


- 
- Valid driver's license
  - Utility bill showing the mailing address outside the POS Plan coverage area
  - Rental agreement for a property located outside the POS Plan coverage area

### 23.7 RETIREE BUYOUT OPTION

Any Police Officer who elects in writing not to participate in the medical plan shall receive a lump sum of \$1500.00 by reason of such non-participation. Said sum shall be paid on the first pay day in December, and will be pro-rated if necessary. If, after opting out, a member wishes to re-enter plan, the City shall process applications and pro-rate the \$1500.00 buyout.

Those individuals, who chose to receive the savings by virtue of their not participating in the medical insurance plan provided, may rejoin the plan during any open enrollment period, or upon the death of their spouse, or upon any qualifying life-changing event.

### 23.8 EMPLOYEE/RETIREE DEATH

The City shall allow the spouses of all employees, active and retired, to continue participation in the Medical Benefits Plan upon the death of the employee/retiree at the surviving spouse's own expense.

### 23.9 OPEN ENROLLMENT

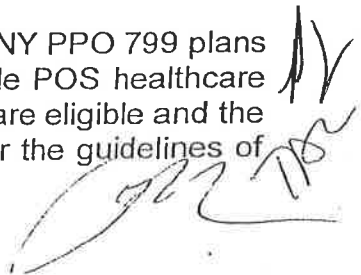
The City shall make written notification to the President and Vice President of the Hickory Club ten (10) days prior to the open enrollment period, informing them of the open enrollment period. In addition, upon the request of the Hickory Club, the City of Lockport shall arrange for a representative(s) of Blue Cross/Blue Shield to make themselves available to all employees on City of Lockport property, during employee work hours for the purposes of explaining benefits to aid in selection of the employee's medical plan.

### 23.10 HRA ACCOUNT

P & A Administrative Services, Inc., at the expense of the City of Lockport, shall administer the HRA 105 account and the existing Flexible Spending Account 125.

If an active employee or retiree dies and said employee/retiree has funds remaining in their HRA 105 account or their Flexible Spending Account 125, those funds shall be transferred over to the employee's surviving spouse and remain with the surviving spouse until and only until the surviving spouse exhausts the remaining funds in his/her HRA/FSA account. The City of Lockport has no right to any monies in the surviving spouse's HRA/FSA account. However, the City of Lockport will not be required to make any future contributions to the HRA after the employee's or retiree's death.

When the retiree becomes Medicare eligible and enrolls in the BC/BS of WNY PPO 799 plans and the retiree's spouse is not Medicare eligible and is enrolled in a single POS healthcare plan, the spouse will not be eligible for the HRA. When the spouse is Medicare eligible and the retiree is not Medicare eligible the retiree shall be eligible for a HRA under the guidelines of this agreement.



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The following shall apply to the HRA 105 account component of the POS 203/203 Plus and POS 204/204 Plus plan options offered to all retirees and active employees:

For those employees/retirees opting for the POS 203/203 Plus or the POS 204/204 Plus plans, the City shall contribute the equivalent of the difference between the annual premium of the "core" POS 201 with \$5.00 RX plan and the annual amount of the premium of the chosen plan into the HRA 105 account of each employee or retiree choosing a Medical Plan with the HRA 105 component. The HRA 105 contributions shall be made in a lump sum by the City to coincide with the initial start date of the agreed upon health plan and annually thereafter on the anniversary of the initial start date.

In addition, the City shall notify, in writing, the President and Vice-President of the Hickory Club the annual dollar amount of the City's HRA 105 contribution for each eligible POS Plan, ten (10) days prior to the initial open enrollment period and 10 days prior to the open enrollment period in all subsequent years, thereafter.

New hires will not have the right to an HRA 105 account until they complete three (3) years of consecutive service. Upon completion of three (3) consecutive years of service the employee shall be eligible for the HRA 105 on a prorated basis.

### **23.11 Separation from service**

Should an employee separate from service, for any reason other than retirement, said employee shall be allowed to access any balance in his/her HRA account. The separated employee may be required, due to IRS rules and regulations, to lose use of the flex-card and be required to make an expenditure that then may be submitted for reimbursement.

### **23.12 Change in coverage status**

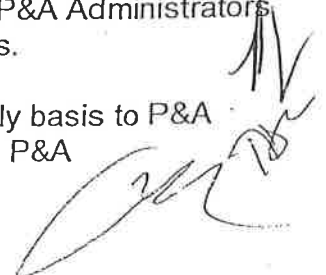
Should an employee/retiree's coverage status change from a PPO to POS or POS to PPO plan, said employee/retiree shall have full access to any and all monies in their HRA at the time of such coverage status change.

### **23.13 PART B PREMIUMS**

As stated and referenced in this agreement and for clarification and so there is no misunderstanding, the City of Lockport agrees to fully reimburse the retiree and his/her spouse, whether in area or out of area, the full amount of their Part B premiums including any annual increases once the retiree and/or spouse is Medicare eligible.

This reimbursement shall be paid to the retiree and/or spouse, through an HRA account set up by P&A Administrators and the City of Lockport. Retirees shall be reimbursed the full cost of Part B premiums by check or direct deposit after submitting a statement to P&A Administrators showing proof of Part B premium deduction from their social security checks.

Retiree may submit their social security stub or any other proof, on a monthly basis to P&A Administrators or once at the beginning of each calendar year at which time P&A



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Administrators shall send a check or direct deposit funds on a reoccurring basis at the beginning of each month.

This benefit shall continue until and only until the retiree and/or his/her spouse dies.

Anyone hired after this agreement is ratified will pay their Part B premiums and their spouses Part B premiums once they become Medicare eligible.

#### **23.14 PRESCRIPTION DRUG REIMBURSEMENT**

If a particular prescription drug is on the active employee's formulary (POS/PPO plans, in area/out of area plans) and the particular prescription drug is not on the Medicare formulary, the City of Lockport shall reimburse the Retiree the amount of the drug prescription minus his/her co-pay, after the employee or family member exhausts all administrative and procedural remedies available.

#### **23.15 MISCELLANEOUS**

The City of Lockport and the Hickory Club PBA understand that if the Medicare plans listed in this agreement are no longer funded or supplemented by the United States Government in any way, shape or form the City of Lockport and the Hickory Club PBA will negotiate plans that are equal to or better than the currently listed plans set forth in this agreement and the plans shall continue to be paid in full by the City of Lockport and there shall be no cost or contribution to the retiree including Part B benefits or any other benefits that may be required.

The City of Lockport and the Hickory Club understand that if at any time the Medicare plans listed in this agreement cost more than the current plans that are listed and set forth herein, the City and the Hickory Club will negotiate a plan that is equal to or better than the benefits listed in this agreement. The City understands that they cannot unilaterally change plans without the consent of the Hickory Club. The plans shall continue to be paid in full by the City of Lockport and there shall be no cost or contribution to the retiree including Part B benefits or any other benefits that may be required.

No changes shall be made to this Medical Benefits Agreement by either party by any method, including but not limited to, Common Council Resolution or collective bargaining agreement language that has not been agreed to and ratified by the City of Lockport and the Hickory Club.

#### **23.16 FLEXIBEL SPENDING ACCOUNTS (1-1-2003)**

The City shall open and maintain a flexible spending account program, as outlined by the P & A Administrative Associates, Inc.; which shall be administered by the P & A Administrative Associates, Inc. (or such other administrator as may be mutually agreed by the parties); and which shall be made available to all police officers. The plan will be for the purpose of group insurance deductions and other options offered pursuant to the terms of the plan. The administrative costs of three (\$3.00) dollars per member per month shall be paid by the City. Any increases in such administrative costs during the term of this contract will be paid by the police officers through the P.B.A.

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### 23.17 Repair/Replacement of Eyeglasses and Dentures

The City agrees to pay for repair or replacement of eyeglasses and dentures when not covered by Workmen's Compensation, provided they are broken or lost in the line of duty.

## ARTICLE 24: RETIREMENT AND DEATH BENEFITS

### 24.1 SICK LEAVE (Revised 1-1-2003)

- a. Upon retirement from active service, the value of unused sick leave time will be paid in a lump sum commensurate with the police officer's regular normal rate of pay at the rate of fifty percent (50%).
- b. The police officer shall have the option of taking his/her entire entitlement immediately upon retirement, or may elect to receive such entitlement over three years as follows:
  1. One-third of the entitlement shall be paid immediately upon retirement;
  2. Another one-third of the entitlement shall be paid one year after the effective date of retirement, and
  3. The final one-third of the entitlement shall be paid two years after the effective date of retirement.

Such entitlement shall be vested to the retiree, and in the event of the death of such police officer, any remaining entitlement shall be paid over as provided herein to the estate of such police officer.

- c. All provisions of the sick leave and vacation regulations for the City employees of the City of Lockport, New York, shall not apply during the terms of this Agreement to the members of the Police Department.

### 24.2 RETIREMENTS BENEFITS

- a. The City shall provide retirement benefits for all current and future officers, pursuant to Section 384-e of the New York State Retirement and Social Security Law. The City of Lockport shall bear all responsibility in paying for enrollment of all officers into the 384-e plan and all annual premiums associated with the officers retirement plan.

### 24.3 DEATH BENEFITS



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- a. In the event of the death of a police officer, his estate shall be paid all earned, but deferred benefits such as wages, compensatory time (to be paid for in cash), overtime pay, holidays, unused vacation time, unused-personal leave days, accrued sick leave, and other like compensation.
  - b. The City shall furnish to all police officers the protection afforded under Section 208-b of the General Municipal Law of the State of New York, relative to benefits for deceased member's families, arising out of death in the line of duty.

## ARTICLE 25: CONTINUATION OF BENEFITS

### 25.1 CONTINUATION OF BENEFITS

Upon, the expiration of the term of this Agreement, all terms, conditions, benefits, etc., hereunder, shall continue until a successor agreement is approved and executed.

## ARTICLE 26: SAVINGS CLAUSE

### 26.1 SAVINGS CLAUSE

Should any provision of this Agreement be found to be in violation of Federal, State, or Local Law or Ordinance by a court of competent jurisdiction, all other provisions of this Agreement shall remain in full force and effect for the duration of this Agreement.

## ARTICLE 27: ENTIRE AGREEMENT

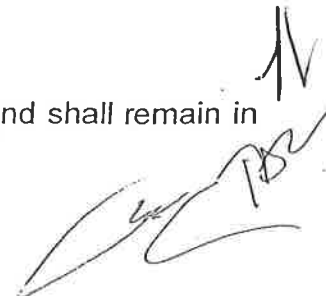
### 27.1 ENTIRE AGREEMENT

This document constitutes the sole and complete agreement between the parties, and embodies all the terms and conditions governing the employment of police officers in the unit. The parties acknowledge that they have had the opportunity to present and discuss the proposals on any subject which is (or may be) subject to collective negotiations. Any prior commitment or agreement between the Employer and the Union or any individual police officer covered by this Agreement is superseded.

## ARTICLE 28: TERMS AND RENEWAL AGREEMENT

### 28.1 TERMS and RENEWAL AGREEMENT

This Agreement shall be effective as of the first day of January 1, 2008 and shall remain in full force and effect until the thirty-first day of December, 2012.



# Summary of Benefits for: City of Lockport

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Traditional Blue  
POS 201/201 Plus

POS 201  
Your Copay  
\$5/\$10

POS 201 Plus  
Choose Your Copay  
\$0/\$15 or \$5/\$10

## Medical Services

Office visits (\$0 copay for dependents under age 19)  
Routine physicals  
Well child visits and immunizations (up to age 19)  
Diagnostic x-rays  
Laboratory testing  
Chiropractic care  
MRI  
Specialist visits

\$5  
\$5  
Covered in full  
\$10  
Covered in full  
\$5  
\$10  
\$10

\$0 or \$5  
\$0 or \$5  
Covered in full  
\$15 or \$10  
Covered in full  
\$5  
\$15 or \$10  
\$15 or \$10

## Women's Services

Maternity care (prenatal & post-natal care)

Covered in full after  
initial copay

Covered in full after  
initial copay

Gynecological office visits  
Mammograms  
Routine pap smears

\$5  
\$10  
Covered in full

\$0 or \$5  
\$15 or \$10  
Covered in full

## Hospital Care

Inpatient stay - semi private room  
Outpatient surgery facility  
Chemotherapy, radiation therapy, inhalation therapy  
Cardiac rehabilitation (24 visits per year)  
Occupational, speech, physical therapy (30 aggregate visits)  
Emergency room visit (waived if admitted to hospital)  
Emergency ambulance (medically necessary)

Covered in Full

Covered in full

\$10  
\$10  
\$10  
\$10  
\$50  
\$50

\$15 or \$10  
\$15 or \$10  
\$15 or \$10  
\$15 or \$10  
\$50  
\$50

## Mental Health Care

Inpatient (30 days per member per year)  
Outpatient (20 visits per member per year)

Covered in full  
50% for visits 1-20

Covered in full  
50% for visits 1-20

## Substance Abuse Treatment

Inpatient detoxification (30 days detox, 30 days rehab)  
Outpatient (60 visits per member per calendar year)

Covered in full  
\$10

Covered in full  
\$10

## Other Services

Diabetic supplies and equipment  
Durable medical equipment (no limit)  
Home health care (In-network unlimited visits, Out-of-network 365 visits)  
Hospice (210 days)  
Prosthetic devices  
Skilled nursing facility non-custodial (unlimited days)  
Prescription drugs (\$0 copay for generic contraceptive drugs)

\$5  
20% copay  
\$10

\$0 or \$5  
20% copay  
\$15 or \$10

Covered in full  
20% copay  
Covered in full  
\$7/\$15/\$35

Covered in full  
20% copay  
Covered in full  
\$7/\$15/\$35

## Vision Care

Routine exam for every member (Vision Plus copay reflected)

\$10

\$10

## Dependent Coverage

Dependent/Student coverage to age

25/25

25/25

## Out-of-network

Deductible  
Coinsurance  
Out-of-pocket maximum  
Annual maximum  
Lifetime maximum

\$250/\$500  
20%  
\$1,500/\$3,000  
None  
None

\$250/\$500  
20%  
\$1,500/\$3,000  
None  
None

This is a summary of covered benefits and exclusions and is not intended as an actual contract. Copay, deductible and prescription plan variations may occur. Please check with your employer.

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# Summary of Benefits for: City of Lockport

POS 201  
Your Copay  
\$5/\$10

POS 201 Plus  
Choose Your Copay  
\$0/\$15 or \$5/\$10

## Medical Services

Office visits (\$0 copay for dependents under age 19)	\$5	\$0 or \$5
Routine physicals	\$5	\$0 or \$5
Well child visits and immunizations (up to age 19)	Covered in full	Covered in full
Diagnostic x-rays	\$10	\$15 or \$10
Laboratory testing	Covered in full	Covered in full
Chiropractic care	\$5	\$5
MRI	\$10	\$15 or \$10
Specialist visits	\$10	\$15 or \$10

## Women's Services

Maternity care (prenatal & post-natal care)	Covered in full after initial copay	Covered in full after initial copay
Gynecological office visits	\$5	\$0 or \$5
Mammograms	\$10	\$15 or \$10
Routine pap smears	Covered in full	Covered in full

## Hospital Care

Inpatient stay - semi-private room	Covered in Full	Covered in full
Outpatient surgery facility	\$10	\$15 or \$10
Chemotherapy, radiation therapy, inhalation therapy	\$10	\$15 or \$10
Cardiac rehabilitation (24 visits per year)	\$10	\$15 or \$10
Occupational, speech, physical therapy (30 aggregate visits)	\$10	\$15 or \$10
Emergency room visit (waived if admitted to hospital)	\$50	\$50
Emergency ambulance (medically necessary)	\$50	\$50

## Mental Health Care

Inpatient (30 days per member per year)	Covered in full	Covered in full
Outpatient (20 visits per member per year)	50% for visits 1-20	50% for visits 1-20

## Substance Abuse Treatment

Inpatient detoxification (30 days detox, 30 days rehab)	Covered in full	Covered in full
Outpatient (60 visits per member per calendar year)	\$10	\$10

## Other Services

Diabetic supplies and equipment	\$5	\$0 or \$5
Durable medical equipment (no limit)	20% copay	20% copay
Home health care (In-network unlimited visits, Out-of-network 365 visits)	\$10	\$15 or \$10
Hospice (210 days)	Covered in full	Covered in full
Prosthetic devices	20% copay	20% copay
Skilled nursing facility non-custodial (unlimited days)	Covered in full	Covered in full
Prescription drugs (\$0 copay for generic contraceptive drugs)	\$5	\$5

## Vision Care

Routine exam for every member (Vision Plus copay reflected)	\$10	\$10
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## Dependent Coverage

Dependent/Student coverage to age	25/25	25/25
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## Out-of-network

Deductible	\$250/\$500	\$250/\$500
Coinsurance	20%	20%
Out-of-pocket maximum	\$1,500/\$3,000	\$1,500/\$3,000
Annual maximum	None	None
Lifetime maximum	None	None

This is a summary of covered benefits and exclusions and is not intended as an actual contract. Copay, deductible and prescription plan variations may occur. Please check with your employer.

# City of Lockport Summary of Benefits

Traditional Blue  
POS 203/203 Plus

POS 203  
Your Copay  
\$10/\$10

POS 203 Plus  
Choose Your Copay  
\$0/\$20 or \$5/\$15

## Medical Services

Office visits (\$0 copay for dependents under age 19)  
Routine physicals  
Well child visits and immunizations (up to age 19)  
Diagnostic x-rays  
Laboratory testing  
Chiropractic care  
MRI  
Specialist visits

\$10  
\$10  
Covered in full  
\$10  
Covered in full  
\$10  
\$10  
\$10

\$0 or \$5  
\$0 or \$5  
Covered in full  
\$20 or \$15  
Covered in full  
\$10  
\$20 or \$15  
\$20 or \$15

## Women's Services

Maternity care (prenatal & post-natal care)

Covered in full after  
initial copay  
\$10  
\$10  
Covered in full

Covered in full after  
initial copay  
\$0 or \$5  
\$20 or \$15  
Covered in full

Gynecological office visits  
Mammograms  
Routine pap smear

## Hospital Care

Inpatient stay - semi private room  
Outpatient surgery facility  
Chemotherapy, radiation therapy, inhalation therapy  
Cardiac rehabilitation (24 visits per year)  
Occupational, speech, physical therapy (30 aggregate visits)  
Emergency room visit (waived if admitted to hospital)  
Emergency ambulance (medically necessary)

Covered in Full  
\$10  
\$10  
\$10  
\$10  
\$50  
\$50

Covered in full  
\$20 or \$15  
\$20 or \$15  
\$20 or \$15  
\$20 or \$15  
\$50  
\$50

## Mental Health Care

Inpatient (30 days per member per year)  
Outpatient (20 visits per member per year)

Covered in full  
50% for visits 1-20

Covered in full  
50% for visits 1-20

## Substance Abuse Treatment

Inpatient detoxification (30 days detox, 30 days rehab)  
Outpatient (60 visits per member per calendar year)

Covered in full  
\$10

Covered in full  
\$10

## Other Services

Diabetic supplies and equipment  
Durable medical equipment (no limit)  
Home health care (in-network unlimited visits, Out-of-network 365 visits)  
Hospice (210 days)  
Prosthetic devices  
Skilled nursing facility non-custodial (unlimited days)  
Prescription drugs (\$0 copay for generic contraceptive drugs)

\$10  
50% copay  
\$10

\$0 or \$5  
50% copay  
\$20 or \$15

Covered in full  
Not covered  
Covered in full  
\$7/\$15/\$35

Covered  
Not covered  
Covered in full  
\$7/\$15/\$35

## Vision Care

Routine exam for every member (Vision Plus copay reflected)

\$10

\$10

## Dependent Coverage

Dependent/Student coverage to age

25/25

25/25

## Out-of-network

Deductible  
Coinsurance  
Out-of-pocket maximum  
Annual maximum  
Lifetime maximum

\$500/\$1,000  
25%  
\$2,500/\$5,000  
None  
None

\$500/\$1,000  
25%  
\$2,500/\$5,000  
None  
None

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# City of Lockport Summary of Benefits

Traditional Blue  
POS 204/204 Plus

POS 204  
Your Copay  
\$15/\$15

POS 204 Plus  
Choose Your Copay  
\$10/\$20 or \$15/\$15

## Medical Services

Office visits (\$0 copay for dependents under age 19)  
Routine physicals  
Well child visits and immunizations (up to age 19)  
Diagnostic x-rays  
Laboratory testing  
Chiropractic care  
MRI  
Specialist visits

\$15	\$10 or \$15
\$15	\$10 or \$15
Covered in full	Covered in full
\$15	\$20 or \$15
Covered in full	Covered in full
\$15	\$15
\$15	\$20 or \$15
\$15	\$20 or \$15

## Women's Services

Maternity care (prenatal & post-natal care)

Gynecological office visits  
Mammograms  
Routine pap smear

Covered in full after initial copay	Covered in full after initial copay
\$15	\$10 or \$15
\$15	\$20 or \$15
Covered in full	Covered in full

## Hospital Care

Inpatient stay - (\$0 copay for maternity admissions)  
Outpatient surgery facility  
Chemotherapy, radiation therapy, inhalation therapy  
Cardiac rehabilitation (24 visits per year)  
Occupational, speech, physical therapy (30 aggregate visits)  
Emergency room visit (waived if admitted to hospital)  
Emergency ambulance (medically necessary)

\$250/\$500	\$250/\$500
\$15	\$20 or \$15
\$15	\$20 or \$15
\$15	\$20 or \$15
\$15	\$20 or \$15
\$50	\$50
\$50	\$50

## Mental Health Care

Inpatient (30 days per member per year)  
Outpatient (20 visits per member per year)

\$250/\$500	\$250/\$500
50% for visits 1-20	50% for visits 1-20

## Substance Abuse Treatment

Inpatient detoxification (30 days detox, 30 days rehab)  
Outpatient (60 visits per member per calendar year)

\$250/\$500	\$250/\$500
\$15	\$15

## Other Services

Diabetic supplies and equipment  
Durable medical equipment (no limit)  
Home health care (In-network unlimited visits, Out-of-network 365 visits)  
Hospice (210 days)  
Prosthetic devices  
Skilled nursing facility non-custodial (unlimited days)  
Prescription drugs (\$0 copay for generic contraceptive drugs)  
- no deductible

\$15	\$10 or \$15
50% copay	50% copay
\$15	\$20 or \$15
Covered in full	Covered
Not covered	Not covered
\$250/\$500	\$250/\$500
\$7/\$15/\$35	\$7/\$15/\$35

## Vision Care

Routine exam for every member (Vision Plus copay reflected)

\$15	\$10
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## Dependent Coverage

Dependent/Student coverage to age

25/25	25/25
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## Out-of-network

Deductible  
Coinsurance  
Out-of-pocket maximum  
Annual maximum  
Lifetime maximum

\$500/\$1,000	\$500/\$1,000
25%	25%
\$2,500/\$5,000	\$2,500/\$5,000
None	None
None	None

This is a summary of covered benefits and exclusions and is not intended as an actual contract. Copay, deductible and prescription plan variations may occur. Please check with your employer.

# City of Lockport Summary of Benefits

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	In-Network	Out-of-Network
<b>Traditional Blue PPO 812</b>		
<b>Medical Services</b>		
Office visits	\$10	20% after deductible
Routine physicals	\$10	Not covered
Well child visits and immunizations (up to age 19)	Covered in full	20% after deductible
Diagnostic x-rays	\$10	20% after deductible
Laboratory testing	\$10	20% after deductible
Chiropractic care	\$10	20% after deductible
MRI	\$10	20% after deductible
Specialist visits	\$10	20% after deductible
<b>Women's Services</b>		
Maternity care (prenatal & post-natal care)	Covered in full after \$10 for initial visit	20% after deductible
Gynecological office visits	\$10	20% after deductible
Mammograms	\$10	20% after deductible
Routine pap smears	\$10	20% after deductible
<b>Hospital Care</b>		
Inpatient stay semi private room - OON limited to 365 days	Covered in full	20% after deductible
Outpatient surgery facility	\$10	20% after deductible
Chemotherapy, radiation therapy, inhalation therapy	\$10	20% after deductible
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	\$10	20% after deductible
Occupational, speech, physical therapy (60 aggregate visits)	\$50	\$50
Emergency room visit (waived if admitted to hospital)	\$50	\$50
Emergency ambulance (medically necessary)	\$50	\$50
<b>Mental Health Care</b>		
Inpatient (30 days per member per calendar year)	Covered in full	20% after deductible
Outpatient (20 visits per member per year)	50%	50% after deductible
<b>Substance Abuse Treatment</b>		
Inpatient detoxification (7 days per calendar year)	Covered in full	20% after deductible
Outpatient (60 visits per member per calendar year)	\$10	20% after deductible
<b>Other Services</b>		
Diabetic supplies and equipment	\$10	20% after deductible
Durable medical equipment	Covered in full	50% after deductible
Home health care - 200 aggregate visits per member per calendar year	\$10	20% after deductible
Hospice (210 days)	20%	Not covered
Prosthetic devices	Covered in full	20% after deductible
Skilled nursing facility non-custodial (120 days per calendar year)	\$7/\$15/\$35	Not covered
Prescription drugs (up to a 30 day supply)		Not covered
<b>Vision Care</b>		
Routine vision exam every 2 yrs, under age 14 w/refractive error every yr.	\$10	Not covered
<b>Dependent Coverage</b>		
Dependent/Student coverage to age	25/25 In-Network	25/25 Out-of-Network
Deductible	None	\$250/\$500
Coinsurance	None	20%
Out-of-pocket maximum	None	\$2,000/\$4,000
Annual maximum	None	None
Lifetime maximum - Combined In & Out of Network per contract		None

This is a summary of covered benefits and is not intended as an actual contract. Copay, deductible and prescription plan variations may occur. Please check with your employer.

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## 2009 Traditional Blue Medicare Special PPO 799 Employer Group City of Lockport Retirees



**BlueCross BlueShield**  
of Western New York

A Division of HealthShare New York, Inc. An Equal Opportunity Employer of the BlueCross BlueShield Association

General Product Information	In Network	Out of Network
Deductible	N/A	
Out-of-Pocket Maximum, In and Out of Network	\$3,000	
<b>Physician and other Health Professional Services</b>		
PCP Office Visit	\$5	\$10
Specialist Office Visit	\$5	\$10
Routine Physical (1 per year)	\$0	\$5
Immunizations	\$0	\$5
Radiation Therapy	\$5	\$10
Podiatry	\$5	\$10
Emergency Room (Waived if admitted to hospital)	\$5	\$5
Ambulance	\$5	\$5
Urgent Care	\$5	\$5
<b>Preventative Services</b>		
Bone Mass Measurement	\$0	\$5
Colorectal Screening Exam	\$0	\$5
Prostate Cancer Screening	\$0	\$5
Mammogram Screening	\$0	\$5
Pap Smear	\$0	\$5
<b>Home Health Care</b>		
Home Health Care	\$0	\$0
<b>Hospital Facility and Skilled Services</b>		
Hospital (Inpatient)	\$0	\$100
Outpatient Surgery Facility	\$5	\$10
Skilled Nursing Facility (100 days per benefit period)	\$0	\$100
Dialysis	\$0	\$10
<b>Laboratory and X-Ray Services</b>		
Laboratory Testing	\$0	\$5
X-Rays	\$5	\$10
Diagnostic Testing Non Lab (ie EKG)	\$5	\$10
MRI/MRA	\$5	\$10

This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations and exclusions. It is NOT a contract and may be subject to change.

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# 2009 Traditional Blue Medicare Special PPO 799 Employer Group City of Lockport Retirees



BlueCross BlueShield  
of Western New York

A Division of HealthCare Insurance Co. An Independent Member of the BlueCross BlueShield Association

General Product Information	In Network	Out of Network
<b>Mental Health/Chemical Dependence Services</b>		
Mental Health (Inpatient, 190 day lifetime limit)	\$0	\$100
Mental Health (Outpatient)	\$5	\$10
Mental Health (w/ Psychiatrist)	\$5	\$10
Alcohol Substance Abuse (Inpatient)	\$0	\$100
Alcohol Substance Abuse (Outpatient)	\$5	\$10
<b>Supplies, Equipment, Devices and</b>		
Durable Medical Equipment	\$0	\$5
Prosthetics	\$0	\$5
Diabetic Supplies	\$5	\$10
Diabetic Education & Training	\$5	\$10
<b>Rehabilitation Services</b>		
Physical Therapy	\$5	\$10
Occupational Therapy	\$5	\$10
Speech Therapy	\$5	\$10
Chiropractic Care	\$5	\$10
Cardiac Rehab	\$5	\$10
<b>Vision</b>		
Routine Exam (1 per year)	\$5	\$10
Medical Exam	\$5	\$10
Vision Allowance	\$100	
Discount (Lenses, Frames)	Vision Plus Program	N/A
<b>Hearing</b>		
Routine Exam (1 per year)	\$5	\$10
<b>Dental</b>		
Discount (Cleanings & Other Services)	\$300	
<b>Fitness Program</b>		
fitblue-Must use BlueShield participating providers	\$0	Not Applicable
Prescription Drug (Rx)-Must use participating pharmacies	\$5/5/5/5	
Mail Order Medco By Mail (2 copays per 90 day supply)	\$10/10/10/10	
<b>For More Information Call 1-800-248-9296</b>		

**For More Information Call 1-800-248-9296**

This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations and exclusions. It is NOT a contract and may be subject to change.

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**2009 BCBSWNY PPO 799 Specialized OOA  
City of Lockport Retirees 799**



**BlueCross BlueShield**  
of Western New York

A Division of HealthNow New York Inc. An Independent Licensee of the BlueCross BlueShield Association

General Product Information	In Network	Out of Network
Deductible	N/A	
Out-of-Pocket Maximum	\$3,000	
Physician and other Health Professional Services		
PCP Office Visit	\$0	\$0
Specialist Office Visit	\$0	\$0
Routine Physical (1 per year)	\$0	\$0
Immunizations	\$0	\$0
Radiation Therapy	\$0	\$0
Podiatry 3 per year	\$0	\$0
Emergency Room (Waived if admitted to hospital)	\$0	\$0
Ambulance	\$0	\$0
Urgent Care	\$0	\$0
Preventative Services		
Bone Mass Measurement	\$0	\$0
Colorectal Screening Exam (50 yrs. and over)	\$0	\$0
Prostate Cancer Screening (50 yrs. and over)	\$0	\$0
Mammogram Screening	\$0	\$0
Pap Smear	\$0	\$0
Pelvic Exam; additional pelvic exam	\$0	\$0
Home Health Care		
Home Health Care	\$0	\$0
Hospital Facility and Skilled Services		
Hospital	\$0	\$0
Outpatient Surgery Facility	\$0	\$0
Skilled Nursing Facility non-custodial	\$0	\$0
Dialysis	\$0	\$0
Laboratory and X-Ray Services		
Laboratory Testing	\$0	\$0
X-Rays	\$0	\$0
Diagnostic Testing Non Lab (ie EKG)	\$0	\$0
MRI/MRA	\$0	\$0

This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations and exclusions. It is NOT a contract and may be subject to change.

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# 2009 BCBSWNY PPO 799 Specialized OOA City of Lockport Retirees 799



**BlueCross BlueShield**  
of Western New York

A Division of HealthNow New York Inc. An Independent Licensee of the BlueCross BlueShield Association

## **Mental Health/Chemical Dependence Services**

Mental Health (Inpatient, 190 Day Lifetime Limit)	\$0	\$0
Mental Health (Outpatient)	\$0	\$0
Mental Health (w/ Psychiatrist)	\$0	\$0
Alcohol Substance Abuse (Inpatient)	\$0	\$0
Alcohol Substance Abuse (Outpatient)	\$0	\$0

## **Supplies, Equipment, Devices and Education**

Durable Medical Equipment	\$0	\$0
Prosthetics	\$0	\$0
Diabetic Supplies	\$5	\$5
Diabetic Education & Training	\$0	\$0

## **Rehabilitation Services**

Physical Therapy -	\$0	\$0
Occupational Therapy -	\$0	\$0
Speech Therapy -	\$0	\$0
Chiropractic Care	\$0	\$0
Cardiac Rehab	\$0	\$0

## **Vision**

Routine Exam - per MCR guidelines	\$0	\$0
Medical Exam	\$0	\$0
Allowance (Lenses, Frames)	\$75 Vision Allowance	

## **Hearing**

Routine Exam (1 per year)	\$0	\$0
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## **Dental**

Allowance	\$75 Annual Allowance	
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## **Prescription Drugs**

Prescription Drug (Rx)-Must use participating pharmacies.	\$1/1/1/1
Retail/Mail Order (2 copays per 90 day supply)	\$2/2/2/2

**For More Information Call 1-800-248-9296**

This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations and exclusions. It is NOT a contract and may be subject to change.

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LOCKPORT POLICE DEPARTMENT - CITY OF LOCKPORT			
DATE OF APPOINTMENT AS OF 10/06/15			
NAME	RANK	DOB	DOA
<del>EGGERT, LAWRENCE</del>	<del>CHIEF</del>	11/15/1957	9/22/1980
NIETHE, MICHAEL	ADMIN CAPTAIN	2/17/1957	4/1/1982
ZAPP, PAUL	OFFICER	3/5/1965	4/5/1992
NEWMAN, KEVIN	DETECTIVE	12/11/1966	8/17/1992
HALE, WARREN	DETECTIVE	1/27/1970	8/23/1993
PROVENZANO, RICHARD	OFFICER	10/26/1968	8/23/1993
NOLAN, JOHN	OFFICER	5/6/1968	8/16/1994
HERRINGTON, ERIC	DETECTIVE	10/20/1969	12/2/1994
STOVER, MICHAEL	OFFICER	12/20/1966	12/2/1994
PALUMBO, ANTHONY	PATROL CAPTAIN	10/26/1968	2/6/1995
ABBOTT, STEVEN	ADMIN LIEUTENANT	8/8/1969	6/16/1995
HAAS, DOUGLAS	TRAINING CAPTAIN	7/14/1967	8/21/1995
SOBIERASKI, DENNIS	OFFICER	10/15/1971	8/21/1995
WASIK, MICHAEL	OFFICER	4/24/1971	1/2/1997
GILL, TERRY	LIEUTENANT	6/29/1973	1/2/1997
WENTLAND, BRIAN	DET/CAPTAIN	8/14/1975	2/6/1998
LICATA, SALVATORE	LIEUTENANT	3/18/1965	8/7/1998
PETERS, RODNEY	LIEUTENANT	12/7/1968	2/1/1999
SCHRADER, KEVIN	DETECTIVE	2/5/1975	2/27/1999
CHENEZ, TODD	LIEUTENANT	5/15/1973	3/6/2000
SNAITH, SCOT	OFFICER/SRO	6/10/1967	3/28/2000
MAPES, TRAVIS	DETECTIVE	9/27/1972	2/10/2003
DITULLIO, KENDRA	LIEUTENANT	6/2/1970	3/3/2003
NEVINS, HENRY	OFFICER	9/23/1978	3/3/2003
PIEDMONT, ADAM	LIEUTENANT	4/17/1981	8/29/2005
STRECKEWALD, MATTHEW	OFFICER/K9	4/23/1980	8/29/2005
MORGAN, ARIC	OFFICER	10/20/1973	8/21/2006
LUCINSKI, KEVIN	OFFICER	6/6/1978	9/11/2006
BELLING, AARON	OFFICER	8/8/1979	1/16/2007
SYNDER, JULIE	OFFICER	9/24/1985	1/19/2007
HURTGAM, MATTHEW	OFFICER	8/26/1985	8/16/2007
GIANSANTE, LUKE	OFFICER	1/1/1981	8/20/2007
PITTMAN, ANTHONY	LIEUTENANT	6/12/1982	8/23/2007
BELLING, MARSHALL	LIEUTENANT	2/1/1982	3/10/2008
GLENN, HEATHER	OFFICER	1/14/1978	3/31/2008
MEERBOTH, PAUL	OFFICER	9/1/1981	3/31/2008
TROWBRIDGE, TOBY	LIEUTENANT	5/28/1976	5/2/2008
VOSHBURG, TRICIA	OFFICER	2/24/1985	1/23/2009
TARNOWSKI, STEVEN	OFFICER	10/17/1987	3/30/2009
SCHULER, LAURA	OFFICER	10/23/1983	3/30/2009
PYTLIK, DAVID	OFFICER	6/24/1989	3/1/2010
JONES, WILLIAM	OFFICER	4/10/1984	2/28/2011
BARRANCOTTA, DANIEL	OFFICER	5/13/1989	7/23/2012
VOSLER, MATTHEW	OFFICER	11/4/1988	7/20/2015