have the right to solicit membership of all newly hired full time employees in a lawful manner.

Section 4 The Union agrees not to interfere with the rights of members to refrain or resign from membership in the Union and the Union shall not discriminate, interfere, restrain, or coerce any employee exercising the right to abstain from membership in the Union or involvement in Union activities.

ARTICLE 7
NO STRIKES

Section 1 The Union and its members agree that they will not engage in, initiate, authorize, sanction, ratify, sympathize, support or participate in any strike or concerted activity affecting the Township, including blue flu, slowdowns, protests over safety or refusals to perform assignments. The Union shall promptly take all possible actions to prevent and to end any such concerted activity. Bargaining unit members engaging in a strike as defined herein may be disciplined up to, and including, discharge.

Section 2 The employer shall not lock out members.

ARTICLE 8
TOTAL INTEGRATION

Section 1 This Agreement represents the entire scope of the parties' negotiated agreement with respect to wages, hours, terms and conditions of employment. This agreement supersedes and nullifies prior, existing, or contemporaneous oral or written agreements, understandings, or practices between parties.

ARTICLE 9
WAIVER OF NEGOTIATIONS

Section 1 The Union acknowledges that it had the unlimited opportunity to negotiate with respect to any legal subject of bargaining. The Union therefore waives the right to bargain over any legal subject of bargaining during the life of this Agreement. Nothing in this Article prevents the parties from mutually agreeing to bargain over issues.

ARTICLE 10
MANAGEMENT RIGHTS

Section 1 The Union recognizes the Township as the body of authority solely vested with the right to run the Township Departments. The Township shall have the right to take any action it considers necessary and proper to effectuate any management policy, express or implied. Nothing in this Article shall be construed to restrict or to limit any management authority.

Section 2 Except as limited by the express terms of this Agreement, the Township's management rights include, but are not limited to, the right:

To manage and direct, including the right to hire, select, train, promote, transfer, assign, evaluate, restrain, layoff, and recall employees; to discipline employees for just cause; to manage and determine the location, type and number of physical facilities, type of equipment, programs and the work to be performed; to subcontract services for cause; to determine the department's goals, objectives, programs and services, and to utilize personnel in a manner determined by the Township to effectively and efficiently meet those purposes; to determine the size and composition of the work force and each department's organizational structure; to introduce technology and other modern methods; to promulgate and enforce work rules, policies and procedures; to determine the hours of work and work schedules; to determine when a job vacancy exists, the duties to be included in all job classifications, and the standards of quality and performance to be maintained; to determine overtime, the amount of overtime required and to assign mandatory overtime for cause; to determine each department's budget and uses thereof; to maintain the security of records and other pertinent information; and to exercise all management rights outlined in O.R.C. 4117.08 (C) (1) - (9).

Section 3 The Township reserves to itself all other management rights not expressly listed in this agreement.

ARTICLE 11 **PROBATION**

Section 1 Newly hired employees must complete a twelve (12) month probationary period. Those who have served as part-time patrol officers for the Township prior to employment as full-time officers shall have that service credited to their probation on a pro-rata basis based on hours worked.

Section 2 Newly hired probationary employees shall be employed at the Township's discretion until the completion of their probationary period. A newly hired probationary employee's seniority is calculated from his original date of hire after he successfully completes his probationary period.

Section 3 Newly hired probationary employees may be dismissed for any reason and at any time prior to the completion of the probationary periods and such action shall not be grievable under the terms of this Agreement or otherwise subject to challenge before the State Employment Relations Board or under any legal or other dispute resolution procedure.

ARTICLE 12
SENIORITY

Section 1 Seniority for the purpose of layoff or promotion shall be defined as an employee's uninterrupted length of continuous full-time employment with the Township Police Department. Seniority for the purpose of vacation selection shall be defined as uninterrupted continuous full-time service with the Township. A probationary member shall have no seniority until he satisfactorily completes the probationary period. After the probationary period is completed, the probationary time will be added to his total length of continuous service.

Section 2 An employee's seniority and his employment shall be terminated when one (1) or more of the following occur:

- a. Discharge;
- b. Resignation;
- c. Layoff for a period exceeding eighteen (18) months;
- d. Retirement;
- e. Unexcused failure to report to work for 3 or more working days;
- f. Inability to return to work upon exhaustion of paid leave and FMLA leave;
- g. Failure to report to work within ten (10) working days from the date the Township sends the employee a recall notice by regular and certified mail.

Section 3 If two (2) or more employees are hired or appointed on the same date, seniority shall be determined by the date of their employment application. If a tiebreaker is still necessary, a coin flip shall determine the greater seniority between the two employees.

ARTICLE 13 **VACANCIES**

Section 1 A vacancy is a job opening that the Township decides to post and fill on a permanent basis after transfers and reassignments have been considered or implemented. A job opening on a shift that is filled by promotion is not a vacancy.

Qualifications

Section 2 The Chief decides whether candidates are qualified to fill vacancies. He shall consider a candidate's skill, qualifications, experience, potential, and, if current employees are candidates, total years of continuous service and overall job record, and prior performance evaluations.

Posting

Section 3 The department shall post a vacancy notice that contains at least (a) the job title, (b) the general job duties and responsibilities, (c) the minimum qualifications necessary to be considered for the job; and (d) whether a test will be administered for the job. The department may also advertise the position in the newspaper and with employment agencies. The job posting shall be for no longer than seven (7) working days, including the first working day of the posting. An employee must submit his written request to the supervisor during the posting period, or he has waived his right to be considered eligible as a candidate.

Selection

Section 4 The Chief shall select the candidate he deems most qualified based on the factors outlined above under the Section entitled, "Qualifications." An employee who meets the minimum qualifications to be considered for a vacancy is not automatically entitled to fill the vacancy. Vacancies are awarded to the candidate the Chief believes is the most qualified for the job.

Probation

Section 5 Employees laid off for eighteen (18) months or more and employees hired to fill a vacancy in a position other than the one from which they were laid off shall serve up to a sixty (60) day probationary period, but are subject to the just cause provision of this contract. Employees laid off for greater than eighteen (18) months are considered new hires.

Section 6 Current employees filling vacancies in new positions, shall serve a one hundred eighty (180) day probationary period, but are subject to the just cause provision of this contract.

ARTICLE 14 TRANSFERS AND ASSIGNMENTS

Section 1 The Chief determines all transfers. Transferred employees shall be paid the rate of the transferred position, but no less than their old rate of pay.

Section 2 An assignment is an order to perform work, including temporary assignments to another shift. The Chief determines all assignments. A temporary assignment to a vacancy is not considered filling a vacancy.

ARTICLE 15 PROMOTIONS

Section 1 A promotion is proposed appointment from a patrol officer position to a sergeant position. The Chief in his or her sole discretion shall decide all promotions. Filling a vacancy is not a promotion. A temporary assignment of patrolman to a sergeant's classification is not a promotion.

Section 2 Factors the Chief will consider in promotion of a patrol officer include:

- (1) Length of the patrol officer's continuous service with the department;
- (2) Overall experience of the patrol officer in law enforcement, including prior work experience in a similar position in another department or a law enforcement agency;
- (3) Knowledge, training, ability, skills, attitude, and efficiency;
- (4) Attendance record; and
- (5) Overall disciplinary and personnel record.

A patrol officer most qualified in the Chief's judgment will receive the promotion. This does not mean that the most senior patrol officer meeting the minimum qualifications shall be promoted.

Section 3 If, upon reviewing the candidates for promotion, the Chief, in his or her sole discretion, determines that less than three are qualified for the promotion, the Chief may seek additional candidates from outside the department. If an outside candidate more appropriately meets his needs for the promoted position, he may appoint a person outside of the bargaining unit into the promoted position.

Section 4 Promoted employees shall serve a one-year probationary period. The Chief must notify the patrol officer before his one-year probationary period ends of his decision to continue the patrol officer in the promoted position. Those promoted patrol officers failing to complete their probationary period successfully shall be returned to their former patrol officer position.

ARTICLE 16 LAYOFFS AND RECALLS

Section 1 Layoffs and recall shall be conducted solely in accordance with this Article. A layoff is a decision to reduce the present number of employees in their existing job classifications. A layoff becomes effective at the end of the working day named in the written layoff notice which must be delivered fourteen (14) days in advance. An employee's seniority becomes frozen at the time the layoff becomes effective. A laid off employee shall be given reasonable notice prior to being laid off.

Section 2 The Township will use the following procedure when it decides to layoff an employee.

- A. Newly hired probationary employees are laid off first.
- B. Full-time patrol officers shall be laid off next in accordance with their least number of years seniority.
- C. Following any layoff, the number of full-time patrol officers will remain greater than the number of part-time patrol officers.

Section 3 The Township shall provide notice of recall to laid off employees by registered mail at their last known address. Recall rights are lost if the employee fails to accept the offered job within ten (10) days from the recall notice (attempt of service). The employee must provide the Township with his most current address. If the employee is on vacation or otherwise not immediately available, he must notify the Township of where he can receive the recall notice.

Section 4 A laid off employee is eligible for available part time employment in the department if requested. Additionally, a laid off employee is not eligible for recall after eighteen (18) months from the effective date of layoff. Laid off employees lose all seniority rights after that eighteen (18) month period.

ARTICLE 17

HOURS OF WORK AND OVERTIME

Section 1 The Chief has absolute discretion in establishing schedules and assigning schedule and mandatory overtime. The standard workweek for all bargaining unit members normally shall be one hundred sixty (160) hours in a twenty-eight (28) day work period. Effective January 1, 2018, the standard workweek for all bargaining unit members normally shall be eighty (80) hours in a fourteen (14) day work period. The standard work day normally shall be either eight (8) or ten (10) or twelve (12) hours including a thirty (30) to forty-five (45) minute lunch period, depending on length of shift, except such lunch period may not occur if operational needs require members to skip lunch. A morning break of fifteen (15) minutes and afternoon break of fifteen (15) minutes may occur during the workday if operational needs allow for them.

No guarantees exist that members will have certain regular days off, a minimum number of weekends off each month, or a regular shift. However, full-time members requesting time off shall be given priority over part-time members requesting time off. When the Chief assigns the work schedule, he will attempt, within operational needs, to maintain that schedule so that members remain on the same shift during that work period.

In the event the Chief elects to change the regular work day schedule, (e.g. changing from 12 hour days to 10 hour days) the Chief shall first meet and confer with the Union. The Chief's decision following his consultation with the union shall be in his sole discretion as set forth above.

Section 2 Patrol officers required to work in excess of one hundred sixty (160) hours in a twenty-eight (28) day work period shall be paid at the rate of one and one-half (1½) times their regular hourly rate of pay for all overtime hours worked. Effective January 1, 2018, patrol officers required to work in excess of eighty (80) hours in a fourteen day work period shall be paid at the rate of one and one-half (1 ½) times their regular hourly rate of pay. Vacation time, holidays, compensatory time and personal days shall be considered hours worked for the purposes of calculating overtime. At the patrol officer's option, he may elect compensatory time in lieu of overtime.

Compensatory time, however, may only be accumulated up to ninety-six (96) hours total annually. Except as provided in Section 3, compensatory time accumulated during the calendar year must be used or scheduled by the end of that calendar year.

Section 3 Any accumulated unused or unscheduled compensatory time above thirty-six (36) hours, regardless of when earned, shall be cashed out at the end of each year.

Section 4 Overtime is to be computed in fifteen (15) minute increments.

Section 5 If the Chief decides mandatory overtime is necessary, he shall first ask for volunteers on the shift, then off shift by seniority and equalization, where the mandatory overtime is necessary. If no volunteers exist, officers shall be contacted in accordance with their reverse seniority, by rotation, and asked to volunteer for the overtime. If no officer can be contacted or no volunteers exist, the Chief shall assign mandatory overtime at his discretion.

Section 6 In the absence of an emergency, members may not be required to work more than twelve (12) consecutive hours per scheduled eight (8) hour shift, fourteen (14) consecutive hours per scheduled ten (10) hour shift or sixteen (16) consecutive hours per scheduled twelve (12) hour shift. Unless an emergency exists, or a subpoena has been issued, officer shall not be called in for duty without eight (8) hours of down time.

Section 7 Employees must be dressed in uniform and ready to report for duty by roll call. Failure to do so will be considered tardy. Repeated tardiness is grounds for discipline.

ARTICLE 18 **CALL-OUT PAY**

Section 1 An employee who is called to work at a time he is not regularly scheduled shall be paid for hours worked in the call-out capacity of a minimum of three (3) hours. However, an employee will not be guaranteed any minimum time if called to work for a period immediately contiguous to his or her shift.

ARTICLE 19 **COURT TIME**

Section 1 Officers appearing in court on behalf of the employer during non-scheduled work time shall be paid at the applicable rate for three (3) hours

or the actual hours worked, whichever is greater, except that if the court appearance is immediately before or after the employee's regular shift, in which case the employee shall be compensated for the actual hours worked. Officers shall not take police reports and other evidence home with them. When appearing in a court case, the officer must report to the department for the file and are required to report back to the department to return all files and related evidence unless expressly excused by the Chief. Employees scheduled for a court appearance will receive three (3) hours pay at the applicable rate in the event the court case is cancelled and the Hinckley Police Department has not been notified by 7:00 p.m. the day prior to the scheduled hearing.

ARTICLE 20 **SHIFT ASSIGNMENTS**

Section 1 The Township shall provide employees reasonable notice under the circumstances before changing or rescheduling their shifts. Shifts will be changed only for legitimate reasons.

ARTICLE 21 **WORK RULES**

Section 1 The Township has the right to promulgate reasonable written work rules and directives to regulate the conduct of the Police Department employees. The Township agrees to notify the Union prior to implementing any written work rules. Copies of work rules will be furnished to the Union ten (10) calendar days prior to implementation.

Section 2 Upon receiving a copy of a work rule, the Union has ten (10) calendar days to provide written notice as to whether it believes the work rule violates the terms of this Agreement. If the Township does not receive written notice within that ten (10) day period, the work rule is considered consistent with the terms of this Agreement.

Section 3 Disagreements as to whether a work rule violates this Agreement shall be discussed between the parties. If no resolution of the issues occurs, the Township may implement the work rule and the Union may challenge the rule through the grievance procedure.

ARTICLE 22 **DISCIPLINE**

Section 1 The Township shall not discipline a non-probationary officer without just cause. Officers shall be entitled to union representation at any

level of the discipline process. This does not mean management has to consult with the Union before deciding or imposing discipline or that an off duty union representative must be called in and paid for representing an officer.

Section 2 Administering discipline is a management right. The Township's decision to administer a certain level of discipline for a given offense shall be based on the facts and circumstances of each situation. The Township reserves the right to publish typical examples of prohibited conduct.

Section 3 Discipline is cumulative. Any written form of discipline for any matter is considered in determining a greater level of discipline for any subsequent offenses. Discipline shall take into account the nature of the violation, the officer's work record, and the officer's disciplinary record, and his length of service with the department.

Section 4 No oral discipline exists. Officers shall not rely on any oral warnings as a first step in the discipline process.

Section 5 The Township will administer a system of discipline based on its assessment of the circumstances. Discipline may include: (1) written warning; (2) written reprimand; (3) suspension; (4) demotion reassignment; and (5) termination.

Section 6 With respect to discipline under this Article, only suspensions, demotions, disciplinary reassignments, and discharges are arbitrable.

Section 7 Before the Township issues a suspension, demotion, or termination; the officer will be given an opportunity to present a statement about the facts and circumstances of the proposed discipline. The Township will provide written notice to the officer and the Union representative of the time, date, and place where the meeting shall occur and of the nature and grounds for the proposed discipline. The Township shall provide reasonable notice of the time and date of the meeting.

If the officer does not make a statement or fails to attend the pre-disciplinary meeting, the Township will make its decision regarding discipline based on the facts and the inferences drawn from the facts known at the time of the decision.

No recording device or stenographic or other records shall be used during questioning of the officer during the disciplinary meeting unless the officer is advised in advance that a transcript is being made and is thereafter supplied a copy of any record.

Section 8 When an officer is under formal departmental investigation, the officer shall cooperate in the investigation and answer all questions relevant to the investigation. If a criminal prosecution relative to the matter under investigation against the officer reasonably could result, then in that case, prior to any interrogations, the officer shall be given his or her Miranda rights and be allowed to consult with an attorney within a reasonable amount of time not to exceed forty eight (48) hours. If, after being provided his or her Miranda warning, the officer refuses to answer questions, he or she may be ordered to do so provided that prior to ordering an officer to answer questions, the officer must be given his or her Garrity rights, assuring the officer that the answers will not be used against the officer in criminal prosecution. If, after having been provided Miranda and Garrity rights, an officer still refuses to answer questions, the officer may be disciplined, up to and including discharge, for insubordination.

Section 9 An officer shall not be coerced, intimidated or suffer any reprisals, either directly or indirectly, that may adversely affect his hours, wages or working conditions, as a result of filing a grievance over any discipline imposed against him.

Section 10 Polygraphs shall only be administered for cause. The scope of the polygraph shall be limited to the facts relating to the nature of the matter being investigated. Normally, discipline shall not be based solely on the basis of a polygraph exam, unless the polygraph exam is the only way to competently investigate a matter (he said / she said / denial and no witness).

Section 11 The records of disciplinary actions shall be removed from the officer's file and shall not be considered for progressive disciplinary action at the expiration of the periods outlined below:

| <u>Discipline</u> | <u>Time Period</u> |
|--|--------------------|
| a. Written warning | Six (6) months |
| b. Written reprimand | One (1) year |
| c. Suspensions of three days or less | Two (2) years |
| d. Suspensions of more than three days | Five (5) years |

If, after the expiration of any of these time periods outlined above, the officer is disciplined and uses his work history as a defense to mitigate his discipline, then all of his prior disciplines may be brought forth as evidence of his work record.

ARTICLE 23
GRIEVANCE PROCEDURE

Grievances shall be resolved according to the procedures outlined below:

| GRIEVANCE EVENT ACTUALLY OCCURS | |
|--|--|
| Informal Step | Discussion with immediate supervisor and verbal answer within two (2) business days after discussion. |
| Step 1: <u>Chief</u> Seven (7) business day filing deadline. | <ul style="list-style-type: none"> • Written grievance filed with chief within seven (7) business days after immediate supervisor's Informal Step answer, but no longer than ten (10) business days total from when the grievance event actually occurred. • Chief must schedule meeting with grievant, consider merits of grievance, and provide written final answer within ten (10) business days after receiving the officer's grievance from the Informal Step. |
| Step 2: <u>Trustees</u> Ten (10) business day filing deadline. | <ul style="list-style-type: none"> • Grievance filed with Trustees within ten (10) business days after the Chief's Step 1 response. • Trustees review grievance claim and, if necessary, consult with the Chief or the grievant to review the merits of the grievance and the Township's answer to the claim. Answer provided to the grievant within ten (10) business days of receiving the grievance at Step 2. |

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| <p>Step 3: <u>Arbitration</u></p> <p>Ten (10) business day filing deadline</p> | <ul style="list-style-type: none"> • Demand for arbitration submitted to the Chief within ten (10) business days after Trustees' answer to Step 2. • Parties select arbitrator from panel listed under Arbitration Procedure. • Hearing date must be established within forty-five (45) calendar days after the arbitrator has accepted the appointment unless mutually agreed otherwise. |
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Definitions

Section 1 The term "grievance" shall mean an allegation by an officer or the Union that a breach, misinterpretation, or improper application of this Agreement has occurred.

Grievance Procedure Rules

Section 2 All written grievances shall contain the following information:

- (a) aggrieved officers' name and signature [Signature to be provided before Step 2.];
- (b) aggrieved officers' classification;
- (c) date grievance was first discussed;
- (d) name of supervisor with whom grievance was discussed;
- (e) date grievance was filed in writing;
- (f) date and time grievance occurred;
- (g) where grievance occurred;
- (h) description of incident giving rise to the grievance;
- (i) resolution requested

The Union shall have the responsibility for the duplication, distribution and accounting of the grievance forms.

Section 3 Any grievance not answered by the Township within the stipulated time limits above may be advanced to the next step in the grievance procedure automatically. A grievance not submitted by the Union within the stipulated time limits and containing the information described above shall be dismissed with prejudice. All time limits on grievances or steps in the procedure may be waived upon mutual written consent of the parties.

Section 4 When an officer covered by this Agreement represents himself in a grievance without Union representation, no grievance settlement shall conflict with any provision of this Agreement. An officer shall be entitled to representation at each step of the grievance procedure by a union representative. The absence or unavailability of the union representative shall not delay the processing of the grievance more than forty-eight (48) hours. The Union director shall be given a reasonable opportunity to process grievances during the directors' normal working hours provided it does not interfere with director's normal duties.

Arbitration Procedure

Section 5 Unless mutually agreed otherwise, the parties hereby agree to select the arbitrator by mutual strike from the following:

Robert Stein
Nels Nelson
Greg Van Pelt

The arbitrator shall be notified as soon as possible of a dispute and a hearing shall be held within forty-five (45) calendar days of the arbitrator's confirmation that he has accepted the appointment as arbitrator unless mutually agreed otherwise.

Arbitration Rules

Section 6 The first question to be placed before the arbitrator may be whether or not the alleged grievance is related to matters specifically covered by the Agreement, or whether the procedural requirement of this Article have been satisfied. If the grievance is not arbitrable, the grievance will be considered concluded at that point and all arbitration fees and costs will be paid by the Union. If the arbitrator determines that the grievance is timely and is within his jurisdiction, the grievance will be heard on its merits before the same arbitrator in the same hearing.

The arbitrator shall have no power or authority to add to, subtract from, or in any manner, alter the specific terms of this Agreement or to make any award requiring the commission of any act prohibited by law or to make award that itself is contrary to law or violates any of the terms and conditions of this Agreement.

Section 7 The decision of the arbitrator made within his jurisdiction shall be final and binding on the parties. Unless otherwise agreed, the arbitrator's decision shall be rendered within thirty (30) days of the submission of the parties' briefs.

Section 8 The costs of the services of the arbitrator, the fee of the arbitrator and the rent, if any, for the hearing room shall be borne by the losing party. The arbitrator shall identify the losing party. The fees of the court reporter, if any, shall be paid by the party requesting the reporter. The appearance fees and transcript shall be split equally if both parties desires a reporter or request a copy of any transcript. All other expenses are borne by the party incurring them.

ARTICLE 24 SICK LEAVE

Section 1 Prospective with the signing of this Agreement, each full-time employee shall be entitled for each completed eighty (80) hours of service, sick leave of four and six tenths (4.6) hours based on the employee's regular hourly wage. Unused sick leave shall be cumulative without limit. Any sick leave use for purposes that are FMLA qualifying shall be credited against any unpaid time available under FMLA.

Section 2 Employees may use sick leave for absence due to personal illness, pregnancy, injury, exposure to contagious disease which could be communicated to other employees, and for illness, injury or death in the employee's immediate family. For purposes of this Article, immediately family is defined as parent, mother and father-in-law, sister, brother, spouse, child or stepchild.

Section 3 Employees unable to report for any of the reasons in Section 2, must report their anticipated absence to the department supervisor one (1) hour before the start of their watch on the first day of absence and each succeeding day of absence, unless other arrangements are authorized by the supervisor. Upon report, employees shall give the phone number and address of the place of convalescence. Employees who fail to provide the required one (1) hour notice will not be paid for the time off.

Sick leave time off is for recuperation from illness or activity directly related to recuperation, e.g., purchase of medicine, or doctor's visits, during normal working hours. This means sick leave abuse will be analyzed based on an employee's conduct during his normal working hours while on sick leave.

Section 4 When sick leave is used, it shall be deducted from the employee's credit on the basis of one (1) hour for every one (1) hour of absence from previously scheduled work.

Section 5 All employee who are absent for three (3) or more consecutive days shall submit a statement for a licensed physician concerning their illness (or illness of those being cared for). Any abuse or patterned use of sick leave may be just and sufficient cause for disciplinary action. The Township may require a physician's verification for each occurrence of sick leave of employees who have established a patterned use or abuse of sick leave. Patterned use or abuse of sick leave includes regularly using sick leave before or after weekends, before or after holidays, before or after normal days off, on certain days of the week, in an excessive number of individual sick days off compared to the average number of sick leave days off for the department as a whole, or in a manner inconsistent with the request for sick leave, e.g., personal reasons during the time the employee would have been scheduled to work.

Section 6 Employees on sick leave shall not engage in any personal or recreational activity during the time they would have been scheduled to work. Sick leave for a doctor's visit shall be used for the time necessary for such visit and related visits to obtain prescription drugs or prescribed therapy.

Section 7 Employees at the time of retirement from active full time service with the Township and with ten (10) years or more continuous years of service with the Township shall be paid cash for 1/3 of the employee's accrued and unused sick leave up to a maximum accrual of one thousand hours i.e., 333 1/3 hours maximum pay. The dollar value of a sick day shall be based on the employee's hourly rate at the time of retirement. Payment for sick leave on this basis shall be considered to eliminate all sick leave credit accrued by the employee at that time. Such payment shall be made by the Township of Hinckley only one time to any employee during his lifetime. This Section shall only apply to the retirement of a full-time employee pursuant to state retirement laws and shall not be deemed applicable to any removal, voluntary or involuntary resignation, or any other like termination except a retirement as set forth herein.

Section 8 If an employee does not use sick leave for a 6 month period, they shall receive another Personal Day.

ARTICLE 25
MILITARY LEAVE

Section 1 The parties hereby acknowledge that in accordance with the Uniformed Service Employment and Reemployment Rights Act, 38 U.S.C. § 4301 *et seq.* (USERRA) an officer will be provided an unpaid leave of absence for a voluntary or involuntary military service obligation, with the right to reemployment and all its accompanying benefits, subject to and in accordance with the terms of USERRA and the applicable regulations.

ARTICLE 26
FUNERAL LEAVE

Section 1 An employee, upon request, shall be granted up to three (3) consecutively scheduled days off with pay not deducted from sick leave for each death in the immediate family. Immediate family shall be defined to include the employee's spouse, children, mother, father, grandmother, grandfather, brother, sister, brother-in-law, sister-in-law, mother-in-law and father-in-law. Acceptable documentation, such as a death certificate or an obituary notice in the newspaper is necessary for payment.

Section 2 Employees, upon request, shall be entitled to two (2) additional consecutively scheduled days of extended funeral leave, to be deducted from their accumulated sick leave. For purposes of this Section, the number of hours deducted from accumulated sick leave shall correspond to the hours in the employee's normal work day.

Section 3 An employee shall be granted one (1) day off with pay not deducted from sick leave for each death of an aunt or uncle. Acceptable documentation, such as a death certificate or an obituary notice in the newspaper is necessary for payment.

ARTICLE 27
JURY DUTY

Section 1 Any employee who is called for jury duty, either Federal, County or Municipal, shall be paid by the Township at the employee's regular rate. Any amount paid by the Court for serving as a juror shall be reimbursed to the Township.

ARTICLE 28
PAYROLL

Section 1 All employees are normally paid every other Monday and are normally paid for a two (2) week period.

Section 2 If a holiday falls on a Monday, paychecks shall be distributed by the close of the working day on the following Tuesday.

ARTICLE 29
INSURANCE BENEFITS

Section 1 The Township shall provide medical and hospitalization coverage through various PPO programs, in addition to prescription, dental and vision coverage, for bargaining unit members in accordance with the carrier's policy and procedures. The Township shall choose the insurance carrier. A summary of the benefits coverage currently provided is attached as Appendix A.

Section 2 The Township agrees to maintain "comparability" with respect to medical, prescription, dental and vision insurance. This means the Township will use good faith efforts to maintain similar benefits but that the Union understands that similar does not mean exactly the same and that reasonable and relevant changes in the type and structure of the benefits or the creation of co-pays for employees, may be necessary to maintain the costs and the level of benefits of the plan.

Section 3 The Township shall pay the cost of all deductibles incurred for employees enrolled in the Hinckley Township Health Plan up to \$2,600 per year for single coverage and \$5,200 per year for all other coverages. In addition, the Township shall contribute the following monthly amounts toward the premium cost.

| | |
|-------------------------|-------------------|
| Employee Only | \$400/per month |
| Employee and Child(ren) | \$750/per month |
| Employee and Spouse | \$888/per month |
| Family | \$1,200/per month |

Section 4 If an employee's spouse is eligible to participate, as a current employee or retiree in group health insurance and/or prescription drug

insurance sponsored by his/her employer or any public retirement plan, the spouse must enroll in such employer or public retirement plan sponsored group insurance coverage(s).

Upon the spouse's enrollment in any such employer or public retirement plan sponsored group insurance coverage, that coverage will become the primary payor of benefits. If an employee's spouse enrolls in his/her employer's health insurance, the employee shall not be required to enroll in single coverage offered by the Township, provided the employee is eligible for family coverage.

Any spouse who fails to enroll in any group insurance coverage sponsored by his/her employer or any public retirement plan, as required by this Section, shall be ineligible for benefits under such group insurance coverage sponsored by the Township.

The attached Spousal Waiver Addendum shall be completed by each employee.

Section 4 shall apply only to those employees hired on or after the January 1, 2014.

Section 5 For those employees who are covered under another health insurance policy and who elect not to be covered by the Township's medical insurance, they shall notify the Trustees in writing and shall be entitled to \$2,400 annually, accrued on a prorated monthly basis and paid bi-annually.

Section 6. The Township shall provide each full-time employee with a group life insurance policy in accordance with the rules of the carrier.

Section 7 The parties agree to establish an Insurance Committee composed of at least one (1) representative from the bargaining unit as well as at least one (1) representative from the Service Department bargaining unit, one (1) representative from the non-bargaining unit employees, the Fiscal Officer and one (1) representative of the Trustees, provided such representative agrees to participate. The purpose of the Insurance Committee is not to alter the terms of this Article but to explore alternate health insurance benefits, policies, carriers, etc. in order to reduce costs while maintaining benefits and to make recommendations to the Trustees regarding same. The Insurance Committee shall be a recommending body only, it being understood that the Township shall not be obligated to adopt any recommended changes.

ARTICLE 30
DRUG TESTING

Section 1 The Township and the Union have a mutual obligation to protect the work force and the public from the actions of employees impaired by alcohol, drugs, or controlled substances. They have agreed to common elements that will shape and guide their commitment to provide a drug/alcohol-free workplace.

Section 2 The Township will continue its random testing at the discretion of the Chief of Police.

Section 3 In addition to the random testing in Section 2, the Chief of Police or his designee may order any employee to undergo a drug or alcohol screening test whenever reasonable suspicion exists to believe an employee on duty has used or is under the influence of illicit drugs, controlled substances or alcohol. Reasonable suspicion must be based upon specific facts and reasonable inferences drawn from those facts.

Section 4 All test results and actions taken under or pursuant to this Article shall be kept confidential in accordance with state and federal law.

Section 5 The Township shall pay for all drug and alcohol screening and confirmatory tests.

Section 6 the Township shall educate employees, supervisors and managers regarding all elements of the drug and alcohol workplace policy, and the various procedures involved.

ARTICLE 31
HOLIDAYS AND PERSONAL DAYS

Section 1 Each full-time patrol officer shall be entitled to ten (10) days of paid time off and one (1) personal day in lieu of scheduled holidays. Employees shall be able to cash out once per year unused incentive hours earned per Article 24, Section 8.

ARTICLE 32
VACATIONS

Section 1 Each full-time member shall earn and be entitled to paid vacation in accordance with the following schedule:

| <u>Length of Service</u> | <u>Amount</u> |
|--------------------------|---------------|
| After one (1) year | 80 hours |
| After six (6) years | 120 hours |
| After ten (10) years | 160 hours |
| After fifteen (15) years | 200 hours |

Section 2 Members do not accrue vacation benefits during their first year of employment. Upon completion of their first year anniversary date, which shall be computed on the basis of twenty-six (26) bi-weekly pay periods, members are entitled to eighty hours of vacation.

After completion of their first year anniversary date, members accrue a portion of their annual vacation benefits each bi-weekly pay period as follows:

| <u>Length of Service</u> | <u>Weeks</u> |
|--------------------------|------------------------------|
| After one (1) year | Three and one-tenths hours |
| After six (6) years | Four and six-tenths hours |
| After ten (10) years | Six and two-tenths hours |
| After fifteen (15) years | Seven and seven-tenths hours |

Section 3 The additional vacation time provided at the six (6), ten (10), and fifteen (15) year seniority intervals outlined in Section 1 is credited to a member and is available for his use upon completion of the member's anniversary date. Vacation time taken off is first deducted from vacation leave accrued during the current year and then from any approved vacation carry over.

Section 4 Normally, only one patrolman should be on vacation at one time. When one patrolman is scheduled for vacation, other patrolmen will not be permitted to use compensatory time, vacation time or other personal time unless approved by the Chief.

Section 5 Vacation shall be scheduled between December 1st and December 31st of the preceding calendar year according to seniority. Two (2) weeks maximum shall be chosen by seniority at one time. Members shall have three (3) working days to make their selection. Prior approval of the Chief is necessary for any vacation to be scheduled in conjunction with holidays, personal days or compensatory time off. Each vacation request shall not include more than one (1) holiday.

Members are entitled to choose the number of hours they were entitled at their last anniversary date. Any additional vacation time due the member during the year must be scheduled after the anniversary date with two (2) weeks notice.

After January 1st, vacations are scheduled on a first-come first-served basis, in accordance with the Chief's determination of the department's manning needs. In addition, the scheduling of vacations after January 1st, scheduling of personal days and compensatory time require a minimum of two (2) weeks prior notice. Exceptions can be made where the Chief determines scheduled can be accommodated.

When one patrolman is scheduled for personal days or compensatory time, other patrolmen will not be permitted to use personal days or compensatory time unless approved by the Chief. Patrolmen will be provided a list of vacation dates, personal days and compensatory time, which have been scheduled, and by which patrolman. Any vacation that has not been scheduled and used prior to the patrolman's next anniversary date is forfeited.

No trading of vacations shall occur without approval by the Chief. Vacation scheduling takes precedence over personal days or compensatory time off.

Section 6 Any member who reassigns, is terminated, retires, or is separated from employment by the Township because of a reduction in force will receive pay for his unused and accrued vacation time. In the case of resignation, the member shall give two (2) weeks' notice in writing to the Chief to be eligible for such payment.

Section 7 Vacation time shall not be carried over from one year to another without the express written authorization of the Chief. In no event shall an employee carry over more than one (1) week of vacation, which shall be utilized in the first three (3) months of the year to which it was carried over.

Section 8 The surviving spouse or the estate of any employee shall receive a cash payment for all regular pay, holiday pay, and vacation pay, due the employee as of the date of the employee's death.

ARTICLE 33
HOURLY PAY SALARY SCHEDULES/LONGEVITY

| | <u>2017</u> | <u>2018</u> | <u>2019</u> |
|--------------------------------------|-------------|-------------|-------------|
| Class P1 – 1 st 18 months | \$20.34 | \$20.75 | \$21.16 |
| Class 1 – next 6 months | \$22.54 | \$22.99 | \$23.45 |
| Class 2 – after 2 years | \$27.11 | \$27.65 | \$28.21 |
| Class 3 – after 3 years | \$29.50 | \$30.09 | \$30.69 |
| Class 4 – after 4 years | \$30.67 | \$31.28 | \$31.91 |

Additionally, patrol officers shall be entitled to an annual longevity payment upon completion of five (5) continuous years of service with the Township, and after completing of each year of continuous service thereafter, pursuant to the following schedule:

| Completed Years Continuous Service | Longevity Amount |
|---|-------------------------|
| 5 | \$250 |
| 6 | \$300 |
| 7 | \$350 |
| 8 | \$400 |
| 9 | \$450 |
| 10 | \$500 |
| 11 | \$550 |
| 12 | \$600 |
| 13 | \$650 |
| 14 | \$700 |
| 15 | \$750 |
| 16 | \$800 |
| 17 | \$850 |
| 18 | \$900 |
| 19 | \$950 |
| 20 and greater | \$1,000 |

ARTICLE 34
UNIFORM ALLOWANCE

Section 1 The Township will maintain the current quarter master system and practices regarding replacement of uniforms.

Section 2 The Township agrees to provide a level II soft body armor for all new hires and replace soft body armor for officers based upon manufacturer's specifications of useful life.

ARTICLE 35
FIELD TRAINING OFFICER

Section 1 Any member assigned by the Chief to act as a Field Training Officer shall receive one and one-half (1.5) hours of additional pay at the regular rate of pay for every 12 hours he acts in such capacity. Alternatively, the officer may elect to take compensatory time for these additional hours earned.

ARTICLE 36
PAYMENT TO ESTATE IN THE EVENT OF DEATH

Section 1 Should a patrol officer become deceased then, in that event, the fiduciary of the patrol officer's estate shall be entitled to any accrued but unpaid wages and benefits earned up to the date of death and/or by reason of the officer's death.

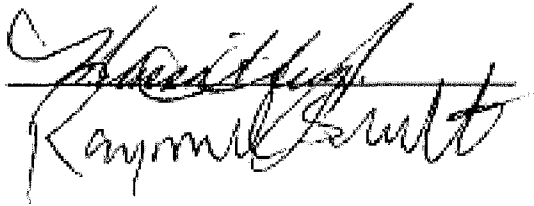
ARTICLE 37
DURATION

Section 1 This Agreement shall be effective for a period of three (3) years, beginning January 1, 2017 and expiring at midnight, December 31, 2019. Notwithstanding the foregoing, the parties agree that either party may reopen the Agreement on Insurance (Article 29) and Wages (Article 33) only, for the period beginning January 1, 2019, except that wages will not be less than the amounts specified in Article 33 above regardless of whether the Agreement is reopened. Should a party elect to reopen the Agreement, notice shall be served on the other party and within the time and manner as prescribed by Chapter 4117 of the Ohio Revised Code.

IN WITNESS WHEREOF, the undersigned parties pursuant to the proper authority have caused this Agreement to be signed as of the 27 day of NOVEMBER 2017.

HINCKLEY TOWNSHIP
BOARD OF TRUSTEES

OHIO PATROLMEN'S
BENEVOLENT ASSOCIATION



Handwritten signature of Raymond Gault, representing Hinckley Township Board of Trustees.



Handwritten signature of the Ohio Patrolmen's Benevolent Association.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-540-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800-540-2583 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|--|
| What is the overall <u>deductible</u> ? | \$3,000/single, \$6,000/family Network \$10,000/single, \$20,000/family Non-Network | Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> . |
| Are there services covered before you meet your <u>deductible</u> ? | Yes. Certain <u>preventive care</u> and all services with <u>copayments</u> are covered and paid by the plan before you meet your <u>deductible</u> . | This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other <u>deductibles</u> for specific services? | No | You don't have to meet <u>deductibles</u> for specific services. |
| What is the <u>out-of-pocket limit</u> for this plan? | \$5,500/single, \$11,000/family Network \$20,000/single, \$40,000/family Non-Network | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met. |
| What is not included in the <u>out-of-pocket limit</u> ? | <u>Premiums</u> , balance-billed charges and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> . |
| Will you pay less if you use a <u>network provider</u> ? | Yes. See MedMutual.com/SBC or call 800-540-2583 for a list of participating providers. | This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your plan pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| Do you need a <u>referral</u> to see a <u>specialist</u> ? | No | You can see the <u>specialist</u> you choose without a <u>referral</u> . |

All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. Services with copayments are covered before you meet your deductible, unless otherwise specified.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|--|---|---|
| | | a Network Provider (You will pay the least) | a Non-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$35 copay/visit | 40% <u>coinsurance</u> | None |
| | Specialist visit | \$60 copay/visit | 40% <u>coinsurance</u> | None |
| | Preventive care/ screening/ immunization | No charge | 40% <u>coinsurance</u> | You may have to pay for services that aren't <u>preventive</u> . Ask your provider if the services you need are <u>preventive</u> . Then check what your plan will pay for. |
| If you have a test | Diagnostic test (x-ray) | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| | Diagnostic test (blood work) | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| | Imaging (CT/PET scans, MRIs) | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| If you need drugs to treat your illness or condition | Generic copay - retail Tier 1 | \$10 | Does Not Apply | Covers up to a 30-day supply. |
| | Generic copay - home delivery Tier 1 | \$20 | Does Not Apply | Covers up to a 90-day supply. |
| | Preferred brand copay - retail Tier 2 | \$50 | Does Not Apply | Covers up to a 30-day supply. |
| More information about prescription drug coverage is available at MedMutual.com/SBC | Preferred brand copay - home delivery Tier 2 | \$100 | Does Not Apply | Covers up to a 90-day supply. |
| | Non-preferred brand copay - retail Tier 3 | \$90 | Does Not Apply | Covers up to a 30-day supply. |
| | Non-preferred brand copay - home delivery Tier 3 | \$180 | Does Not Apply | Covers up to a 90-day supply. |
| | Specialty drugs | 25% up to maximum of \$250 | Does Not Apply | Covers up to a 30-day supply. |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| | Physician/surgeon fees (Outpatient) | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|
| | | a Network Provider (You will pay the least) | a Non-Network Provider (You will pay the most) | |
| If you need immediate medical attention | <u>Emergency room care</u> | \$250 copay/visit, 20% <u>coinsurance</u> | | None |
| | <u>Emergency medical transportation</u> | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| | <u>Urgent care</u> | \$75 copay/visit | 40% <u>coinsurance</u> | None |
| If you have a hospital stay | Facility fee (e.g., hospital room) | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| | Physician/ surgeon fee (inpatient) | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| If you need mental health, behavioral health, or substance abuse services | <u>Outpatient services</u> | Benefits paid based on corresponding medical benefits | | None |
| | <u>Inpatient services</u> | Benefits paid based on corresponding medical benefits | | None |
| If you are pregnant | Office visits | No charge | 40% <u>coinsurance</u> | <u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Depending on the type of services, <u>copay</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |
| | Childbirth/delivery professional services | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| | Childbirth/delivery facility services | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| If you need help recovering or have other special health needs | <u>Home health care</u> | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | (100 visits per benefit period) |
| | <u>Rehabilitation services</u> (Physical Therapy) | \$60 copay/visit | 40% <u>coinsurance</u> | (20 visits per benefit period) |
| | <u>Habilitation services</u> (Occupational Therapy) | \$60 copay/visit | 40% <u>coinsurance</u> | (20 visits per benefit period) |
| | <u>Habilitation services</u> (Speech Therapy) | \$60 copay/visit | 40% <u>coinsurance</u> | (20 visits per benefit period) |
| | <u>Skilled nursing care</u> | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | (90 days per benefit period) |
| | <u>Durable medical equipment</u> | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| | <u>Hospice services</u> | 20% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |

| Common Medical Event | Services You May Need | What You Will Pay | Limitations, Exceptions, & Other Important Information |
|--|---|---|--|
| If your child needs dental or eye care | Children's eye exam Children's glasses Children's dental check-up | a Network Provider (You will pay the least) a Non-Network Provider (You will pay the most) No charge 40% coinsurance Not Covered Not Covered Not Covered Not Covered | None Excluded Service Excluded Service |

Excluded Services & Other Covered Services:

| | | |
|--|---|--|
| Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.) | | |
| <ul style="list-style-type: none">• Acupuncture• Bariatric Surgery• Children's dental check-up• Children's glasses• Cosmetic Surgery | <ul style="list-style-type: none">• Dental Care (Adult)• Hearing Aids• Infertility Treatment• Long-Term Care | <ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.• Routine Eye Care (Adult)• Routine Foot Care• Weight Loss Programs |

| | | |
|---|--|--|
| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.) | | |
| <ul style="list-style-type: none">• Chiropractic Care | <ul style="list-style-type: none">• Private-Duty Nursing | |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or dol.gov/ebsa/healthreform, your state insurance department at 800-686-1526 and the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61565 or ccio.cms.gov. Other coverage options may be available to you, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit HealthCare.gov or call 800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or dol.gov/ebsa/healthreform, your state insurance department at 800-686-1526 or your plan at 800-540-2585.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

-----To see examples of how this plan might cover costs for sample medical situations, see the next section-----
The coverage example numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.



Peg is having a baby
(in-network obstetric and gynecological care and the hospital delivery)

- The plan's overall deductible \$3,000
- Specialist copay \$60
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

| | |
|-----------------------------------|-----------------|
| Total Example Cost | \$12,800 |
| In this example, Peg would pay: | |
| <i>Cost Sharing</i> | |
| Deductibles | \$3,000 |
| Copayments | \$30 |
| Coinsurance | \$1,500 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$60 |
| The total Peg would pay is | \$4,990 |

Managing Joe's type 2 Diabetes
(in-network ongoing network care of a well-controlled condition)

- The plan's overall deductible \$3,000
- Specialist copay \$60
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

| | |
|-----------------------------------|----------------|
| Total Example Cost | \$7,400 |
| In this example, Joe would pay: | |
| <i>Cost Sharing</i> | |
| Deductibles | \$100 |
| Copayments | \$1,000 |
| Coinsurance | \$0 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$60 |
| The total Joe would pay is | \$1,160 |

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,000
- Specialist copay \$60
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

| | |
|-----------------------------------|----------------|
| Total Example Cost | \$1,900 |
| In this example, Mia would pay: | |
| <i>Cost Sharing</i> | |
| Deductibles | \$900 |
| Copayments | \$500 |
| Coinsurance | \$50 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$1,450 |

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-540-2583.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Multi-Language Interpreter Services & Nondiscrimination Notice



This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese

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German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث إحدى اللغات، فإن خدمات المساعدة اللغوية متوفرة لك (بالتجان). اتصل برقم 1-800-382-5729 (رقم هاتف الصم والبكم 711).

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kantscht du mitaus Koschle ebber gricke, ass dir helft mit die english Schprooch. Ruf sell Nummer uff. Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телефайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Dii baa akó nínízin: Dii saad baa yáníllí' go Diné Bizaad, saad baa áká'ánída'áwo'dóq, t'áá jilk'eh, éi ná hóq, koǫ' hótíílníh 1-800-382-5729 (TTY: 711).

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711) まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телефайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulung sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator

Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building
Washington, DC 20201-0004
- By phone at:
(800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:
hhs.gov/ocr/office/file/index.html

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
 Medical Mutual : HRA 3500

Coverage Period: 10/01/2017 - 09/30/2018
 Coverage for: Single or Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-540-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800-540-2583 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| What is the overall deductible? | \$3,500/single,\$7,000/family Network \$10,000/single,\$20,000/family Non-Network | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. |
| Are there services covered before you meet your deductible? | Yes. Certain preventive care and all services with copayments are covered and paid by the plan before you meet your deductible. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other deductibles for specific services? | No | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan? | Coinsurance Limit: \$0/single,\$0/family Network \$10,000/single,\$20,000/family Non-Network Out-of-pocket Limit: \$5,500/single,\$11,000/family Network \$20,000/single,\$40,000/family Non-Network | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the out-of-pocket limit? | Premiums, balance-billed charges and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| Will you pay less if you use a network provider? | Yes. See MedMutual.com/SBC or call 800-540-2583 for a list of participating providers. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |

| | | |
|--|----|--|
| Do you need a <u>referral</u> to see a <u>specialist</u> ? | No | You can see the <u>specialist</u> you choose without a <u>referral</u> . |
|--|----|--|



All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. Services with copayments are covered before you meet your deductible, unless otherwise specified.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|---|---|---|
| | | a Network Provider (You will pay the least) | a Non-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | None |
| | <u>Specialist</u> visit | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | None |
| | Preventive care/ screening/ immunization | No charge | 40% <u>coinsurance</u> | You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for. |
| If you have a test | <u>Diagnostic test</u> (x-ray) | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | None |
| | <u>Diagnostic test</u> (blood work) | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | None |
| | Imaging (CT/PET scans, MRIs) | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | None |
| If you need drugs to treat your illness or condition | Generic copay - retail Tier 1 | \$10 after <u>deductible</u> | Does Not Apply | Covers up to a 30-day supply. |
| | Generic copay - home delivery Tier 1 | \$20 after <u>deductible</u> | Does Not Apply | Covers up to a 90-day supply. |
| | Preferred brand copay - retail Tier 2 | \$50 after <u>deductible</u> | Does Not Apply | Covers up to a 30-day supply. |
| | Preferred brand copay - home delivery Tier 2 | \$100 after <u>deductible</u> | Does Not Apply | Covers up to a 90-day supply. |
| | Non-preferred brand copay - retail Tier 3 | \$90 after <u>deductible</u> | Does Not Apply | Covers up to a 30-day supply. |
| | Non-preferred brand copay - home delivery Tier 3 | \$180 after <u>deductible</u> | Does Not Apply | Covers up to a 90-day supply. |
| | <u>Specialty drugs</u> | 25% after <u>deductible</u> up to \$250 maximum | Does Not Apply | Covers up to a 30-day supply. |

More information about prescription drug coverage is available at MedMutual.com/SBC

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|--|---|---|--|
| | | a Network Provider (You will pay the least) | a Non-Network Provider (You will pay the most) | |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | No charge after deductible | 40% coinsurance | None |
| | Physician/surgeon fees (Outpatient) | No charge after deductible | 40% coinsurance | None |
| If you need immediate medical attention | Emergency room care | No charge after deductible | | None |
| | Emergency medical transportation | No charge after deductible | 40% coinsurance | None |
| | Urgent care | No charge after deductible | 40% coinsurance | None |
| If you have a hospital stay | Facility fee (e.g., hospital room) | No charge after deductible | 40% coinsurance | None |
| | Physician/ surgeon fee (Inpatient) | No charge after deductible | 40% coinsurance | None |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | Benefits paid based on corresponding medical benefits | | None |
| | Inpatient services | Benefits paid based on corresponding medical benefits | | None |
| If you are pregnant | Office visits | No charge | 40% coinsurance | Cost sharing does not apply to certain preventive services. Depending on the type of services, copay, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |
| | Childbirth/delivery professional services | No charge after deductible | 40% coinsurance | None |
| | Childbirth/delivery facility services | No charge after deductible | 40% coinsurance | None |

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---|--|---|--|
| | | a Network Provider (You will pay the least) | a Non-Network Provider (You will pay the most) | |
| If you need help recovering or have other special health needs | <u>Home health care</u> | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | (100 visits per benefit period) |
| | <u>Rehabilitation services (Physical Therapy)</u> | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | (20 visits per benefit period) |
| | <u>Habilitation services (Occupational Therapy)</u> | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | (20 visits per benefit period) |
| | <u>Habilitation services (Speech Therapy)</u> | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | (20 visits per benefit period) |
| | <u>Skilled nursing care</u> | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | (90 days per benefit period) |
| | <u>Durable medical equipment</u> | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | None |
| | <u>Hospice services</u> | No charge after <u>deductible</u> | 40% <u>coinsurance</u> | None |
| If your child needs dental or eye care | Children's eye exam | No charge | 40% <u>coinsurance</u> | None |
| | Children's glasses | Not Covered | | Excluded Service |
| | Children's dental check-up | Not Covered | | Excluded Service |

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric Surgery
- Children's dental check-up
- Children's glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Hearing Aids
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Eye Care (Adult)
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic Care
- Private-Duty Nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or dol.gov/ebsa/healthreform, your state insurance department at 800-686-1526 and the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x81565 or ccio.cms.gov. Other coverage options may be available to you, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit HealthCare.gov or call 800-318-2596.

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Does this plan provide Minimum Essential Coverage? Yes.

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Peg is having a baby
(9 months of in-network prenatal care and a vaginal delivery)

- The plan's overall deductible \$3,500
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Specialist office visits (prenatal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (ultrasounds and blood work)
Specialist visit (anesthesia)

| | |
|---------------------------------------|-----------------|
| Total Example Cost | \$12,800 |
| In this example, Peg would pay | |
| <i>Cost Sharing</i> | |
| Deductibles | \$3,500 |
| Copayments | \$0 |
| Coinsurance | \$0 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$60 |
| The total Peg would pay is | \$3,560 |

Managing Joe's type 2 Diabetes
(5 years of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$3,500
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Primary care physician office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

| | |
|--|----------------|
| Total Example Cost | \$7,400 |
| In this example, Joe would pay: | |
| <i>Cost Sharing</i> | |
| Deductibles | \$4,300 |
| Copayments | \$300 |
| Coinsurance | \$0 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$60 |
| The total Joe would pay is | \$4,660 |

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,500
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

| | |
|--|----------------|
| Total Example Cost | \$1,900 |
| In this example, Mia would pay: | |
| <i>Cost Sharing</i> | |
| Deductibles | \$1,900 |
| Copayments | \$0 |
| Coinsurance | \$0 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$1,900 |

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-540-2583.

The plan would be responsible for the other costs of these EXAMPLE covered services.

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Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

ملاحظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم (711).

Pennsylvania Dutch

Wann du Deitsch schwetzsch, kannscht du mitaus Koschta eköber gricke, ass dihr helft mit die englisch Schprooch. Ruf seli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телефакс: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Dii baa akó nínizín: Dii saad bee yáníllí' go Díné Bizaad, saad bee áká'ánida'áwo'déę, t'áá Jik'eh, éí ná hółó, kójj' hódiilnih 1-800-382-5729 (TTY: 711).

Oromo

XiYYEEFFANNAA: Afaan dubbaltu Oromiffa, tajaajila gargaarsa afaanii, kanfaatiidhaan ala, ni argama. Biibilaa 1-800-382-5729 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese

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Dutch

AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телефакс: 711).

Romanian

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Tagalog

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QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

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If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator

Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building
Washington, DC 20201-0004
- By phone at:
(800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:
hhs.gov/ocr/office/file/index.html

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-540-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800-540-2583 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|--|
| What is the overall <u>deductible</u> ? | \$5,500/single,\$11,000/family Network \$10,000/single,\$20,000/family Non-Network | Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> . |
| Are there services covered before you meet your <u>deductible</u> ? | Yes. Certain <u>preventive care</u> and all services with <u>copayments</u> are covered and paid by the plan before you meet your <u>deductible</u> . | This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other <u>deductibles</u> for specific services? | No | You don't have to meet <u>deductibles</u> for specific services. |
| What is the <u>out-of-pocket limit</u> for this plan? | \$6,100/single,\$12,200/family Network \$20,000/single,\$40,000/family Non-Network | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met. |
| What is not included in the <u>out-of-pocket limit</u> ? | <u>Premiums</u> , balance-billed charges and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> . |
| Will you pay less if you use a <u>network provider</u> ? | Yes. See MedMutual.com/SBC or call 800-540-2583 for a list of participating providers. | This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your plan pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| Do you need a <u>referral</u> to see a <u>specialist</u> ? | No | You can see the <u>specialist</u> you choose without a <u>referral</u> . |



All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. Services with copayments are covered before you meet your deductible, unless otherwise specified.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|--|---|---|
| | | a Network Provider (You will pay the least) | a Non-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$40 copay/visit | 40% <u>coinsurance</u> | None |
| | Specialist visit | \$80 copay/visit | 40% <u>coinsurance</u> | None |
| | Preventive care/ screening/ immunization | No charge | 40% <u>coinsurance</u> | You may have to pay for services that aren't <u>preventive</u> . Ask your provider if the services you need are <u>preventive</u> . Then check what your plan will pay for. |
| If you have a test | Diagnostic test (x-ray) | 30% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| | Diagnostic test (blood work) | 30% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| | Imaging (CT/PET scans, MRIs) | 30% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at MedMutual.com/SBC | Drug Out of Pocket Limit - Single | \$500 | Does Not Apply | None |
| | Drug Out of Pocket Limit - Family | \$1,000 | Does Not Apply | None |
| | Generic copay - retail Tier 1 | \$10 | Does Not Apply | Covers up to a 30-day supply. |
| | Generic copay - home delivery Tier 1 | \$20 | Does Not Apply | Covers up to a 90-day supply. |
| | Preferred brand copay - retail Tier 2 | \$50 | Does Not Apply | Covers up to a 30-day supply. |
| | Preferred brand copay - home delivery Tier 2 | \$100 | Does Not Apply | Covers up to a 90-day supply. |
| | Non-preferred brand copay - retail Tier 3 | \$90 | Does Not Apply | Covers up to a 30-day supply. |
| | Non-preferred brand copay - home delivery Tier 3 | \$180 | Does Not Apply | Covers up to a 90-day supply. |
| Specialty drugs | 25% up to \$250 maximum | Does Not Apply | Covers up to a 30-day supply. | |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | 30% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |
| | Physician/surgeon fees (Outpatient) | 30% <u>coinsurance</u> | 40% <u>coinsurance</u> | None |

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|--|---|---|--|
| | | a Network Provider (You will pay the least) | a Non-Network Provider (You will pay the most) | |
| If you need immediate medical attention | Emergency room care | \$250 copay/visit, 30% coinsurance | | None |
| | Emergency medical transportation | 30% coinsurance | 40% coinsurance | None |
| | Urgent care | \$80 copay/visit | 40% coinsurance | None |
| If you have a hospital stay | Facility fee (e.g., hospital room) | 30% coinsurance | 40% coinsurance | None |
| | Physician/ surgeon fee (inpatient) | 30% coinsurance | 40% coinsurance | None |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | Benefits paid based on corresponding medical benefits | | None |
| | Inpatient services | Benefits paid based on corresponding medical benefits | | None |
| If you are pregnant | Office visits | No charge | 40% coinsurance | Cost sharing does not apply to certain preventive services. Depending on the type of services, copay, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |
| | Childbirth/delivery professional services | 30% coinsurance | 40% coinsurance | None |
| | Childbirth/delivery facility services | 30% coinsurance | 40% coinsurance | None |
| If you need help recovering or have other special health needs | Home health care | 30% coinsurance | 40% coinsurance | (100 visits per benefit period) |
| | Rehabilitation services (Physical Therapy) | \$80 copay/visit | 40% coinsurance | (20 visits per benefit period) |
| | Habilitation services (Occupational Therapy) | \$80 copay/visit | 40% coinsurance | (20 visits per benefit period) |
| | Habilitation services (Speech Therapy) | \$80 copay/visit | 40% coinsurance | (20 visits per benefit period) |
| | Skilled nursing care | 30% coinsurance | 40% coinsurance | (90 days per benefit period) |
| | Durable medical equipment | 30% coinsurance | 40% coinsurance | None |
| | Hospice services | 30% coinsurance | 40% coinsurance | None |

| Common Medical Event | Services You May Need | What You Will Pay | Limitations, Exceptions, & Other Important Information |
|--|---|--|--|
| If your child needs dental or eye care | Children's eye exam Children's glasses Children's dental check-up | a Network Provider (You will pay the less) a Non-Network Provider (You will pay the most) No charge 40% coinsurance Not Covered Not Covered | None Excluded Service Excluded Service |

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric Surgery
- Children's dental check-up
- Children's glasses
- Cosmetic Surgery
- Denial Care (Adult)
- Hearing Aids
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Eye Care (Adult)
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic Care
- Private-Duty Nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or dol.gov/ebsa/healthreform, your state insurance department at 800-686-1526 and the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61566 or oig.cms.gov. Other coverage options may be available to you, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit HealthCare.gov or call 800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: the Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or dol.gov/ebsa/healthreform, your state insurance department at 800-686-1526 or your plan at 800-540-2583.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

-----To see examples of how this plan might cover costs for sample medical situations, see the next section-----

The coverage example numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower.

About these Coverage Examples:



This is **not** a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is having a baby
(In-network prenatal care and a hospital delivery)

- The plan's overall deductible \$5,500
- Specialist copay \$80
- Hospital (facility) coinsurance 30%
- Other coinsurance 30%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,800

In this example, Peg would pay:
Cost Sharing

| | |
|-------------|---------|
| Deductibles | \$5,500 |
| Copayments | \$80 |
| Coinsurance | \$600 |

What isn't covered

| | |
|----------------------|------|
| Limits or exclusions | \$80 |
|----------------------|------|

The total Peg would pay is \$6,190

Managing Joe's type 2 Diabetes
(A year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$5,500
- Specialist copay \$80
- Hospital (facility) coinsurance 30%
- Other coinsurance 30%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$7,400

In this example, Joe would pay:
Cost Sharing

| | |
|-------------|---------|
| Deductibles | \$100 |
| Copayments | \$1,100 |
| Coinsurance | \$0 |

What isn't covered

| | |
|----------------------|------|
| Limits or exclusions | \$60 |
|----------------------|------|

The total Joe would pay is \$1,260

Mia's Simple Fracture
(In-network emergency room visit and follow up care)

- The plan's overall deductible \$5,500
- Specialist copay \$80
- Hospital (facility) coinsurance 30%
- Other coinsurance 30%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$1,900

In this example, Mia would pay:
Cost Sharing

| | |
|-------------|-------|
| Deductibles | \$900 |
| Copayments | \$600 |
| Coinsurance | \$80 |

What isn't covered

| | |
|----------------------|-----|
| Limits or exclusions | \$0 |
|----------------------|-----|

The total Mia would pay is \$1,580

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-540-2583.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Multi-Language Interpreter Services & Nondiscrimination Notice



This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

ملحوظة: إننا نقدم خدمات المساعدة اللغوية، ووافر لك (بالمجان) اتصال برقم 1-800-382-5729 (رقم هاتف الصم والبكم 711).

Pennsylvania Dutch

Wann du Deitsch schwetzsch, kannscht du mitaus Koschtie ebberr gricke, ass dihr helft mit die engleisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телефайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Díí baa áká nínizín: Díí saad bee yánilti' go Diné Bizaad, saad bee áká'ánínda'áwo'déé', t'áá jik'eh, éí ná hóló, kóij' hódiílnih 1-800-382-5729 (TTY: 711).

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Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900

Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:
ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building
Washington, DC 20201-0004
- By phone at:
(800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:
hhs.gov/ocr/office/file/index.html

Hinckley Township

Dental Highlight Sheet



Plan 1: Dental Plan Summary

Effective Date: 11/01/2017

| Plan Benefit | In Network | Out of Network |
|--------------------------------|--|--|
| Type 1 | 100% | 100% |
| Type 2 | 80% | 80% |
| Type 3 | 80% | 50% |
| Deductible | \$25/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum | \$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum |
| Maximum (per person) Allowance | \$2,000 per calendar year Discounted Fee | \$1,000 per calendar year Discounted Fee |
| Dental Rewards® | Included | Included |
| Waiting Period | None | None |
| Annual Eye Exam | None | None |
| LASIK Advantage® | None | None |
| Annual Open Enrollment | None | None |

Orthodontia Summary - Child Only Coverage

| | In Network | Out of Network |
|--|--|--|
| Allowance | Discounted Fee | U&G |
| Plan Benefit | 50% | 50% |
| Lifetime Maximum (per person) | \$2,000* | \$2,000* |
| Ameritas Rewards SM Lifetime (per person) | \$100 | \$100 |
| Waiting Period | New Treatment Plan and Services Only 12 months New Enrollees Only | New Treatment Plan and Services Only 12 months New Enrollees Only |

*Maximum not reduced by prior carrier payment.

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

| Type 1 | In Network Type 2 | Type 3 |
|--|------------------------------|---|
| • Routine Exam (2 per benefit period) | • Restorative Amalgams | • Onlays |
| • Bitewing X-rays (2 per benefit period) | • Restorative Composites | • Crowns (1 in 5 years per tooth) |
| • Full Mouth/Panoramic X-rays (1 in 3 years) | • Endodontics (nonsurgical) | • Crown Repair |
| • Periapical X-rays | • Endodontics (surgical) | • Implants |
| • Cleaning (2 per benefit period) | • Periodontics (nonsurgical) | • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) |
| • Fluoride for Children 18 and under (1 per benefit period) | • Periodontics (surgical) | |
| • Sealants (age 18 and under) | • Denture Repair | |
| • Space Maintainers | • Simple Extractions | |
| | • Complex Extractions | |
| | • Anesthesia | |
| Type 1 | Out of Network Type 2 | Type 3 |
| • Routine Exam (2 per benefit period) | • Restorative Amalgams | • Onlays |
| • Bitewing X-rays (2 per benefit period) | • Restorative Composites | • Crowns (1 in 5 years per tooth) |
| • Full Mouth/Panoramic X-rays (1 in 3 years) | • Endodontics (nonsurgical) | • Crown Repair |
| • Periapical X-rays | • Endodontics (surgical) | • Implants |
| • Cleaning (2 per benefit period) | • Periodontics (nonsurgical) | • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) |
| • Fluoride for Children 18 and under (1 per benefit period) | • Periodontics (surgical) | |
| • Sealants (age 18 and under) | • Denture Repair | |
| • Space Maintainers | • Simple Extractions | |
| | • Complex Extractions | |
| | • Anesthesia | |

Hinckley Township

Dental Highlight Sheet



Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of Hinckley Township. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

eCard

Once you are enrolled in the plan, register for your secure member account at www.ameritas.com. Click on account access (at top right), select Dental/Vision/Hearing, then Secure Member Account. You'll have 24/7 access to your electronic ID card (to print or save to your smartphone), look up your benefits, review your claims, use the dental cost estimator and more! Using online services helps to minimize your risk of identity theft, protect your privacy and get your benefit information faster than through the mail.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 80,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance; it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Ameritas RewardsSM

Ameritas Rewards is an enhanced product that offers an increased maximum for hearing, LASIK, orthodontia and vision as well as dental. It allows members to utilize unused dental maximum carryover amounts from previous years towards dental benefits or other lines of coverage included in a plan. Employees and their covered dependents may accumulate dental rewards with an unlimited maximum carryover amount. These rewards can be used to increase the maximum for the other lines of coverage which can then be used for certain covered services or materials subject to applicable deductibles, coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. A member is eligible to earn rewards again the next year.

| | | |
|-------------------------|-----------|---|
| Benefit Threshold | \$500 | Dental benefits received for the year cannot exceed this amount |
| Annual Carryover Amount | \$250 | Ameritas Rewards amount is added to the following year's maximum |
| Annual PPO Bonus | \$100 | Additional bonus is earned if the member sees a network provider |
| Maximum Carryover | Unlimited | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

Orthodontia Waiting Period - new enrollees only

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

Dental Network Information

To find a provider, visit ameritas.com and select FIND A PROVIDER, then DENTAL. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Hinckley Township

Dental Highlight Sheet



Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-835-3727.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Hinckley Township

Eye Care Highlight Sheet



Plan 1: Focus® Plan Summary

Effective Date: 11/01/2017

| | VSP Choice Network + Affiliates | Out of Network |
|-----------------------|---|--|
| Deductibles | \$0 Exam \$0 Eye Glass Lenses or Frames* | \$0 Exam \$0 Eye Glass Lenses or Frames |
| Annual Eye Exam | Covered in full | Up to \$15 |
| Lenses (per pair) | | |
| Single Vision | Covered in full | Up to \$30 |
| Bifocal | Covered in full | Up to \$50 |
| Trifocal | Covered in full | Up to \$65 |
| Lenticular | Covered in full | Up to \$100 |
| Progressive | See lens options | NA |
| Contacts | | |
| Fit & Follow Up Exams | Member cost up to \$60 | No benefit |
| Elective | Up to \$150 | Up to \$120 |
| Medically Necessary | Covered in full | Up to \$210 |
| Frames | \$150** | Up to \$70 |
| Frequencies (months) | 12/12/12 | 12/12/12 |
| Exam/Lens/Frame | Based on date of service | Based on date of service |

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco allowance will be the wholesale equivalent.

Lens Options (member cost)*

| | VSP Choice Network + Affiliates (Other than Costco) | Out of Network |
|--|--|--------------------------------|
| Progressive Lenses | Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge. | Up to Lined Bifocal allowance. |
| Std. Polycarbonate | Covered in full for dependent children \$33 adults | No benefit |
| Solid Plastic Dye | \$15 (except Pink I & II) | No benefit |
| Plastic Gradient Dye | \$17 | No benefit |
| Photochromatic Lenses (Glass & Plastic) | \$31-\$82 | No benefit |
| Scratch Resistant Coating | \$17-\$33 | No benefit |
| Anti-Reflective Coating | \$43-\$85 | No benefit |
| Ultraviolet Coating | \$16 | No benefit |

*Lens Option member costs vary by prescription, option chosen and retail locations. Additional Focus® Choice Network Features

| | |
|-------------------------|---|
| Contact Lenses Elective | Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance. |
| Additional Glasses | 20% off additional complete pairs of prescription glasses and/or prescription sunglasses.* |
| Frame Discount | VSP offers 20% off any amount above the retail allowance.* |
| Laser VisionCare | VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure. |
| Low Vision | With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years). |

Based on applicable laws, reduced costs may vary by doctor location.

Hinckley Township

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Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical® has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 8 a.m. to 7 p.m. PST Monday through Friday, 8 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com

View plan benefit information at: vsp.com

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