

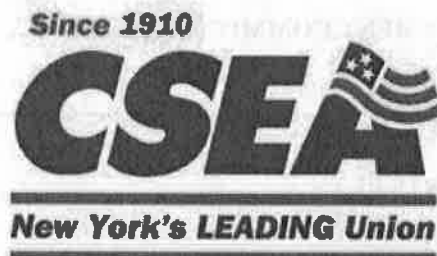
AGREEMENT

By and between the

CITY OF LOCKPORT

And

**Civil Service Employees Association, Inc.
Local 1000 AFSCME, AFL-CIO**



**City of Lockport Unit 7651
Niagara County Local 832**

January 1, 2015, through December 31, 2026

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AGREEMENT

THIS AGREEMENT made and entered into this 26th day of January, 2015, by and between the CITY OF LOCKPORT, a political subdivision of the state of New York (hereinafter refer to as the "City"), and the Civil Service Employees Association, Inc., Local 1000, AFSCME, AFL-CIO, the certified Union for the City of Lockport Employee Unit Local 832 (hereinafter referred to as the "Union").

ARTICLE I - RECOGNITION

The City of Lockport recognizes the Civil Service Employees Association, Inc., Local 1000, AFSCME, AFL-CIO, the certified Union for the City of Lockport Employee Unit Local 832 pursuant to the terms of the certification issued in April of 1984, as the exclusive representative for collective negotiations with respect to salaries, wages, hours and all other terms and conditions of employment for all job titles listed in Appendix B, which is attached hereto and made a part of this Agreement.

1. All job titles similarly created in the future.
2. It is understood by the parties that the Confidential Secretary to the Mayor is exempt from the provisions of this contract.
3.
 - a. It is further understood the temporary employees whose employment is expected to exceed six (6) months, shall be covered by the terms and conditions of this Agreement.
 - b. Temporary employees whose tenure is expected to be less than six (6) months shall be exempt. In the event they surpass six (6) months continuous duty, the terms and conditions of this contract shall apply.

Part-Time Employees

The definition of Part-Time Employee is an employee that is scheduled to work less than 35 hours per week. The number of part-time employees shall be capped at 10% of the total number of CSEA membership.

ARTICLE II - LEGISLATIVE REVIEW

It is agreed by the parties that any provisions of this Agreement requiring legislative action to permit its implementation by amendment of law or by providing the additional funds thereof, shall not become effective until the appropriate legislative body has given approval.

ARTICLE III - THE ESTABLISHMENT OF WORK RULES

The City may establish and enforce binding rules and regulations in connection with its operation and maintenance of discipline, provided such rules and regulations are not in conflict with the provisions of this Agreement. Prior to implementation of Work Rules, the Union shall have the opportunity to give input into any such proposed rules.

ARTICLE IV - UNION RIGHTS

A. Access to Employees

The City agrees to permit representative of the Union to enter City of Lockport property at any time for individual discussion of working conditions with bargaining unit employees, provided care is exercised by such representatives that they do not interfere with the performance of duties assigned to the employees, after obtaining permission from the Department Head.

The City agrees that no other representative or organization offering benefits or programs similar to those offered or sponsored by the Civil Service Employees Association, Inc., shall be provided access to the bargaining unit employees during working hours. The City further agrees that it will not permit any other organization, or union, to hold meetings for the purpose of discussing terms and conditions of

employment or be provided meeting space on property or premises owned or occupied by the City of Lockport, except for challenge periods.

B. Pledge Against Coercion

The Employer agrees not to interfere with the rights of Employees to become members of the Union. There will be no discrimination, interference, restraint, or coercion by the Employer or any Employer representative against any Employee because of his/her Union membership or because of an employee activity in an official capacity on behalf of the Union.

C. Bulletin Boards

The City shall provide exclusive bulletin board space in an accessible place in the following locations for the purpose of posting bulletins, notices and material issued by CSEA, which shall be signed by the designated official of CSEA, or the appropriate department representative.

Municipal Building

Water Department

Department of Highways and Parks

Wastewater Treatment Plant

There shall be no bulletin board space reserved exclusively for this use of any other employee organization except employee organizations which have been certified or recognized as the representative for collective bargaining negotiations of other City employees at such locations. No such material shall be posted which is profane or obscene, or defamatory of the City or its representatives of which constitutes election campaign material for or against any person, organization or faction thereof.

ARTICLE V - EMPLOYEE ORGANIZATION LEAVE

With prior notification, members of the bargaining unit who are elected or appointed officers or officials of the Civil Service Employees Association, Inc. shall have the right to leave, without charge to accumulated credits, for the conduct of Union business as follows:

- A. The President or his designee shall be granted twelve (12) days leave per year, without charge to accumulated credits, to conduct Unit, Local or regional business or to attend Board of Director's meetings.
- B. Up to two employees who are delegates to the CSEA annual convention shall be granted five (5) days total leave per year, without charge to accumulated credits, to attend the CSEA annual convention.
- C. Up to two employees that are elected or are appointed officials of Region 6 CSEA, shall be granted five (5) days total leave per year without charge to accumulated credits, to attend meetings and official functions, as called by the Regional President.
- D. The maximum number of organization leave days under the above provisions shall be twenty-two (22) days per year.

ARTICLE VI - DUES DEDUCTION

The City of Lockport shall deduct dues and fees as called for by CSEA from all employees covered by this agreement who have affirmatively authorized the deduction of such dues and fees and to remit such dues and fees to CSEA. CSEA as the exclusive representative of employees covered under this agreement, agrees to promptly provide the City of Lockport, upon demand by the City to CSEA, with a list of members who have authorized the deduction of union dues and fees, and a list of members who have not authorized deduction of union dues or any other fees, and to promptly update said list when changes occur to it. CSEA agrees to promptly refund non-members for any dues or agency fees

that are erroneously remitted to it. CSEA further agrees to defend, indemnify and hold the City of Lockport harmless from and against any claims, actions or proceedings by any person or entity arising from deductions made by the Employer and/or other actions by the Employer for the purpose of complying with this Article.

ARTICLE VII – INFORMATION

On the effective date of this Agreement, the City shall supply to the Unit a list of all employees in the bargaining unit showing the employee's full name, home address, social security number, job title, date of birth, work location, and first date of employment. Such information shall hereafter be provided to the Unit on a yearly basis.

The employer shall supply to the Unit on a per occurrence basis, the same information for all new employees and those who terminate their employment.

ARTICLE VII - LABOR MANAGEMENT COMMITTEE

There shall be a Labor Management Committee consisting of three (3) CSEA representatives and three (3) City representatives. In addition, the Labor Relations Specialists may attend.

The Committee shall meet on a monthly basis or as necessary to discuss problems of mutual concern. An agenda of items to be discussed will be exchanged at least seven (7) calendar days before such meetings.

The employee representatives shall suffer no loss of time and pay if the meeting occurs during their work hours.

ARTICLE IX SICK LEAVE

A. Statement of Purpose

Sick Leave is hereby defined as leave of absence from duty, with pay granted to an employee by reason of such employee's own sickness or disability. Under no circumstances is sick leave to be construed as additional vacation due an employee, or as an excuse for leave of absence with pay, or for any other purpose.

Sick leave shall be construed only as insurance or a protection to the employee provided by the City against the employee's loss of income due to legitimate sickness or disability provided that such employee has met certain conditions and has accumulated sufficient sick leave credits to cover the period of sickness or disability allowed for the calendar year.

B. Sick Leave Accumulation

Each full-time employee shall be allowed to accumulate sick leave credits without a limit at the rate of one and one quarter ($1 \frac{1}{4}$) working days for each month completed in service. Sick leave credits shall be computed from the first day of service provided, however, that no sick leave shall be authorized until the employee has completed six months continuous employment. These credits, together with any previous sick leave credits which would have been usable on that date shall become cumulative.

The unit of computation of sick leave time used shall not be less than one-half ($\frac{1}{2}$) day. Credits cannot be earned for any month in which an employee is absent without pay in excess of two days.

For the calculation of sick leave credits, the time recorded on the payroll at full rate of pay shall be considered as time "served" by the employee, provided, however, that sick leave credits shall not accumulate after an employee has been on sick leave for a continuous period exceeding one year, no after an employee is absent on Worker's Compensation disability for a continuous period exceeding one year.

C. Eligibility

1. Upon proper evidence of a bona fide illness, an employee shall be able to draw on his accumulated and unused sick leave credits.
2. In order to apply for sick leave, proof of disability must be provided by the employee, satisfactory to the Department Head. The employee, or his agent, must report such a sickness or disability within thirty minutes of his scheduled starting time on each and every day of sickness or disability.
3. The Department Head may require a physician's certificate for any absence where the illness or disability is of long duration, a physician's certificate may be required for each five (5) days of continuous absence. In any case, the Department Head may require an examination by the City Physician, and the Department Head shall arrange such an appointment. Whenever an employee has been on sick leave for thirty (30) successive days, the Department Head must require that the employee be examined by the City Physician before he returns to duty. The Department Head will arrange for the examination to be held within two (2) working days. In the event such employee shall fail to submit or refuse consent to such medical examination, he shall be deemed to have waived his rights under this Article.
4. Where an employee received compensation under the Worker's Compensation Law on account of disability, he shall receive sick leave with pay during the period of disability for which he received compensation. The compensation payments, to which such employee is entitled, shall be received directly by the City, and the employee shall be credited with sick leave credits equal to the pro-rata payments of compensation so received.
5. Whenever an employee shall be absent on sick leave and the period for which he is absent includes a day or days upon which such employee was not scheduled to work, such day(s) shall not be charged against his accumulated sick leave credits.
6. The Department Head shall maintain records of accumulated sick leave credits for each employee and a record of the total sick leave granted to each employee.

D. Extended Sick Leave

An employee with five (5) years continuous service with the City immediately prior to his application for benefits under this provision, shall be eligible for Extended Sick Leave as follows:

1. Such employee shall receive one (1) week sick leave at ½ pay for each year of consecutive service up to a maximum of 26 weeks at ½ pay.
2. Health insurance shall be provided by the City for the period of earned extended sick leave. The City may require the proof of disability from two qualified physicians.
3. Any employee who utilized extended sick leave under this provision will earn the same benefits he/she would have earned while on regular sick leave.
4. Frequency of certification of illness shall be set forth in Sick Leave provisions of this contract.
5. An employee shall be eligible for extended sick leave on only ONE occasion during his/her career and may apply for extended sick leave only after exhausting all other accruals.
6. No payment shall be made at retirement or at any other time for any unused earned extended sick leave.

E. Sick Leave Incentive

An employee shall earn additional Personal Days for limited use of sick days as follows:

1. Zero sick days used in calendar year:
3 additional Personal Days earned
2. One or two sick days used in calendar year:
2 additional Personal Days earned
3. Three sick days used in calendar year:
1 additional Personal Day earned

Such personal days utilized shall be charged against an employee's accumulated sick leave credits but shall not be charged as sick days used for purposes of computing entitlement to additional day hereunder.

F. Family Illness

At the discretion of the Employer, sick leave days may be used for serious illness of a spouse, child, parent, grandchild or grandparent. The Employer shall not be unreasonable in approving such leave when requested by an employee. Such leave shall be charged against the sick leave accruals of the employee taking the leave described in this Section F.

G. Part-Time Employees

Any employee hired to work less than full-time (35 hours) per week shall be entitled to accrue this benefit in fractional proportion to full-time employees.

ARTICLE X – MEDICAL BENEFITS PLAN

For purpose of this Agreement, the definition of the term 'active employee' shall include any employee who is on the payroll including, but not limited to, those employees on paid leave of absence. The definition of the term 'retiree' shall include any employee that from October 27, 2010 forward, retires from employment with the City of Lockport.

Hospital and Medical Care Benefits

The 'core' medical insurance plan shall be the POS 298/298 Plus.

The City of Lockport agrees to pay the full cost of all referenced medical insurance benefits, as follows:

Active Employees

The parties hereto agree that there shall be provided to each active employee, family or single medical insurance benefits fully paid by the City of Lockport. Active employees shall have a choice of the following medical plans as agreed upon jointly by the City of Lockport and bargaining unit CSEA as follows:

Option One = POS 298 Class 002/002+

Option Two = POS 298 Class 003/003+

Option Three = POS 298 Class 004/004+

Benefit summaries for these plans are as outlined in attachments and are part of this Agreement.

The employee shall have the opportunity to switch options during the annual open enrollment period each year.

Retirees

A. Employees hired before date of ratification of this agreement shall be eligible to continue health coverage for themselves and any eligible dependents in retirement at no cost to themselves, provided they have met the following requirements:

- a. Completion of a minimum of ten years of service, the last ten of which shall be continuous with the City of Lockport during which the employee was eligible to receive Health Insurance; and
- b. The employee must be employed with the City at the time of Retirement; and
- c. The employee must retire pursuant to New York State Retirement or Social Security Law and provide the City proof of the same.

B. Employees hired after the date of ratification of this agreement, shall be eligible to continue health coverage for themselves and any eligible dependents in retirement and shall be required to contribute ten percent (10%) of the applicable premium equivalent toward their health insurance coverage in retirement, provided they have met the following requirements:

- a. Completion of a minimum of twenty years of service, the last ten of which shall be continuous with the City of Lockport during which the employee was eligible to receive Health Insurance; and
- b. The employee must be employed with the City at the time of Retirement; and
- c. The employee must retire pursuant to New York State Retirement or Social Security Law and provide the City proof of the same.

- C. Part-time employees that qualify for retirement health insurance pursuant to subsection A above shall be required to contribute fifty percent (50%) of the applicable premium equivalent toward their health insurance coverage in retirement.**
- D. The parties agree that retirees that are eligible to receive health insurance coverage upon retirement shall receive the same health insurance and prescription benefits and coverage as enjoyed at the time of their retirement from the City.
- E. All employees retiring pursuant to this agreement shall have the option of single or family coverage. All City of Lockport retirees shall be entitled to remain enrolled in the City of Lockport Health Insurance Plan enjoyed by the employee at the time of their retirement for the life of the retiree. The right of health insurance in retirement is a vested right, effective the date of retirement, provided that the employee meets the requirements to receive retirement health insurance.

All employees retiring under this agreement shall have the option of single, double or family medical coverage, offered by the City of Lockport. All City of Lockport retirees shall be entitled to membership in the City of Lockport Health Insurance Plan as outlined in this agreement or in a plan that offers equal to or better healthcare coverage benefits, for the life of the retiree. The right to health insurance in retirement is a vested right. The right becomes valid on the date of retirement.

The employees retiring under this Agreement shall have the opportunity to switch options during the annual open enrollment period each year. The open enrollment period shall be held during the month of October each year. In the event that the Union and the City agree to an alternate date for the open enrollment period, the City shall notify all retirees via U.S. mail at least ten (10) days prior to the alternate open enrollment period.

In addition, any employee that had previously opted out of the Medical Benefits program and received the lump-sum annual buy-out may at any time, opt to receive the Medical Benefits listed in this agreement.

All retired employees shall have the opportunity to switch options during the annual open enrollment period each year.

Retirees shall have the option of single, double or family medical coverage fully paid by the City of Lockport, as follows:

RETIREEES LIVING WITHIN THE COUNTIES OF WNY

NOT Medicare Eligible, Living within the 8 Counties of WNY

All employees, NOT Medicare eligible, retiring under this agreement and living within the 8 counties of WNY may enroll in the following BC/BS of WNY insurance plans:

Option One = POS 298 Class 002/002+

Option Two = POS 298 Class 003/003+

Option Three = POS 298 Class 004/004+

Medicare Eligible Living within the 8 Counties of WNY

All employees who retire under this agreement and the retirees spouse, who become Medicare eligible, living within the 8 counties of WNY may enroll in the BC/BS of WNY Medicare Advantage Plan PPO 799 \$5/\$5/\$5/\$5 with the City of Lockport reimbursing the retiree hired prior to 1/1/2015 and their spouses Part B premium in full. Any retiree that was hired after 1/1/2015 will be responsible to pay all Medicare Part B premiums and expenses upon retirement.

In the event that the retiree or their spouse has not become Medicare eligible, he or she shall remain enrolled in one of the current POS plans of their choosing at a single rate until he or she becomes Medicare eligible, at which time the retiree or spouse will enroll in BC/BS of WNY Medicare Advantage Plan PPO 799 \$5/\$5/\$5/\$5, with the City of Lockport reimbursing the retiree and/or their spouses Part B premium in full.

When a retiree becomes Medicare eligible and the retiree's spouse is not Medicare eligible, the spouse shall enroll in the POS single plan of his/her choice. The spouse is not entitled to the HRA. However, if the spouse becomes Medicare eligible, before the retiree, and the spouse enrolls in the BC/BS of WNY Medicare Advantage Plan PPO 799 and the retiree goes into the POS single plan of his/her choice, the

retiree shall be entitled to the difference between the core 201 \$5 plan and the single plan the retiree elects, in the form of an HRA.

If a retiree becomes Medicare eligible and has legal dependents, that retiree shall have the right to maintain BC/BS POS 201, 203, 204 family plan with a HRA until such time as the dependent(s) are no longer eligible for healthcare coverage under this Agreement, at which time the retiree will enroll in the BC/BS of WNY Medicare Advantage Plan PPO 799.

RETIREEES LIVING OUTSIDE 8 COUNTIES of WNY

NOT Medicare Eligible, Living Outside the 8 Counties of WNY

All employees, not Medicare eligible, retiring under this agreement, living outside the 8 counties of WNY shall be enrolled in the BC/BS PPO 812 Plan.

Medicare Eligible Living Outside of 8 Counties of WNY

All employees who retire under this agreement and the retiree's spouse, who become Medicare eligible, living outside the 8 counties of WNY will enroll in the BC/BS of WNY 2009 Traditional Blue Medicare PPO 799 Out of Area Plan \$1/\$1/\$1/\$1 plan with the City of Lockport reimbursing any retiree who was hired before 1/1/2015 and their spouses Part B premium in full.

If the retiree becomes Medicare eligible and the retiree's spouse is not Medicare eligible, the spouse shall enroll in the single BC/BS PPO 812 plan. If the spouse is Medicare eligible and the retiree is not Medicare eligible, then the retiree shall be enrolled in the single BC/BS PPO 812 plan.

If the employee retiring under this agreement becomes Medicare eligible and has legal dependents, the retiree will have the right to maintain BC/BS PPO 812 family plan until such time as the dependent(s) are no longer eligible for healthcare coverage under this agreement. At such time the retiree shall be enrolled in the BC/BS of WNY 2009 Traditional Blue Medicare PPO 799 Out of Area Plan.

The PPO 812 will be available only to those retired employees who reside in an area outside the eight WNY Counties currently served by BC/BS POS plans listed above for more than 180 days in a calendar year.

Any retiree who chooses to relocate outside the eight WNY Counties served by the POS plans any time during their retirement can opt into the PPO 812 National Plan.

Benefit summaries for these plans are as outlined in the attachments and are part of this agreement.

All retirees participating in the PPO 812 National Plan may be required to submit to the City of Lockport proof of their residency outside the POS Plan coverage area. Acceptable proof of residency will be any one of the following:

- * 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.

RETIREE BUYOUT OPTION

Any active employee who retires, from October 27, 2010 forward, who does not avail himself/herself of the coverage provided herein shall receive a lump-sum of \$1000 or the amount stated in the respective bargaining agreement contracts, if that amount is higher, by reason of such non-participation. Said sum shall be paid to such retired employee on the first payday in December, each year, and will be pro-rated if necessary.

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.

EMPLOYEE/RETIREE DEATH

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

OPEN ENROLLMENT

The City shall make written notification to the President and Vice President of each bargaining unit as listed above, ten (10) days prior to the open enrollment period, informing them of the open enrollment period. In addition, upon the request of a representative of any of the above referenced bargaining unit, 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.

HRA 105 ACCOUNT

Pro-Flex, 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 HRA under the guidelines of this agreement.

For those employees opting for the POS 298/298 plus, the City shall contribute \$400 for single coverage and \$800 for family coverage. 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.

The City shall not contribute to the HRA of employees hired after the day of ratification of this agreement.

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.

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.

PART B PREMIUMS

Part B Premiums – Employees pay all Medicare Part B premiums and expenses upon their retirement effective for employees hired on or after January 1, 2015.

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 who was hired prior to 1/1/2015 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 Pro-Flex and the City of Lockport. They shall be reimbursed the full cost of Part B premiums by check or direct deposit after submitting a statement to Pro-Flex showing proof of Part B premium deduction from their Social Security checks.

Retiree and/or spouse may submit their Social Security stub or any proof, on a monthly basis to Pro-Flex or once at the beginning of each calendar year at which time Pro-Flex 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 1/1/2015 will pay their Part B premiums and their spouses Part B premiums once they become Medicare eligible.

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.

MISCELLANEOUS

The City of Lockport and CSEA 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 CSEA 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 CSEA 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 CSEA 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 CSEA. The plans shall continue to be paid fully by the City of Lockport and there shall be no cost or contribution to the retiree. Part B benefits or any other benefits that may be required shall continue to be paid fully by the City of Lockport for employees hired before 1/1/2015.

The City will permit any employee who is a member of the Hospital and Medical Plan provided herein at the time of their retirement to retain their membership in said medical plans, as follows, with the City paying the full cost thereof, subject to the criteria established in the adopting resolution of the Common Council of the City of Lockport, dated December 16, 1964.

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 CSEA. In addition, any change to the insurance provider or the level of benefits provided in the above designated plans and outlined on the attached benefit summaries shall require written agreement by representatives of CSEA and then only after ratification of the membership of CSEA. This Agreement is the full understanding of all parties concerning Medical Benefits and shall supersede all others.

- A. Employees hired prior to October 27, 2010 who do not avail himself/herself of the coverage provided herein shall receive a lump sum payment: \$2000.00;
employees hired after January 1, 2011 receive a lump sum payment: \$1000.00

Said sum shall be paid to such employee on the first payday in December, and will be pro-rated if necessary.

ARTICLE XI - JOB POSTINGS

A. The City shall transmit a copy of any job opening within the bargaining unit to all departments for posting. The posting shall be for a period of ten days prior to the filling of such opening. A copy of the posting will be provided to the Unit President, Vice President, Secretary and Treasurer at the time of the posting.

The posting shall contain:	Job title
	Department
	Rate of pay
	Copy of qualifications

During the posting period, any unit employee who wishes to apply for the position may obtain an application at the Civil Service Office and return the completed application to the Civil Service Office.

B. Promotion/Reclassification

1. An employee reclassified or promoted one grade from one job to another job within the promotional ladder as determined by the Civil Service Commission, shall receive the rate of pay in the beginning step of the higher salary grade and progress through the steps on their anniversary dates thereafter for the term of this Agreement. If the beginning step in the higher salary grade does not provide an increase, the employee shall move to the step that does provide an increase. This section shall also apply to employees promoted into the CSEA bargaining unit.
2. An employee(s) reclassified or promoted two or more grades from one job to another job within the promotional ladder as determined by the Civil Service Commission, shall receive the rate of pay that is not less than the equivalent of two steps. Such employee(s) shall progress through the steps on their anniversary dates thereafter for the term of this Agreement. An employee who is promoted or reclassified and the Entrance Step of the new pay grade is greater than the

equivalent of two steps, such employee shall receive Entrance Step pay and progress through the steps on anniversary dates thereafter for this Agreement.

3. Each new employee shall serve a probationary period in conformance with Civil Service Law, not less than eight (8) weeks nor more than twenty-six (26) weeks unless a training period, in which case the probationary period should be one year.
4. An employee shall be allowed to transfer to a vacant position in another department before the vacancy is otherwise filled with the approval of the affected Department Heads, which approval shall not be unreasonably withheld. Such employee shall serve a probationary period of not less than eight (8) weeks nor more than 26 weeks in the new employment, which probationary period may be shortened at the option of the City. Within the probationary period such employee may retreat to his former position.

ARTICLE XII – RETIREMENT PLAN

- A. Each employee covered under this contract who is considered a Tier I or Tier II participant in the New York State Retirement System shall be afforded the benefits of the Improved Twenty (20) Year Career Retirement Plan (Section 75i) of the New York State Retirement and Social Security Law. All employees who are considered Tier III and Tier IV participants in the New York State Retirement System shall be provided the benefit of the Co-Escalator Retirement Plan.

B. Sick Leave Conversion

Upon retirement from active service, unused sick leave time will be paid in a lump sum commensurate with the employee's regular nominal rate of pay at the rate of 50 percent of a maximum of 300 days upon ratification of the contract. Any employee hired after contract ratification will be paid at the rate of 40 percent of a maximum of 165 days. The employee shall have the option of taking his/her entire entitlement in equal installments over three (3) years. Such entitlement shall be vested to the retiree and in the event of death of such employee, any remaining entitlement shall be paid

over, as provided herein to the estate of such employee. The City agrees to provide benefits under Section 41j of the New York Social Security and Retirement Law.

ARTICLE XIII - WORK DAY AND WORK WEEK

- A. All employees shall be scheduled to work on a regular shift as determined by the Department Head. Such shift shall have a regularly scheduled starting and quitting time. Except for an emergency situation, no change in such schedule shall be made except upon two (2) weeks' notice to the Union, who shall be allowed input into the change. It is clearly understood that the City may change a work shift.

Where such change by the City changes the shift as it existed on January 1, 1985, there shall be paid a shift differential as follows:

1. Starting after 11 a.m. to 4 p.m. – 2% of hourly wage
2. Starting after 4 p.m. to 11 p.m. – 4% of hourly wage
3. Starting after 11 p.m. to 7 a.m. – 6% of hourly wage
4. For Saturday work - 4% of hourly wage
5. For Sunday work - 8% of hourly wage

Subject to the above, the normal work week shall consist of five (5) consecutive days, Monday through Friday, inclusive. The normal workday for City Hall employees shall consist of not more than eight (8) hours, from 8:30 a.m. to 4:30 p.m., with one hour lunch period.

B. Rest Periods

All employees work schedules provide for a 15-minute rest period during each half shift.

ARTICLE XIV - CALL BACK COMPENSATION

Any employee called back to work after the completion of his regularly scheduled shift, shall be paid for at least four (4) hours at time-and-one-half whether the entire four (4) hours are worked or not.

Any time worked beyond four (4) hours shall be paid at time-and-one-half for the time actually worked. The Call Back provision shall not apply to overtime which immediately follows the employee's regularly scheduled work shift.

ARTICLE XV - OVERTIME COMPENSATION

At the option of the employee, he/she may be compensated for overtime by either time off or money.

Compensatory time may be accumulated up to 100 hours and up to 50 hours of time may be carried over into the succeeding year. Hours accumulated hereunder which are not eligible to be carried over shall be paid in wages. All compensatory time shall be taken with the approval of the Department Head, whose approval shall not be unreasonably withheld.

1. Overtime rates shall be paid after eight (8) hours in one day, or forty (40) hours in one week. Thirty-five (35) hour employees shall receive straight time pay for the eighth hour of pay any day, or for the 36th through 40th hours in any week.
2. Adjustments for improper rotation of overtime shall be limited to assignment of the next available overtime until said employee is made whole.
3. For purposes of trying to equalize assignment of overtime, the overtime declined shall be considered as hours worked. The employee with the least amount of overtime worked or offered shall be assigned the next available overtime, provided he is qualified for the work.
4. Rotation of overtime shall be among those qualified employees who normally perform such work within their department.
5. Employees shall not unreasonably decline overtime in emergency situations.

ARTICLE XVI - HOLIDAYS

- A. Designated holidays for members of the bargaining unit shall be as follows:
New Year's Day; Martin Luther King Day; Presidents Day; Good Friday;
Memorial Day; Independence Day; Labor Day; Columbus Day; Election Day;
Veteran's Day; Thanksgiving Day; Friday immediately following Thanksgiving
Day; Christmas Eve; Christmas Day.
- B. Those holidays recognized in this Agreement that have federally designated
celebration dates will be observed on those dates. Such other holidays as
provided for in this Agreement shall be observed on the traditionally observed
day except that a holiday falling on a Saturday shall be observed on the
preceding Friday, while a holiday falling on a Sunday shall be observed on the
following Monday.
- C. Employees in continuous operations who are scheduled to work on such
holidays, or other employees as may be required to work on such holidays,
shall receive time-and-one-half for all hours actually worked.
- D. For the purpose of computing overtime, all holiday hours, whether worked or
un-worked, for which such employee is compensated shall be considered as
hours worked.

ARTICLE XVII - VACATIONS

- A. The City agrees that full-time employees shall be eligible for vacation as
follows:
- 1 year continuous service, but less than
5 years continuous service 10 days
 - 5 years continuous service but less than
10 years continuous service 15 days
 - 10 years continuous service, but less than

15 years continuous service 17 days

- 15 years continuous service, but less than 20 years continuous service 20 days

- 20 years continuous service, but less than 24 years continuous service 22 days

- 25 + years continuous service 30 days

B. Vacation entitlement is based on the anniversary date of the employment of an employee. After the employee has completed their first vacation cycle, they shall receive their vacation entitlement on January 1.

C. Once the employee completes their first year of employment, they shall be eligible to utilize their prorated vacation time from their date of hire through December 31 of said year.

D. For the purpose of computing overtime, all vacation days utilized by an employee shall be considered as hours worked.

E. Vacation time shall be accumulated at a prorated basis for part-time employees.

F. Vacation shall not be accumulated from one calendar year to the next. Holidays occurring during an employee's scheduled vacation period shall not be charged against vacation time. It is understood by the parties that vacation is earned in one year based on anniversary date, and taken in the following year.

The Department Head shall schedule vacation in units of not less than five (5) workdays. Upon the request of the employee, the Department Head, in his sole and absolute discretion may, when circumstances permit, allow an employee to use vacation time in units of less than five (5) working days. In the event of

a conflict between employees over requested vacation time, departmental seniority shall prevail.

G. Upon death, retirement or other type of separation from service of an employee, all the employee's accrued vacation and holiday time shall be computed on a pro-rata basis and paid to him/her in accordance with the normal rate of pay the employee was receiving at the time.

H. When an employee earns a minimum of fifteen (15) vacation days in a year, the employee shall have the option of electing to receive the cash equivalent for a maximum of ten (10) vacation days in lieu of taking off such earned vacation time, provided the employee gives notice of such election, in writing, no later than September 1 of the preceding year. Such notice is necessary for the City to budget the allocation. The employee shall, with 30 days written notice, make known to the City during which pay period they wish to receive their vacation buy-back. It is further understood by the City and the employee that the employee can, at any time, elect to void the buy-back option due to any change in circumstances.

ARTICLE XVIII - PERSONAL DAYS

Each full-time employee shall be entitled to three (3) personal days per calendar year, which days shall not accumulate from year to year, the use of which shall be subject to the Department Head's approval, which approval shall not be unreasonably withheld. Any employee hired to work less than full-time (35 hours) per week shall be entitled to accrue this benefit in fractional proportion to full-time employees. Personal days may be utilized in ½ day increments.

ARTICLE XIX - BEREAVEMENT LEAVE

A. For all Full-Time and Part-Time employees: A maximum leave of four (4) working days, following the day of death, without loss of pay, accumulated sick leave, vacation or other benefits, on account of death in the employee's immediate family. Such leave may require satisfactory evidence of such death and shall be subject to the discretion of the Department Head, which discretion shall not be unreasonably withheld. The immediate family shall include spouse, child, parent, sibling, grandparent or grandchild, step parents, step children and domestic partners.

B. Other Relatives

Each employee of the bargaining unit shall be granted a maximum leave of three (3) working days, subject to the requirement of paragraph A herein on account of death of a mother- or father-in-law, brother- or sister-in-law and son- or daughter-in-law.

C. Memorial Service

In the event the Memorial Service is not held within the above time parameters, an employee shall be entitled to one (1) day to attend same.

ARTICLE XX - JURY DUTY LEAVE

The only paid time off will be given to all Full-Time and Part-Time employees who are called for jury duty or subpoenaed in an action NOT brought by the employee. Fees received for juror day shall be remanded to the City (except for mileage reimbursement).

Proof of subpoena must be submitted to the department head.

No employee will be given time off for matters due to their own initiation of a private suit unless the employee has sufficient personal and/or vacation accruals to cover the period in question.

ARTICLE XXI - LEAVES OF ABSENCE

Leave of Absence will be granted as follows:

A. Leaves of Absence with Pay:

Employees of the bargaining unit shall be granted Leaves of Absence with pay where required by law.

B. Leave of Absence without Pay:

1. Child rearing leave – Unpaid leave-of absence shall be granted upon application of an employee of the bargaining unit, and shall be granted such unpaid leave subsequent to the birth or adoption of a child for up to ten (10) months. In addition, an employee having given birth shall be allowed to utilize up to six (6) weeks of accumulated sick time. Such employee who has been medically certified as being sick shall not be limited to six weeks, but shall fall under the conditions as outlined under “Sick Leave”. The Mayor, at his sole discretion, may extend such unpaid leave up to an additional six (6) months.
2. Employees may apply to the Mayor for unpaid leave of absence not to exceed one (1) year; such leaves shall be at the sole and absolute discretion of the Mayor.
3. Employees on unpaid leave-of-absence shall not be afforded any employee benefits with the exception of medical insurance coverage for twelve weeks per the Family and Medical Leave Act (FMLA). After which, such employees may opt to continue medical insurance coverage at his or her own expense, as may opt to continue on non-FMLA unpaid leaves of absence. In addition, all accrued benefits and seniority shall be “frozen” and on an employee’s return to work, or termination from employment with

the City, such accruals shall be pro-rated and rounded up to the nearest half day.

C. Leave for Civil Service Exams

An employee shall be given time off with pay where the employer requires the employee to take a Civil Service Exam as a requirement to keep his job.

ARTICLE XXII - TRAVEL POLICY

An employee required by his Department Head to use his own vehicle for City business, shall be reimbursed at the IRS approved rate.

ARTICLE XXIII - PERSONNEL FILE

- A. For the purpose of this Article, there shall be one official personal history folder maintained for an employee.
- B. The personal history folder shall contain copies of all personnel transactions and official correspondence with the employee.
- C. A copy of the document related to the employee's work performance placed in an employee's personnel history folder shall be sent to the employee at the time of such placement. In addition, effective ninety (90) days from the execution of this Agreement, an employee may be given the opportunity to acknowledge receipt of a counseling memorandum by signing it prior to its placement in his or her personal history folder. Where an employee's signature is not obtained, such memorandum shall be sent to the employee at the employee's address of record by Certified Mail.
- D. Upon a grievance determination that the content of a formal written counseling memorandum issued after the effective date of this Agreement, is substantially inaccurate, such memorandum shall either be modified or withdrawn. Grievances alleging that the contents of a counseling memorandum are substantially inaccurate, shall be processed up to Step 3 of the Grievance Procedure, but shall not be subject to arbitration.
- E. An employee shall have the opportunity to review his or her personal history folder in the presence of an appropriate official of the department or agency, and, at his or her option, his or her union representative upon three (3) working days' notice; provided however, where the employee's personal history is kept at a location other than the employee's place of work, five (5) working days' notice shall be required, and to place in such file a response of reasonable

length to anything contained therein which such employee deems to be adverse, provided, however, and employee may not review letters of reference obtained in connection with his initial and subsequent employment.

ARTICLE XXIV - GRIEVANCE PROCEDURE

A. Intent

The primary intent of this procedure is the orderly resolution of any disagreement or conflict between an employee or Union and the City of Lockport. The employee shall be entitled to representation by the Union at any and all stages of this procedure.

By mutual agreement in writing, any time limit as expressed herein may be waived for good reason.

The Public Employment Relations Board shall be the Administrative Agency for arbitration. If arbitration is required, only one arbitrator shall be selected to hear and determine the case and such decision shall be final and binding on both parties. The arbitrator's fee and expense shall be borne equally by the parties, and no transcript of the proceeding shall be required. In the event either party requires a transcript, the cost of same shall be borne by such party and a copy of the transcript provided at no cost to the other party.

CSEA local representatives, limited to no more than two stewards or officials and the grievant, shall be granted reasonable and necessary leave with pay for the investigation of claimed grievances and processing of grievances pursuant to this Article.

B. Grievance Defined

A grievance shall be defined as any claimed violation, misapplication or misinterpretation of any term of this contract, and/or condition of employment.

C. Grievant Defined

The grievant is any employee within the bargaining unit on behalf of himself and/or others similarly situated, or the Union, shall have the right to file a grievance.

D. Grievance Procedure

Step 1: Within fifteen (15) calendar days of the date on which the act of omission actually occurred or when the employee or Union became aware of the act or omission, a written grievance shall be submitted by the grievant to the Department Head, or in his absence, to the chairman of the Personnel Committee. The Department Head, or his agent, shall be allowed up to fifteen (15) calendar days to respond in writing; failure to respond by the City shall be deemed a denial of the grievance,

Step 2: In the event a grievance remains unresolved after Step 1, the grievant, within fifteen (15) days of receipt of the denial of his grievance, or fifteen (15) days after the grievance is deemed denied, shall have the right to submit the grievance for a determination by the Personnel Committee. The Personnel Committee shall render a determination within fifteen (15) days of the receipt of the grievance.

Step 3: Final and Binding Arbitration

Within ten (10) calendar days of receipt of the Step 2 determination, the grievant shall have the right to file a written notice of intent to arbitrate. The decision of the arbitrator shall be final and binding subject only to limited court review as may be available for such determination.

ARTICLE XXV - DISCIPLINE AND DISCHARGE

A. Applicability

The following disciplinary procedure will be applicable to all employees in the bargaining unit and is specifically intended to replace Section 75 and 76 of the Civil Service Law and shall be used exclusively in lieu thereof.

B. Cause

An employee shall not be subject to any disciplinary action except for just cause.

C. Management Rights

It is agreed that nothing herein shall in any way prohibit the City from discharging or otherwise disciplining any employee covered by the terms and conditions of this Agreement.

D. Procedure

(1) Disciplinary action or measures shall include, but are not limited to, the following actions and shall follow the order listed, unless circumstances warrant departure from the order listed:

- (a) Oral reprimand (with written confirmation)
- (b) Written reprimand
- (c) Suspension
- (d) Termination

E. Discipline or notification of pending discipline shall be imposed within ten (10) working days of the alleged violation, or within ten (10) working days of the City first becoming aware of the alleged violation.

The disciplined employee, upon request, will be allowed to discuss his discharge or discipline with his steward or other authorized representative of the union, and except in a dangerous situation, the employer will make available an area where the employee may do so before he is required to leave the premises.

G. When any action or measure is imposed or is pending against an employee, the employer shall notify the employee in writing, in duplicate, of the specific reasons for such disciplinary action. The written notification shall contain a description of the charges which shall include dates, time, and places. Such notice shall be made by personal service, if possible, and if such service cannot be affected by personal service, it shall be made by Registered or Certified Mail, return receipt requested, to the last known address of the employee. The time limits for presenting a grievance defined in the previous article governing "Grievances" shall commence upon the receipt of a Notice of Discipline by the employee.

H. Immediate Hearing upon Suspension

An employee may be suspended prior to the resolution of the Notice of Discipline if the employer determines that there is probable cause to believe that the employee's continued presence on the job represents a potential danger to persons or property or will severely interfere with operations.

In the event an employee is suspended prior to a full hearing, the City shall conduct a preliminary hearing before the Personnel Committee within three (3) days of the effective date of suspension. The scope of such hearing shall be limited to the issue of whether a pre-hearing suspension shall be continued on the basis of potential danger or interference with operations, until a full hearing and determination is made.

I. Pre-Hearing Conference

Within seven (7) working days of the service of the disciplinary notice and in advance of a full disciplinary hearing, the employee and his Union representative and/or attorney shall be entitled to a meeting with the Mayor's designees to discuss on an informal basis the employee and employer's position on the charges. If a resolution is reached by both parties, such resolution shall immediately be reduced to writing and signed by both parties. Any settlement of proposal by either party may be withdrawn prior to

acceptance, and such settlement or proposal shall not be used in any related subsequent hearing or arbitration proceeding arising from the same incident.

- J. If no resolution is reached at the pre-hearing conference, a hearing shall be held before the Personnel Committee within ten (10) working days after the pre-hearing. The Personnel Committee shall submit its findings and recommendations to the Mayor and the Mayor shall, within five (5) days of receipt of the Personnel Committee findings give his decision in writing to the employee, in duplicate.

K. Arbitration Procedure

In the event the employee is dissatisfied with the Mayor's decision, such decision may be appealed to Arbitration within ten (10) working days by serving notice of appeal to the City Clerk's Office. The Arbitration proceedings shall be conducted by an arbitrator selected by the Public Employment Relations Board as per the procedures of the Board.

The decision of the arbitrator shall be final and binding, subject only to limited court review as may be available for such determinations. The arbitrator shall be jointly required to issue his decision within thirty (30) days after the conclusion of testimony and argument.

No arbitrator functioning under the provisions of this procedure shall have any power to amend, modify or delete any provisions of this Agreement. The cost of arbitration shall be split evenly by the parties. In the event a party requires a transcript, such parties shall pay the cost of same and shall present a copy without cost to the other party.

It is agreed by the parties that formal disciplinary proceeding under this Article may be instituted only by the Department Head, Supervisory Personnel, the Mayor or the Mayor's designee.

ARTICLE XXVI - REDUCTION IN FORCE

Any reduction in force (layoff and recall) shall be in accordance with Civil Service Law of the State of New York for all employees covered under this contract. An employee who is laid off shall be allowed to continue in the Health Insurance Plan, provided that such employee pays the total cost thereof. The employee will have the right to continue in the Health Plan at his cost, for a period equal to his layoff, but not longer than four (4) years, or his recall period. An employee must be given a 14-calendar day notice of layoff.

ARTICLE XXVII - SAFETY

The City shall provide such protective or occupational clothing and equipment as is deemed necessary by Management.

ARTICLE XXVIII - EQUAL OPPORTUNITIES

The City and CSEA realize a responsibility to promote and provide equal opportunities for employment. It shall be the positive and continuing policy of the employer and the CSEA to assure an equal opportunity in employment regardless of race, color, religion, sex, age or national origin.

ARTICLE XXIX - WAGES

A. Step Plan

A 7-Step Plan has been adopted for the duration of the Agreement as set forth in Appendix A of this Agreement. A new class of positions shall be established pursuant to Appendix B.

1. Any CSEA employee who has been upgraded by virtue of this adopted wage Plan, or any employee hired prior to January 1, 1985, shall progress through the steps using the anniversary date of January 1st.
2. Any CSEA employee who has not been upgraded and was hired after January 1, 1985, shall progress through the steps using their anniversary date of hire.
3. The following will be reflected in the base salary starting January first of each year:

2015 through 2020: 0% increase

2021: 4%

2022: 2%

2023: 2%

2024: 2%

2025: 2%

2026: 2%

One-time stipend for members employed with the City on January 1, 2021: \$3,000 within 90 days of ratification and approval of the Collective Bargaining Agreement.

a. Any employee within the Building Inspections Department that is required to receive the certification of a Master Plumber license, shall be required to perform plumbing inspections within the City. That the compensation for completing these plumbing inspections shall be \$4,000.00 stipend per year for so long as he or she performs the duties of Master Plumber for the City. Only one member shall be entitled to receive this stipend at any given time.

b. In the event that the Master Plumber is directed by the City to complete annual backflow prevention inspections or repairs within the City, he or she shall be entitled to an annual stipend of \$6,000.00 for so long as he or she performs said inspections. Only one member shall be entitled to receive this stipend at any given time.

c. That the Senior Building Inspector, in conducting Master Plumber duties and inspections, or completing annual backflow prevention inspections or repairs, shall not be entitled to overtime or compensatory time for handling such duties.

4. Any employee required to obtain and maintain a Class 3A license shall receive a \$1,500 annual stipend. Any employee required to obtain and maintain a Class 4A license receive a \$2,000 annual stipend. Any employees receiving stipends pursuant to this section shall be required to utilize operate the appropriate equipment as directed by their supervisor.
5. Real Property Appraisal position shall be a grade 6 Senior Account Clerk.
16. Senior Account Clerk (relative to the Accounts Payable Department) position shall be a grade 7 Principal Accounts Clerk.

B. Reclassification/Promotion (See Page 20 "Article XII "Job Posting" paragraphs 1 and 2)

ARTICLE XXX – LONGEVITY

- A. Effective January 1, 2009, an annual longevity payment will be paid to all full-time employees covered by this Agreement at the following rates:
- | | | |
|----|-------------------|---------------------|
| 1. | 5 – 9 years | \$500.00 per year |
| 2. | 10-14 years | \$650.00 per year |
| 3. | 15 – 19 years | \$800.00 per year |
| 4. | 20 –24 years | \$950.00 per year |
| 5. | 25 years and over | \$1,100.00 per year |
- B. Those employees that are eligible for a longevity payment shall receive their longevity payment in a lump sum to be paid in the first pay period of the year.
- C. No employee will be eligible to receive more than one (1) longevity payment in any one calendar year. The parties agree that there is no incremental pay system that will apply to any employee of the bargaining unit with respect to longevity. In the event that it is an employee's anniversary year, longevity shall be paid the first pay period following their anniversary date.

ARTICLE XXXI - DENTAL/MEDICAL VISITS

At the discretion of the Department Head, employees will be allowed six annual medical or dental visits without loss of pay, sick leave, vacation or other leave benefits except that each such absence in excess of two (2) hours shall be charged to earned sick leave in one-half (1/2) day units. Half day units of sick leave for medical visits shall not apply against the sick leave incentive program. Employees shall, upon request, provide documentation to verify such medical/dental visits.

ARTICLE XXXII - OUT-OF-GRADE WORK

A. Higher Grade

Each employee covered under this who is assigned to work in a title which is in a higher grade than the grade of the title which the employee permanently encumbers, shall be moved to a step in the higher grade which affords the employee an increase in pay. The employee shall be paid the higher rate of pay when the employee works more than two (2) hours in the higher classification. In such case the employee shall receive the higher rate of pay commencing with the first hour of work.

B. Lower Grade

Each employee covered under this contract who is assigned to a lower grade shall continue to receive the salary he/she is paid in the title which he/she permanently encumbers.

C. Acting Department Head

The Mayor has the discretion to designate employees as "Acting Department Heads" in the absence of a Department Head. Employees designated as such will be paid the difference between his/her salary and the Department Head's salary for the duration of the designation. Any overtime worked by the employee during this designation must be approved by the Mayor, and shall be at one and one-half times the Department Head's salary. Employees have the right to decline this designation.

ARTICLE XXXIII - SENORITY TRANSFER

Any employee who transfers by virtue of a title change from one bargaining unit to the CSEA bargaining unit, shall be credited with the years of service served in his/her former title(s) for the purpose of determining vacation, sick leave, personal leave, and longevity pay.

ARTICLE XXXIV - CLOTHING ALLOWANCE

Employees in the following titles will receive an annual clothing allowance of \$350.00:

- Chief Process Operator WWTP
- Industrial Pre Treatment Coordinator
- WWTP Maintenance Supervisor
- Chief Public Works Mechanic
- Public Works Supervisor
- Water Distribution Maintenance Supervisor
- Water Treatment Plant Maintenance Supervisor
- Chief Water Treatment Plant Operator
- Assistant Director of Engineering
- Senior Engineering Technician
- Engineering Technician
- Senior Building Inspector
- Building Inspector
- Rehabilitation Specialist
- Parking Lot and Meter Maintainer
- Director of Wastewater and Water Operations
- Chief Compost Plant Operator
- Electrician
- Senior Building Maintenance Mechanic
- Building Inspector Trainee
- Housing Inspector
- Part-Time Employees
- Right of Way Maintenance Worker

ARTICLE XXXV - SICK BANK

A. Purpose and Intent.

The purpose of this Article is to enable members to donate paid leave time to other members who are confronted with a personal or family emergency.

B. Donations.

A member may donate accrued vacation, compensatory, floating holiday, personal or sick leave hours to the "Sick Bank" by completing and signing a "Donation to the Sick Bank Pool" form available in the Personnel/Civil Service Office.

C. Administration.

The Personnel/Civil Service Office shall keep track of the total hours available in the pool.

D. Oversight Committee.

The Union shall appoint a Committee to administer the Union's "Sick Bank" as approved by membership.

E. Use of Pool.

In conformance with the rules, the Personnel Officer is authorized to permit the use of hours in the pool by any current member of the Union whose request to the Oversight Committee shall be final and binding and will not be grievable or arbitrable.

F. Inter-Union Use.

The Oversight Committee may choose to utilize a portion of the Union's "Sick Bank" for the benefit of another City bargaining unit. The benefitting bargaining unit must repay the utilized paid time off to the lending "Sick Bank" within 1 year.

ARTICLE XXXVI - RESIDENCY REQUIREMENT

All employees hired after October 27, 2010, are required to maintain a residency within the City of Lockport.

ARTICLE XXXVII - COMPLETE AGREEMENT


This document constitutes the sole and complete agreement between the parties and embodies all the terms and conditions governing the employment of employees in the Unit. The parties acknowledge that they have had the opportunity to present and discuss 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 employee covered by this Agreement, is hereby superseded.

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ARTICLE XXXVIII - TERM OF AGREEMENT

This agreement shall be effect as of the first day of January 2015, and shall remain in full force and effect through the thirty-first day of December, 2026.

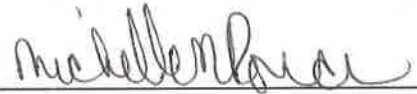
CIVIL SERVICE EMPLOYEES ASSOC. INC. THE CITY OF LOCKPORT
LOCAL 1000, AFSCME, AFL-CIO
CITY OF LOCKPORT EMPLOYEE
UNIT 832-7651




Megan Brewer, President
Date 11 / 17 / 21



Dominic Luna,
Labor Relations Specialist
Date 12 / 1 / 21



Michelle Roman, Mayor
Date 11 / 29 / 21



Jason J. Cafarella, Esq.
Deputy Corporation Counsel
Date 12 / 1 / 21

APPENDIX A. CSEA APPLICABLE POSITIONS

GRADE 1	Clerk	-	-	-
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GRADE 2	Senior Typist	Typist	-	-
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GRADE 3	Account Clerk	Account Clerk Typist	Cashier	Cashier Typist
	Real Property Tax Service Assistant	Youth Bureau Aide	Senior Typist	Secretary to the Chief of Police
	Computer Technician/ Payroll Aide	-	-	-

GRADE 4	Senior Stenographer	-	-	-
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GRADE 5	Engineering Aide	Real Property Appraisal Associate	Community Policing Aid	-
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GRADE 6	Building Inspector Trainee	Recreation Program Coordinator	Senior Account Clerk	Youth Program Coordinator
	Dog Control Officer	Code Compliance Technician	-	-

GRADE 7	Engineering Technician	Parking Lot & Meter Maintainer	Principal Account Clerk	Principal Account Clerk Typist
	Tax Enforcement Clerk	Community Development Specialist	-	-

GRADE 8	Rehabilitation Specialist	-	-	-
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APPENDIX A. CSEA APPLICABLE POSITIONS CONTINUED

GRADE 9	Assistant Youth & Recreation Director	Rehabilitation Coordinator	Senior Engineering Technician	-
	-	-	-	-

GRADE 10	Administrative Assistant - Com. Dev.	Real Property Appraiser	Water and Billing Coordinator	Administrative Assistant
	Clerk / Matron	Rehabilitation Coordinator	Building Inspector	-

GRADE 11	Chief Public Works Mechanic	Deputy City Clerk / Registrar - Vital Statistics	Deputy City Treasurer	Water Treatment Plant - Maintenance Supervisor
	Public Works Supervisor	Inspection Data Coordinator/ Zoning Officer	Payroll and Benefits Coordinator	-

GRADE 12	Wastewater Treatment Plant - Maint. Supervisor	Chemist	-	-
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GRADE 13	Industrial Pre- Treatment Coordinator	Assistant Director of Engineering	Chief Compost Plant Operator	Water Distribution Maintenance Supervisor
	Staff Accountant	-	-	-

GRADE 14	Director of Wastewater and Water Operations	Public Works Supervisor	Electrician	Senior Building Inspector
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GRADE 15	Assistant City Engineer	Wastewater Treatment Plant Chief Process Operator	Chief Water Treatment Plant Operator	Chief Accountant / Auditor
	Assistant Chief Treatment Plant Operator	-	-	-

APPENDIX B – SALARY SCHEDULE

APPENDIX B. CSEA WAGE PLAN (35 HOUR)

4.00%

2021	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	13.8985	14.4889	15.0773	15.6671	16.2562	16.8466	17.4345
Gr. 2	15.0773	15.6671	16.2562	16.8466	17.4345	18.0236	18.6120
Gr. 3	16.2562	16.8466	17.4345	18.0236	18.6120	19.2025	19.7922
Gr. 4	17.4345	18.0236	18.6120	19.2025	19.7922	20.3814	20.9711
Gr. 5	18.6120	19.2025	19.7922	20.3814	20.9711	21.5596	22.1506
Gr. 6	19.7922	20.3814	20.9711	21.5596	22.1506	22.7392	23.3289
Gr. 7	20.9711	21.5596	22.1506	22.7392	23.3289	23.9186	24.5065
Gr. 8	22.1506	22.7392	23.3289	23.9186	24.5065	25.0982	25.6860
Gr. 9	23.3289	23.9186	24.5065	25.0982	25.6860	26.2758	26.8656
Gr. 10	24.5065	25.0982	25.6860	26.2758	26.8656	27.4546	28.0451
Gr. 11	25.6860	26.2758	26.8656	27.4546	28.0451	28.6336	29.2240
Gr. 12	26.8656	27.4546	28.0451	28.6336	29.2240	29.8124	30.4016
Gr. 13	28.0451	28.6336	29.2240	29.8124	30.4016	30.9914	31.5818
Gr. 14	29.2240	29.8124	30.4016	30.9914	31.5818	32.1709	32.7594
Gr. 15	30.4016	30.9920	31.5818	32.1709	32.7594	33.3479	33.9370

2.00%

2022	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	14.1764	14.7786	15.3788	15.9804	16.5814	17.1836	17.7831
Gr. 2	15.3788	15.9804	16.5814	17.1836	17.7831	18.3841	18.9843
Gr. 3	16.5814	17.1836	17.7831	18.3841	18.9843	19.5865	20.1881
Gr. 4	17.7831	18.3841	18.9843	19.5865	20.1881	20.7890	21.3905
Gr. 5	18.9843	19.5865	20.1881	20.7890	21.3905	21.9908	22.5937
Gr. 6	20.1881	20.7890	21.3905	21.9908	22.5937	23.1940	23.7954
Gr. 7	21.3905	21.9908	22.5937	23.1940	23.7954	24.3970	24.9966
Gr. 8	22.5937	23.1940	23.7954	24.3970	24.9966	25.6002	26.1997
Gr. 9	23.7954	24.3970	24.9966	25.6002	26.1997	26.8013	27.4029
Gr. 10	24.9966	25.6002	26.1997	26.8013	27.4029	28.0037	28.6060
Gr. 11	26.1997	26.8013	27.4029	28.0037	28.6060	29.2063	29.8085
Gr. 12	27.4029	28.0037	28.6060	29.2063	29.8085	30.4087	31.0096
Gr. 13	28.6060	29.2063	29.8085	30.4087	31.0096	31.6112	32.2134
Gr. 14	29.8085	30.4087	31.0096	31.6112	32.2134	32.8144	33.4146
Gr. 15	31.0096	31.6118	32.2134	32.8144	33.4146	34.0149	34.6157

APPENDIX B. CSEA WAGE PLAN (35 HOUR) (CONTINUED)

2.00%

2023	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	14.4600	15.0742	15.6864	16.3000	16.9130	17.5273	18.1388
Gr. 2	15.6864	16.3000	16.9130	17.5273	18.1388	18.7518	19.3640
Gr. 3	16.9130	17.5273	18.1388	18.7518	19.3640	19.9782	20.5918
Gr. 4	18.1388	18.7518	19.3640	19.9782	20.5918	21.2048	21.8183
Gr. 5	19.3640	19.9782	20.5918	21.2048	21.8183	22.4306	23.0455
Gr. 6	20.5918	21.2048	21.8183	22.4306	23.0455	23.6578	24.2714
Gr. 7	21.8183	22.4306	23.0455	23.6578	24.2714	24.8850	25.4965
Gr. 8	23.0455	23.6578	24.2714	24.8850	25.4965	26.1122	26.7237
Gr. 9	24.2714	24.8850	25.4965	26.1122	26.7237	27.3374	27.9510
Gr. 10	25.4965	26.1122	26.7237	27.3374	27.9510	28.5638	29.1781
Gr. 11	26.7237	27.3374	27.9510	28.5638	29.1781	29.7904	30.4046
Gr. 12	27.9510	28.5638	29.1781	29.7904	30.4046	31.0169	31.6298
Gr. 13	29.1781	29.7904	30.4046	31.0169	31.6298	32.2434	32.8577
Gr. 14	30.4046	31.0169	31.6298	32.2434	32.8577	33.4707	34.0829
Gr. 15	31.6298	32.2441	32.8577	33.4707	34.0829	34.6952	35.3080

2.00%

2024	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	14.7492	15.3757	16.0001	16.6260	17.2513	17.8778	18.5016
Gr. 2	16.0001	16.6260	17.2513	17.8778	18.5016	19.1268	19.7513
Gr. 3	17.2513	17.8778	18.5016	19.1268	19.7513	20.3778	21.0037
Gr. 4	18.5016	19.1268	19.7513	20.3778	21.0037	21.6289	22.2547
Gr. 5	19.7513	20.3778	21.0037	21.6289	22.2547	22.8792	23.5064
Gr. 6	21.0037	21.6289	22.2547	22.8792	23.5064	24.1310	24.7568
Gr. 7	22.2547	22.8792	23.5064	24.1310	24.7568	25.3827	26.0064
Gr. 8	23.5064	24.1310	24.7568	25.3827	26.0064	26.6344	27.2582
Gr. 9	24.7568	25.3827	26.0064	26.6344	27.2582	27.8841	28.5100
Gr. 10	26.0064	26.6344	27.2582	27.8841	28.5100	29.1351	29.7616
Gr. 11	27.2582	27.8841	28.5100	29.1351	29.7616	30.3862	31.0127
Gr. 12	28.5100	29.1351	29.7616	30.3862	31.0127	31.6372	32.2624
Gr. 13	29.7616	30.3862	31.0127	31.6372	32.2624	32.8883	33.5148
Gr. 14	31.0127	31.6372	32.2624	32.8883	33.5148	34.1401	34.7645
Gr. 15	32.2624	32.8890	33.5148	34.1401	34.7645	35.3891	36.0142

APPENDIX B. CSEA WAGE PLAN (35 HOUR) (CONTINUED)

2.00%

2025	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	15.0441	15.6832	16.3202	16.9586	17.5963	18.2354	18.8716
Gr. 2	16.3202	16.9586	17.5963	18.2354	18.8716	19.5093	20.1463
Gr. 3	17.5963	18.2354	18.8716	19.5093	20.1463	20.7854	21.4238
Gr. 4	18.8716	19.5093	20.1463	20.7854	21.4238	22.0615	22.6998
Gr. 5	20.1463	20.7854	21.4238	22.0615	22.6998	23.3368	23.9766
Gr. 6	21.4238	22.0615	22.6998	23.3368	23.9766	24.6136	25.2519
Gr. 7	22.6998	23.3368	23.9766	24.6136	25.2519	25.8903	26.5266
Gr. 8	23.9766	24.6136	25.2519	25.8903	26.5266	27.1671	27.8034
Gr. 9	25.2519	25.8903	26.5266	27.1671	27.8034	28.4418	29.0802
Gr. 10	26.5266	27.1671	27.8034	28.4418	29.0802	29.7178	30.3569
Gr. 11	27.8034	28.4418	29.0802	29.7178	30.3569	30.9939	31.6330
Gr. 12	29.0802	29.7178	30.3569	30.9939	31.6330	32.2699	32.9077
Gr. 13	30.3569	30.9939	31.6330	32.2699	32.9077	33.5461	34.1851
Gr. 14	31.6330	32.2699	32.9077	33.5461	34.1851	34.8229	35.4598
Gr. 15	32.9077	33.5461	34.1851	34.8229	35.4598	36.0969	36.7345

2.00%

2026	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	15.3450	15.9969	16.6466	17.2977	17.9482	18.6001	19.2490
Gr. 2	16.6466	17.2977	17.9482	18.6001	19.2490	19.8995	20.5492
Gr. 3	17.9482	18.6001	19.2490	19.8995	20.5492	21.2011	21.8522
Gr. 4	19.2490	19.8995	20.5492	21.2011	21.8522	22.5027	23.1538
Gr. 5	20.5492	21.2011	21.8522	22.5027	23.1538	23.8036	24.4561
Gr. 6	21.8522	22.5027	23.1538	23.8036	24.4561	25.1059	25.7570
Gr. 7	23.1538	23.8036	24.4561	25.1059	25.7570	26.4081	27.0571
Gr. 8	24.4561	25.1059	25.7570	26.4081	27.0571	27.7105	28.3594
Gr. 9	25.7570	26.4081	27.0571	27.7105	28.3594	29.0106	29.6618
Gr. 10	27.0571	27.7105	28.3594	29.0106	29.6618	30.3121	30.9640
Gr. 11	28.3594	29.0106	29.6618	30.3121	30.9640	31.6138	32.2657
Gr. 12	29.6618	30.3121	30.9640	31.6138	32.2657	32.9153	33.5658
Gr. 13	30.9640	31.6138	32.2657	32.9153	33.5658	34.2170	34.8688
Gr. 14	32.2657	32.9153	33.5658	34.2170	34.8688	35.5193	36.1690
Gr. 15	33.5658	34.2177	34.8688	35.5193	36.1690	36.8188	37.4692

APPENDIX B. CSEA WAGE PLAN (40 HOUR)

4.00%

2021	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	12.1611	12.6777	13.1926	13.7087	14.2242	14.7408	15.2551
Gr. 2	13.1926	13.7087	14.2242	14.7408	15.2551	15.7707	16.2856
Gr. 3	14.2242	14.7408	15.2551	15.7707	16.2856	16.8021	17.3182
Gr. 4	15.2551	15.7707	16.2856	16.8021	17.3182	17.8337	18.3498
Gr. 5	16.2856	16.8021	17.3182	17.8337	18.3498	18.8647	19.3819
Gr. 6	17.3182	17.8337	18.3498	18.8647	19.3819	19.8968	20.4128
Gr. 7	18.3498	18.8647	19.3819	19.8968	20.4128	20.9289	21.4432
Gr. 8	19.3819	19.8968	20.4128	20.9289	21.4432	21.9610	22.4753
Gr. 9	20.4128	20.9289	21.4432	21.9610	22.4753	22.9913	23.5073
Gr. 10	21.4432	21.9610	22.4753	22.9913	23.5073	24.0229	24.5394
Gr. 11	22.4753	22.9913	23.5073	24.0229	24.5394	25.0544	25.5710
Gr. 12	23.5073	24.0229	24.5394	25.0544	25.5710	26.0859	26.6014
Gr. 13	24.5394	25.0544	25.5710	26.0859	26.6014	27.1175	27.6340
Gr. 14	25.5710	26.0859	26.6014	27.1175	27.6340	28.1486	28.6645
Gr. 15	26.6014	27.1180	27.6340	28.1496	28.6645	29.1794	29.6949

2.00%

2022	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	12.4044	12.9313	13.4565	13.9828	14.5087	15.0356	15.5602
Gr. 2	13.4565	13.9828	14.5087	15.0356	15.5602	16.0861	16.6113
Gr. 3	14.5087	15.0356	15.5602	16.0861	16.6113	17.1382	17.6645
Gr. 4	15.5602	16.0861	16.6113	17.1382	17.6645	18.1904	18.7168
Gr. 5	16.6113	17.1382	17.6645	18.1904	18.7168	19.2420	19.7695
Gr. 6	17.6645	18.1904	18.7168	19.2420	19.7695	20.2947	20.8211
Gr. 7	18.7168	19.2420	19.7695	20.2947	20.8211	21.3474	21.8721
Gr. 8	19.7695	20.2947	20.8211	21.3474	21.8721	22.4002	22.9248
Gr. 9	20.8211	21.3474	21.8721	22.4002	22.9248	23.4511	23.9775
Gr. 10	21.8721	22.4002	22.9248	23.4511	23.9775	24.5033	25.0302
Gr. 11	22.9248	23.4511	23.9775	24.5033	25.0302	25.5555	26.0824
Gr. 12	23.9775	24.5033	25.0302	25.5555	26.0824	26.6076	27.1335
Gr. 13	25.0302	25.5555	26.0824	26.6076	27.1335	27.6598	28.1867
Gr. 14	26.0824	26.6076	27.1335	27.6598	28.1867	28.7116	29.2378
Gr. 15	27.1335	27.6604	28.1867	28.7126	29.2378	29.7630	30.2888

APPENDIX B. CSEA WAGE PLAN (40 HOUR) (CONTINUED)

2.00%

2023	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	12.6524	13.1899	13.7256	14.2625	14.7988	15.3363	15.8714
Gr. 2	13.7256	14.2625	14.7988	15.3363	15.8714	16.4078	16.9435
Gr. 3	14.7988	15.3363	15.8714	16.4078	16.9435	17.4809	18.0178
Gr. 4	15.8714	16.4078	16.9435	17.4809	18.0178	18.5542	19.0911
Gr. 5	16.9435	17.4809	18.0178	18.5542	19.0911	19.6268	20.1649
Gr. 6	18.0178	18.5542	19.0911	19.6268	20.1649	20.7006	21.2375
Gr. 7	19.0911	19.6268	20.1649	20.7006	21.2375	21.7744	22.3095
Gr. 8	20.1649	20.7006	21.2375	21.7744	22.3095	22.8482	23.3833
Gr. 9	21.2375	21.7744	22.3095	22.8482	23.3833	23.9201	24.4570
Gr. 10	22.3095	22.8482	23.3833	23.9201	24.4570	24.9934	25.5308
Gr. 11	23.3833	23.9201	24.4570	24.9934	25.5308	26.0666	26.6041
Gr. 12	24.4570	24.9934	25.5308	26.0666	26.6041	27.1398	27.6761
Gr. 13	25.5308	26.0666	26.6041	27.1398	27.6761	28.2130	28.7505
Gr. 14	26.6041	27.1398	27.6761	28.2130	28.7505	29.2858	29.8225
Gr. 15	27.6761	28.2136	28.7505	29.2868	29.8225	30.3582	30.8946

2.00%

2024	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	12.9055	13.4537	14.0001	14.5477	15.0948	15.6430	16.1889
Gr. 2	14.0001	14.5477	15.0948	15.6430	16.1889	16.7360	17.2824
Gr. 3	15.0948	15.6430	16.1889	16.7360	17.2824	17.8306	18.3782
Gr. 4	16.1889	16.7360	17.2824	17.8306	18.3782	18.9253	19.4729
Gr. 5	17.2824	17.8306	18.3782	18.9253	19.4729	20.0193	20.5682
Gr. 6	18.3782	18.9253	19.4729	20.0193	20.5682	21.1146	21.6622
Gr. 7	19.4729	20.0193	20.5682	21.1146	21.6622	22.2099	22.7557
Gr. 8	20.5682	21.1146	21.6622	22.2099	22.7557	23.3051	23.8510
Gr. 9	21.6622	22.2099	22.7557	23.3051	23.8510	24.3985	24.9462
Gr. 10	22.7557	23.3051	23.8510	24.3985	24.9462	25.4932	26.0414
Gr. 11	23.8510	24.3985	24.9462	25.4932	26.0414	26.5880	27.1361
Gr. 12	24.9462	25.4932	26.0414	26.5880	27.1361	27.6826	28.2297
Gr. 13	26.0414	26.5880	27.1361	27.6826	28.2297	28.7773	29.3255
Gr. 14	27.1361	27.6826	28.2297	28.7773	29.3255	29.8716	30.4190
Gr. 15	28.2297	28.7778	29.3255	29.8726	30.4190	30.9654	31.5125

APPENDIX B. CSEA WAGE PLAN (40 HOUR) (CONTINUED)

2.00%

2025	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	13.1636	13.7228	14.2801	14.8387	15.3967	15.9559	16.5126
Gr. 2	14.2801	14.8387	15.3967	15.9559	16.5126	17.0707	17.6280
Gr. 3	15.3967	15.9559	16.5126	17.0707	17.6280	18.1872	18.7458
Gr. 4	16.5126	17.0707	17.6280	18.1872	18.7458	19.3038	19.8624
Gr. 5	17.6280	18.1872	18.7458	19.3038	19.8624	20.4197	20.9795
Gr. 6	18.7458	19.3038	19.8624	20.4197	20.9795	21.5369	22.0955
Gr. 7	19.8624	20.4197	20.9795	21.5369	22.0955	22.6541	23.2109
Gr. 8	20.9795	21.5369	22.0955	22.6541	23.2109	23.7712	24.3280
Gr. 9	22.0955	22.6541	23.2109	23.7712	24.3280	24.8865	25.4451
Gr. 10	23.2109	23.7712	24.3280	24.8865	25.4451	26.0031	26.5623
Gr. 11	24.3280	24.8865	25.4451	26.0031	26.5623	27.1197	27.6789
Gr. 12	25.4451	26.0031	26.5623	27.1197	27.6789	28.2362	28.7942
Gr. 13	26.5623	27.1197	27.6789	28.2362	28.7942	29.3528	29.9120
Gr. 14	27.6789	28.2362	28.7942	29.3528	29.9120	30.4690	31.0274
Gr. 15	28.7942	29.3534	29.9120	30.4700	31.0274	31.5847	32.1427

2.00%

2026	Entr. 1	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Gr. 1	13.4269	13.9972	14.5657	15.1355	15.7046	16.2750	16.8429
Gr. 2	14.5657	15.1355	15.7046	16.2750	16.8429	17.4121	17.9806
Gr. 3	15.7046	16.2750	16.8429	17.4121	17.9806	18.5509	19.1207
Gr. 4	16.8429	17.4121	17.9806	18.5509	19.1207	19.6899	20.2596
Gr. 5	17.9806	18.5509	19.1207	19.6899	20.2596	20.8281	21.3991
Gr. 6	19.1207	19.6899	20.2596	20.8281	21.3991	21.9676	22.5374
Gr. 7	20.2596	20.8281	21.3991	21.9676	22.5374	23.1071	23.6751
Gr. 8	21.3991	21.9676	22.5374	23.1071	23.6751	24.2467	24.8146
Gr. 9	22.5374	23.1071	23.6751	24.2467	24.8146	25.3842	25.9540
Gr. 10	23.6751	24.2467	24.8146	25.3842	25.9540	26.5232	27.0935
Gr. 11	24.8146	25.3842	25.9540	26.5232	27.0935	27.6621	28.2325
Gr. 12	25.9540	26.5232	27.0935	27.6621	28.2325	28.8009	29.3701
Gr. 13	27.0935	27.6621	28.2325	28.8009	29.3701	29.9399	30.5102
Gr. 14	28.2325	28.8009	29.3701	29.9399	30.5102	31.0784	31.6479
Gr. 15	29.3701	29.9405	30.5102	31.0794	31.6479	32.2164	32.7856

HEALTH SUMMARY – BLUE CROSS BLUE SHIELD

Benefit Summary for Group:

City of Lockport

Effective Date: 1/1/2021

	PPO 898 ASO		
	In-Network	Out-of-Network	Additional Information
General Information			
Provider Network	PPO Network		
Deductible	N/A	\$250 single / \$500 family	
Deductible Administration Type	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	
Coinsurance	N/A	20% coinsurance after deductible	
Out of Pocket Maximum	\$6,350 single/\$12,700 family	\$2,000 single / \$4,000 family	
Out of Pocket Administration Type	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	
Benefit Administration Date	1/1		
Dependent Coverage			
Dependent Age	26/26		
Dependent Coverage Ends	End of birth month		
Domestic Partner and Children	Not covered		
Prescription Drug Coverage			
Prescription Drugs	\$7/\$15/\$35	Not Covered	
Mail Order	3 copays per 90 day supply	Not Covered	

	PPO 898 ASO		
	In-Network	Out-of-Network	Additional Information
Physician and Other Services			
Primary Office Visit	\$10 copayment	20% coinsurance after deductible	
Specialist Office Visit	\$10 copayment	20% coinsurance after deductible	
Telemedicine	\$10 copayment/\$10 copayment	Not covered	
Allergy Injections	\$10 copayment	20% coinsurance after deductible	
Allergy Testing	\$10 copayment	20% coinsurance after deductible	
Outpatient Surgical Procedures (In physician's office)	\$10 copayment/\$10 copayment	20% coinsurance after deductible	
PCP Copay/Coinsurance for Dependents up to age 19	\$10 copayment	20% coinsurance after deductible	
Specialist Copay/Coinsurance for Dependents up to age 19	\$10 copayment	20% coinsurance after deductible	
Emergency and Urgent Care Services			
Emergency Room	\$50 copayment	Covered as In-network	Prudent layperson language applies. Emergency Room cost-share waived if admitted; Inpatient benefits now apply.
Ambulance	\$50 copayment	Covered as In-network	
Urgent Care Center	\$10 copayment	Covered as In-network	
Preventive Services			
Bone mineral density measurement or test	Covered in full	20% coinsurance after deductible	
Cholesterol Test (lipid panel)	Covered in full	20% coinsurance after deductible	
Immunizations	Covered in full	20% coinsurance after deductible	
Mammogram	Covered in full	20% coinsurance after deductible	
Pap Smear	Covered in full	20% coinsurance after deductible	
Prostate Test (Prostate Specific Antigen "PSA")	Covered in full	20% coinsurance after deductible	
Routine Physical Exam	Covered in full	Not covered	
Well Child Visits	Covered in full	20% coinsurance after deductible	
Hospital Services			
Inpatient Hospital	Covered in full	20% coinsurance after deductible	

PPO 898 ASO			
	In-Network	Out-of-Network	Additional Information
Hospital Services			
Outpatient Surgical Procedure (Facility)	\$10 copayment	20% coinsurance after deductible	Preauth required for certain procedures. Follow Corporate guidelines.
Skilled Nursing Facility	Covered in full	20% coinsurance after deductible	120 days per plan year limit is aggregate of services rendered In-net & OON
Diagnostic Testing Services			
Laboratory Tests	\$10 copayment	20% coinsurance after deductible	
Radiology	\$10 copayment	20% coinsurance after deductible	
Maternity Services			
Physician Services; Prenatal and Postnatal Care (initial visit)	\$10 copayment/\$10 copayment	20% coinsurance after deductible	
Inpatient Maternity	Covered in full	20% coinsurance after deductible	
Mental Health and Substance Abuse			
Inpatient Mental Health	Covered in full	20% coinsurance after deductible	
Outpatient Mental Health	\$10 copayment	20% coinsurance after deductible	
Inpatient Substance Abuse - Rehab	Covered in full	20% coinsurance after deductible	
Inpatient Substance Abuse - Detox	Covered in full	20% coinsurance after deductible	
Outpatient Substance Abuse	\$10 copayment	20% coinsurance after deductible	
Diabetic Supplies and Services			
Diabetic Equipment	\$10 copayment	20% coinsurance after deductible	
Insulin and Other Oral Agents	\$10 copayment	20% coinsurance after deductible	If administered by pharmacy vendor copay is lesser of Rx or office visit copay
Diabetic Medical Supplies (Test strips, Syringes, etc)	\$10 copayment	20% coinsurance after deductible	
Rehabilitation Services			
Chiropractic Care	\$10 copayment/\$10 copayment	20% coinsurance after deductible	
Physical - Occupational - Speech Therapies	\$10 copayment/\$10 copayment	20% coinsurance after deductible	60 visits, aggregate IN & OON with PT/OT/ST, per plan year
Pulmonary Rehabilitation	\$10 copayment/\$10 copayment	20% coinsurance after deductible	24 visits per plan yr in 12 week period; agg IN+OON

	PPO 898 ASO		
	In-Network	Out-of-Network	Additional Information
Additional Services			
Chemotherapy - Outpatient Facility	\$10 copayment	20% coinsurance after deductible	
Durable Medical Equipment	Covered in full	50% coinsurance after deductible	
Home Health Care	\$10 copayment/\$10 copayment	20% coinsurance after deductible	200 Visits IN & OON
Hospice	\$10 copayment/\$10 copayment	20% coinsurance after deductible	Unlimited days per plan yr IN & OON
Prosthetics & orthotics	20% coinsurance	Not covered	
Dialysis	\$10 copayment	20% coinsurance after deductible	
Wellness Card	Not covered	Not covered	
Pediatric Vision Services			
Routine Exam	Covered in full	Not covered	1 every 2 years; 1 per year for under 14 with diagnosed refractive error.
Medical Eye Exam	\$10 copayment/\$10 copayment	20% coinsurance after deductible	
Adult Vision Services			
Routine Exam	Covered in full	Not covered	1 every 2 years; 1 per year for under 14 with diagnosed refractive error.
Medical Eye Exam	\$10 copayment/\$10 copayment	20% coinsurance after deductible	

*Cost share may vary based on place of service for services listed above.

**For a list of Medicare Part D creditable coverage prescription drug plans, please refer to our website.

***This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.

Benefit Summary for Group:**City of Lockport****Effective Date: 1/1/2021**

	POS 298 ASO			
	Core	Plus	OON	Additional Information
General Information				
Provider Network	200 Network			
Deductible	N/A	N/A	\$250 single / \$500 family	
Deductible Adminstration Type	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	
Colnsurance	N/A	N/A	20% colnsurance after deductible	
Out of Pocket Maxlimum	\$6,350 single/\$12,700 family	\$6,350 single/\$12,700 family	\$1,500 single / \$3,000 family	
Out of Pocket Administration Type	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	
Benefit Administration Date	1/1			
Dependent Coverage				
Dependent Age	26/26			
Dependent Coverage Ends	End of birth month			
Domestic Partner and Children	Not covered			
Prescription Drug Coverage				
Prescription Drugs	\$5 copayment/\$5 copayment	\$5 copayment/\$5 copayment		
Mail Order	3 copays per 90 day supply	3 copays per 90 day supply	Not Covered	

	POS 298 ASO			
	Core	Plus	OON	Additional Information
Physician and Other Services				
Primary Office Visit	\$5 copayment	\$0 or \$5 copayment	20% coinsurance after deductible	
Specialist Office Visit	\$10 copayment	\$15 or \$10 copayment	20% coinsurance after deductible	
Telemedicine	\$5	\$0 or \$5	Not covered	
Allergy Injections	\$5/\$10	\$0/\$15 or \$5/\$10	20% coinsurance after deductible	
Allergy Testing	\$5/\$10	\$0/\$15 or \$5/\$10	20% coinsurance after deductible	
Outpatient Surgical Procedures (in physician's office)	\$5/\$10	\$0/\$15 or \$5/\$10	20% coinsurance after deductible	
PCP Copay/Coinsurance for Dependents up to age 19	\$5 copayment	\$0 or \$5 copayment	20% coinsurance after deductible	
Specialist Copay/Coinsurance for Dependents up to age 19	\$10 copayment	\$15 or \$10 copayment	20% coinsurance after deductible	
Emergency and Urgent Care Services				
Emergency Room	\$50 copayment	\$50 copayment	Covered as in-network	Prudent layperson language applies. Emergency Room cost-share waived if admitted; Inpatient benefits now apply.
Ambulance	\$50 copayment	\$50 copayment	Covered as in-network	
Urgent Care Center	\$5	\$0 or \$5	20% coinsurance after deductible	
Preventive Services				
Bone mineral density measurement or test	Covered in full	Covered in full	20% coinsurance after deductible	
Cholesterol Test (lipid panel)	Covered in full	Covered in full	20% coinsurance after deductible	
Immunizations	Covered in full	Covered in full	20% coinsurance after deductible	
Mammogram	Covered in full	Covered in full	20% coinsurance after deductible	
Prostate Test (Prostate Specific Antigen "PSA")	Covered in full	Covered in full	20% coinsurance after deductible	
Routine Physical Exam	Covered in full	Covered in full	Not covered	
Well Child Visits	Covered in full	Covered in full	20% coinsurance after deductible	

	POS 298 ASO			
	Core	Plus	OON	Additional Information
Hospital Services				
Inpatient Hospital	Covered In full	Covered in full	20% coinsurance after deductible	
Outpatient Surgical Procedure (Facility)	\$10	\$15 or \$10	20% coinsurance after deductible	
Skilled Nursing Facility	Covered in full	Covered in full	20% coinsurance after deductible	Unlimited days per plan year aggregate INN & OON
Diagnostic Testing Services				
Laboratory Tests	Covered in full	Covered in full	20% coinsurance after deductible	
Radiology	\$5/\$10 Core \$0/\$15 or \$5/\$10 Plus	\$5/\$10 Core \$0/\$15 or \$5/\$10 Plus	20% coinsurance after deductible	
Maternity Services				
Physician Services: Prenatal and Postnatal Care (Initial visit)	\$5	\$0 or \$5	20% coinsurance after deductible	
Inpatient Maternity	Covered In full	Covered in full	20% coinsurance after deductible	
Mental Health and Substance Abuse				
Inpatient Mental Health	Covered in full	Covered in full	20% coinsurance after deductible	Unlimited visits: Subject to medical necessity
Outpatient Mental Health	\$5	\$0 or \$5	20% coinsurance after deductible	
Inpatient Substance Abuse - Rehab	Covered in full	Covered in full	20% coinsurance after deductible	
Inpatient Substance Abuse - Detox	Covered In full	Covered In full	20% coinsurance after deductible	
Outpatient Substance Abuse	\$5	\$0 or \$5	20% coinsurance after deductible	
Diabetic Supplies and Services				
Diabetic Equipment	\$5	\$0 or \$5	20% coinsurance after deductible	
Insulin and Other Oral Agents	\$5	\$0 or \$5	20% coinsurance after deductible	If administered by pharmacy vendor copay is lesser of Rx or office visit copay
Diabetic Medical Supplies (Test strips, Syringes, etc)	\$5	\$0 or \$5	20% coinsurance after deductible	

	POS 298 ASO			
	Core	Plus	OON	Additional Information
Rehabilitation Services				
Chiropractic Care	\$5 copayment	\$5 copayment	20% coinsurance after deductible	
Physical - Occupational - Speech Therapies	\$10	\$15 or \$10	20% coinsurance after deductible	30 visits, aggregate IN & OON with PT/OT/ST, per plan year
Pulmonary Rehabilitation	\$10	\$15 or \$10	20% coinsurance after deductible	24 visits per year within a 12 week period
Additional Services				
Chemotherapy - Outpatient Facility	\$10	\$15 or \$10	20% coinsurance after deductible	
Durable Medical Equipment	20% coinsurance	20% coinsurance	50% coinsurance after deductible	
Home Health Care	\$10	\$15 or \$10	20% coinsurance after deductible	
Hospice	Covered in full	Covered in full	20% coinsurance after deductible	210 days per cal yr IN & OON aggregate
Prosthetics and orthotics	20% coinsurance	20% coinsurance	Not covered	
Dialysis	Covered in full	Covered in full	20% coinsurance after deductible	
Wellness Card	Not covered	Not covered	Not covered	
Pediatric Vision Services				
Routine Exam	Covered in full	Covered in full	Not covered	1 every 2 years; 1 per year for under 14 with diagnosed refractive error.
Medical Eye Exam	\$10	\$15 or \$10	20% coinsurance after deductible	
Adult Vision Services				
Routine Exam	Covered in full	Covered in full	Not covered	1 every 2 years; 1 per year for under 14 with diagnosed refractive error.
Medical Eye Exam	\$10	\$15 or \$10	20% coinsurance after deductible	

*Cost share may vary based on place of service for services listed above.

**For a list of Medicare Part D creditable coverage prescription drug plans, please refer to our website.

***This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.

Benefit Summary for Group:**City of Lockport****Effective Date: 1/1/2021**

	POS 298			
	Core	Plus	OON	Additional Information
General Information				
Provider Network	200 Network			
Deductible	N/A	N/A	\$250 single / \$500 family	
Deductible Administration Type	Embedded - On family plans, one person cannot exceed the Individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the Individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the Individual deductible and/or out of pocket maximum amount.	
Coinsurance	N/A	N/A	20% coinsurance after deductible	
Out of Pocket Maximum	\$6,350 single/\$12,700 family	\$6,350 single/\$12,700 family	\$1,500 single / \$3,000 family	
Out of Pocket Administration Type	Embedded - On family plans, one person cannot exceed the Individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the Individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the Individual deductible and/or out of pocket maximum amount.	
Benefit Administration Date	1/1			
Dependent Coverage				
Dependent Age	26/26			
Dependent Coverage Ends	End of birth month			
Domestic Partner and Children	Not covered			
Prescription Drug Coverage				
Prescription Drugs	\$7/\$15/\$35	\$7/\$15/\$35		
Mail Order	3 copays per 90 day supply	3 copays per 90 day supply	Not Covered	

	POS 298			
	Core	Plus	OON	Additional Information
Physician and Other Services				
Primary Office Visit	\$5 copayment	\$0 or \$5 copayment	20% coinsurance after deductible	
Specialist Office Visit	\$10 copayment	\$15 or \$10 copayment	20% coinsurance after deductible	
Telemedicine	\$5	\$0 or \$5	Not covered	
Allergy Injections	\$5/\$10	\$0/\$15 or \$5/\$10	20% coinsurance after deductible	
Allergy Testing	\$5/\$10	\$0/\$15 or \$5/\$10	20% coinsurance after deductible	
Outpatient Surgical Procedures (in physician's office)	\$5/\$10	\$0/\$15 or \$5/\$10	20% coinsurance after deductible	
PCP Copay/Coinsurance for Dependents up to age 19	Covered in Full	Covered in Full	20% coinsurance after deductible	
Specialist Copay/Coinsurance for Dependents up to age 19	\$10 copayment	\$15 or \$10 copayment	20% coinsurance after deductible	
Emergency and Urgent Care Services				
Emergency Room	\$50 copayment	\$50 copayment	Covered as In-network	Prudent layperson language applies. Emergency Room cost-share waived if admitted; Inpatient benefits now apply.
Ambulance	\$50 copayment	\$50 copayment	Covered as In-network	
Urgent Care Center	\$5	\$0 or \$5	20% coinsurance after deductible	
Preventive Services				
Bone mineral density measurement or test	Covered in full	Covered in full	20% coinsurance after deductible	
Cholesterol Test (lipid panel)	\$0 per stay	Covered in full	20% coinsurance after deductible	
Immunizations	Covered in full	Covered in full	20% coinsurance after deductible	
Mammogram	Covered in full	Covered in full	20% coinsurance after deductible	
Prostate Test (Prostate Specific Antigen "PSA")	Covered in full	Covered in full	20% coinsurance after deductible	
Routine Physical Exam	Covered in full	Covered in full	Not covered	
Well Child Visits	Covered in full	Covered in full	20% coinsurance after deductible	

	POS 298			
	Core	Plus	ODN	Additional Information
Hospital Services				
Inpatient Hospital	Covered in full	Covered in full	20% coinsurance after deductible	
Outpatient Surgical Procedure (Facility)	\$10	\$15 or \$10	20% coinsurance after deductible	
Skilled Nursing Facility	Covered in full	Covered in full	20% coinsurance after deductible	Unlimited Days
Diagnostic Testing Services				
Laboratory Tests	Covered in full	Covered in full	20% coinsurance after deductible	
Radiology	\$5/\$10 Core \$0/\$15 or \$5/\$10 Plus	\$5/\$10 Core \$0/\$15 or \$5/\$10 Plus	20% coinsurance after deductible	
Maternity Services				
Physician Services: Prenatal and Postnatal Care (Initial visit)	\$5	\$0 or \$5	20% coinsurance after deductible	
Inpatient Maternity	Covered in full	Covered in full	20% coinsurance after deductible	
Mental Health and Substance Abuse				
Inpatient Mental Health	Covered in full	Covered in full	20% coinsurance after deductible	Unlimited visits: Subject to medical necessity
Outpatient Mental Health	\$5	\$0 or \$5	20% coinsurance after deductible	
Inpatient Substance Abuse - Rehab	Covered in full	Covered in full	20% coinsurance after deductible	
Inpatient Substance Abuse - Detox	Covered in full	Covered in full	20% coinsurance after deductible	
Outpatient Substance Abuse	\$5	\$0 or \$5	20% coinsurance after deductible	
Diabetic Supplies and Services				
Diabetic Equipment	\$5	\$0 or \$5	20% coinsurance after deductible	
Insulin and Other Oral Agents	See Comments	See Comments	20% coinsurance after deductible	If administered by pharmacy vendor copay is lesser of Rx or office visit copay
Diabetic Medical Supplies (Test strips, Syringes, etc)	\$5	\$0 or \$5	20% coinsurance after deductible	

	POS 298			
	Core	Plus	OON	Additional Information
Rehabilitation Services				
Chiropractic Care	\$5 copayment	\$5 copayment	20% coinsurance after deductible	
Physical - Occupational - Speech Therapies	\$10	\$15 or \$10	20% coinsurance after deductible	30 visits, aggregate IN & OON with PT/OT/ST, per plan year
Pulmonary Rehabilitation	\$10	\$15 or \$10	20% coinsurance after deductible	24 visits per year within a 12 week period
Additional Services				
Chemotherapy - Outpatient Facility	\$10	\$15 or \$10	20% coinsurance after deductible	
Durable Medical Equipment	20% coinsurance	20% coinsurance	50% coinsurance after deductible	
Home Health Care	\$10	\$15 or \$10	20% coinsurance after deductible	
Hospice	Covered In full	Covered in full	20% coinsurance after deductible	210 days per cal yr IN & OON aggregate
Prosthetics and orthotics	20% coinsurance	20% coinsurance	Not covered	
Dialysis	Covered In full	Covered In full	20% coinsurance after deductible	
Wellness Card	Not covered	Not covered	Not covered	
Pediatric Vision Services				
Routine Exam	Covered In full	Covered in full	Not covered	1 every 2 years; 1 per year for under 14 with diagnosed refractive error.
Medical Eye Exam	\$10	\$15 or \$10	20% coinsurance after deductible	
Adult Vision Services				
Routine Exam	Covered In full	Covered In full	Not covered	1 every 2 years; 1 per year for under 14 with diagnosed refractive error.
Medical Eye Exam	\$10	\$15 or \$10	20% coinsurance after deductible	

*Cost share may vary based on place of service for services listed above.

**For a list of Medicare Part D creditable coverage prescription drug plans, please refer to our website.

***This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.

Benefit Summary for Group:**City of Lockport****Effective Date: 1/1/2021**

	POS 298			
	Core	Plus	OON	Additional Information
General Information				
Provider Network	200 Network			
Deductible	N/A	N/A	\$500 single / \$1,000 family	
Deductible Administration Type	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	
Coinsurance	N/A	N/A	25% coinsurance after deductible	
Out of Pocket Maximum	\$6,350 single/\$12,700 family	\$6,350 single/\$12,700 family	\$2,500 single / \$5,000 family	
Out of Pocket Administration Type	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	
Benefit Administration Date	1/1			
Dependent Coverage				
Dependent Age	26/26			
Dependent Coverage Ends	End of birth month			
Domestic Partner and Children	Not covered			
Prescription Drug Coverage				
Prescription Drugs	\$7/\$15/\$35	\$7/\$15/\$35		
Mail Order	3 copays per 90 day supply	3 copays per 90 day supply	Not Covered	

	POS 298			
	Core	Plus	OON	Additional Information
Physician and Other Services				
Primary Office Visit	\$10 copayment	\$0 or \$5 copayment	25% coinsurance after deductible	
Specialist Office Visit	\$10 copayment	\$20 or \$15 copayment	25% coinsurance after deductible	
Telemedicine	\$10	\$0 or \$5	Not covered	
Allergy Injections	\$10/\$10	\$0/\$20 or \$5/\$15	25% coinsurance after deductible	
Allergy Testing	\$10/\$10	\$0/\$20 or \$5/\$15	25% coinsurance after deductible	
Outpatient Surgical Procedures (in physician's office)	\$10/\$10	\$0/\$20 or \$5/\$15	25% coinsurance after deductible	
PCP Copay/Coinsurance for Dependents up to age 19	Covered In Full	Covered In Full	25% coinsurance after deductible	
Specialist Copay/Coinsurance for Dependents up to age 19	\$10 copayment	\$20 or \$15 copayment	25% coinsurance after deductible	
Emergency and Urgent Care Services				
Emergency Room	\$50 copayment	\$50 copayment	Covered as in-network	Prudent layperson language applies. Emergency Room cost-share waived if admitted; Inpatient benefits now apply.
Ambulance	\$50 copayment	\$50 copayment	Covered as in-network	
Urgent Care Center	\$10	\$0 or \$5	25% coinsurance after deductible	
Preventive Services				
Bone mineral density measurement or test	Covered in full	Covered in full	25% coinsurance after deductible	
Cholesterol Test (lipid panel)	Covered in full	Covered in full	25% coinsurance after deductible	
Immunizations	Covered in full	Covered in full	25% coinsurance after deductible	
Mammogram	Covered in full	Covered in full	25% coinsurance after deductible	
Prostate Test (Prostate Specific Antigen "PSA")	Covered in full	Covered in full	25% coinsurance after deductible	
Routine Physical Exam	Covered in full	Covered in full	Not covered	
Well Child Visits	Covered in full	Covered in full	25% coinsurance after deductible	

	POS 298			
	Core	Plus	OON	Additional Information
Hospital Services				
Inpatient Hospital	Covered in full	Covered in full	25% coinsurance after deductible	
Outpatient Surgical Procedure (Facility)	\$10	\$20 or \$15	25% coinsurance after deductible	
Skilled Nursing Facility	Covered in full	Covered in full	25% coinsurance after deductible	Unlimited days per plan year aggregate INN & OON
Diagnostic Testing Services				
Laboratory Tests	Covered in full	Covered in full	25% coinsurance after deductible	
Radiology	\$10/\$10	\$0/\$20 or \$5/\$15	25% coinsurance after deductible	
Maternity Services				
Physician Services: Prenatal and Postnatal Care (Initial visit)	\$10	\$0 or \$5	25% coinsurance after deductible	
Inpatient Maternity	Covered in full	Covered in full	25% coinsurance after deductible	
Mental Health and Substance Abuse				
Inpatient Mental Health	Covered in full	Covered in full	25% coinsurance after deductible	
Outpatient Mental Health	\$10	\$0 or \$5	25% coinsurance after deductible	
Inpatient Substance Abuse - Rehab	Covered in full	Covered in full	25% coinsurance after deductible	
Inpatient Substance Abuse - Detox	Covered in full	Covered in full	25% coinsurance after deductible	
Outpatient Substance Abuse	\$10	\$0 or \$5	25% coinsurance after deductible	
Diabetic Supplies and Services				
Diabetic Equipment	\$10	\$0 or \$5	25% coinsurance after deductible	
Insulin and Other Oral Agents	\$10	\$0 or \$5	25% coinsurance after deductible	If administered by pharmacy vendor copay is lesser of Rx or office visit copay
Diabetic Medical Supplies (Test strips, Syringes, etc)	\$10	\$0 or \$5	25% coinsurance after deductible	

	POS 298			
	Core	Plus	OON	Additional Information
Rehabilitation Services				
Chiropractic Care	\$10 copayment	\$10 copayment	25% coinsurance after deductible	
Physical - Occupational - Speech Therapies	\$10	\$20 or \$15	25% coinsurance after deductible	30 visits, aggregate IN & OON with PT/OT/ST, per plan year
Pulmonary Rehabilitation	\$10	\$20 or \$15	25% coinsurance after deductible	24 visits per year within a 12 week period
Additional Services				
Chemotherapy - Outpatient Facility	\$10	\$20 or \$15	25% coinsurance after deductible	
Durable Medical Equipment	50% coinsurance	50% coinsurance	50% coinsurance after deductible	
Home Health Care	\$10	\$20 or \$15	25% coinsurance after deductible	Respiratory Therapy: OON= full patient responsibility.
Hospice	Covered in full	Covered in full	25% coinsurance after deductible	210 days per cal yr IN & OON aggregate
Prosthetics and orthotics	Not covered	Not covered	Not covered	
Dialysis	Covered in full	Covered in full	25% coinsurance after deductible	
Wellness Card	Not covered	Not covered	Not covered	
Pediatric Vision Services				
Routine Exam	Covered in full	Covered in full	Not covered	1 every 2 years; 1 per year for under 14 with diagnosed refractive error.
Medical Eye Exam	\$10	\$20 or \$15	25% coinsurance after deductible	
Adult Vision Services				
Routine Exam	Covered in full	Covered in full	Not covered	1 every 2 years; 1 per year for under 14 with diagnosed refractive error.
Medical Eye Exam	\$10	\$20 or \$15	25% coinsurance after deductible	

*Cost share may vary based on place of service for services listed above.

**For a list of Medicare Part D creditable coverage prescription drug plans, please refer to our website.

***This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.

Benefit Summary for Group:**City of Lockport****Effective Date: 1/1/2021**

	POS 298 ASO			
	Core	Plus	OON	Additional Information
General Information				
Provider Network	200 Network			
Deductible	N/A	N/A	\$500 single / \$1,000 family	
Deductible Administration Type	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	
Coinsurance	N/A	N/A	25% coinsurance after deductible	
Out of Pocket Maximum	\$6,350 single/\$12,700 family	\$6,350 single/\$12,700 family	\$2,500 single / \$5,000 family	
Out of Pocket Administration Type	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	
Benefit Administration Date	1/1			
Dependent Coverage				
Dependent Age	26/26			
Dependent Coverage Ends	End of birth month			
Domestic Partner and Children	Not covered			
Prescription Drug Coverage				
Prescription Drugs	\$7/\$15/\$35	\$7/\$15/\$35		
Mail Order	3 copays per 90 day supply	3 copays per 90 day supply	Not Covered	

	POS 298 ASO			
	Core	Plus	OON	Additional Information
Physician and Other Services				
Primary Office Visit	\$15 copayment	\$10 or \$15 copayment	25% coinsurance after deductible	
Specialist Office Visit	\$15 copayment	\$20 or \$15 copayment	25% coinsurance after deductible	
Telemedicine	\$15	\$10 or \$15	Not covered	
Allergy Injections	\$15/\$15	\$10/\$20 or \$15/\$15	25% coinsurance after deductible	
Allergy Testing	\$15/\$15	\$10/\$20 or \$15/\$15	25% coinsurance after deductible	
Outpatient Surgical Procedures (in physician's office)	\$15/\$15	\$10/\$20 or \$15/\$15	25% coinsurance after deductible	
PCP Copay/Coinsurance for Dependents up to age 19	Covered in Full	Covered in Full	25% coinsurance after deductible	
Specialist Copay/Coinsurance for Dependents up to age 19	\$15 copayment	\$20 or \$15 copayment	25% coinsurance after deductible	
Emergency and Urgent Care Services				
Emergency Room	\$50 copayment	\$50 copayment	Covered as In-network	Prudent layperson language applies. Emergency Room cost-share waived if admitted; Inpatient benefits now apply.
Ambulance	\$50 copayment	\$50 copayment	Covered as in-network	
Urgent Care Center	\$15	\$10 or \$15	25% coinsurance after deductible	
Preventive Services				
Bone mineral density measurement or test	Covered in full	Covered in full	25% coinsurance after deductible	
Cholesterol Test (lipid panel)	Covered in full	Covered in full	25% coinsurance after deductible	
Immunizations	Covered in full	Covered in full	25% coinsurance after deductible	
Mammogram	Covered in full	Covered in full	25% coinsurance after deductible	
Prostate Test (Prostate Specific Antigen "PSA")	Covered in full	Covered in full	25% coinsurance after deductible	
Routine Physical Exam	Covered in full	Covered in full	Not covered	
Well Child Visits	Covered in full	Covered in full	25% coinsurance after deductible	

	POS 298 ASO			
	Core	Plus	ODN	Additional Information
Hospital Services				
Inpatient Hospital	\$250 per admission, not to exceed \$250 single/\$500 family	\$250 per admission, not to exceed \$250 single/\$500 family	25% coinsurance after deductible	
Outpatient Surgical Procedure (Facility)	\$15	\$20 or \$15	25% coinsurance after deductible	
Skilled Nursing Facility	\$250 per admission, not to exceed \$250 single/\$500 family	\$250 per admission, not to exceed \$250 single/\$500 family	25% coinsurance after deductible	
Diagnostic Testing Services				
Laboratory Tests	Covered in full	Covered in full	25% coinsurance after deductible	
Radiology	\$15/\$15	\$10/\$20 or \$15/\$15	25% coinsurance after deductible	
Maternity Services				
Physician Services: Prenatal and Postnatal Care (Initial visit)	\$15	\$10 or \$15	25% coinsurance after deductible	
Inpatient Maternity	Covered in full	Covered in full	25% coinsurance after deductible	
Mental Health and Substance Abuse				
Inpatient Mental Health	\$250 per admission, not to exceed \$250 single/\$500 family	\$250 per admission, not to exceed \$250 single/\$500 family	25% coinsurance after deductible	Unlimited visits: Subject to medical necessity
Outpatient Mental Health	\$15	\$10 or \$15	25% coinsurance after deductible	
Inpatient Substance Abuse - Rehab	\$250 per admission, not to exceed \$250 single/\$500 family	\$250 per admission, not to exceed \$250 single/\$500 family	25% coinsurance after deductible	
Inpatient Substance Abuse - Detox	\$250 per admission, not to exceed \$250 single/\$500 family	\$250 per admission, not to exceed \$250 single/\$500 family	25% coinsurance after deductible	
Outpatient Substance Abuse	\$15	\$10 or \$15	25% coinsurance after deductible	
Diabetic Supplies and Services				
Diabetic Equipment	\$15	\$10 or \$15	25% coinsurance after deductible	
Insulin and Other Oral Agents	\$15	\$10 or \$15	25% coinsurance after deductible	If administered by pharmacy vendor copay is lesser of Rx or office visit copay
Diabetic Medical Supplies (Test strips, Syringes, etc)	\$15	\$10 or \$15	25% coinsurance after deductible	

	POS 298 ASO			
	Core	Plus	OON	Additional Information
Rehabilitation Services				
Chiropractic Care	\$15 copayment	\$15 copayment	25% coinsurance after deductible	
Physical - Occupational - Speech Therapies	\$15	\$20 or \$15	25% coinsurance after deductible	30 visits, aggregate IN & OON with PT/OT/ST, per plan year
Pulmonary Rehabilitation	\$15	\$20 or \$15	25% coinsurance after deductible	24 visits per year within a 12 week period
Additional Services				
Chemotherapy - Outpatient Facility	\$15	\$20 or \$15	25% coinsurance after deductible	
Durable Medical Equipment	50% coinsurance	50% coinsurance	50% coinsurance after deductible	
Home Health Care	\$15	\$20 or \$15	25% coinsurance after deductible	
Hospice	Covered in full	Covered in full	25% coinsurance after deductible	210 days per cal yr IN & OON aggregate
Prosthetics and orthotics	Not covered	Not covered	Not covered	
Dialysis	Covered in full	Covered in full	25% coinsurance after deductible	
Wellness Card	Not covered	Not covered	Not covered	
Pediatric Vision Services				
Routine Exam	Covered in full	Covered in full	Not covered	1 every 2 years; 1 per year for under 14 with diagnosed refractive error.
Medical Eye Exam	\$15	\$20 or \$15	25% coinsurance after deductible	
Adult Vision Services				
Routine Exam	Covered in full	Covered in full	Not covered	1 every 2 years; 1 per year for under 14 with diagnosed refractive error.
Medical Eye Exam	\$15	\$20 or \$15	25% coinsurance after deductible	

*Cost share may vary based on place of service for services listed above.

**For a list of Medicare Part D creditable coverage prescription drug plans, please refer to our website.

***This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.

MEDICARE PLANS



Medicare Sales: 1-855-215-9237 (TTY 711)

Monday-Friday: 8 a.m. - 5 p.m.

GROUP NAME: City of Lockport Retirees

GROUP NUMBER: 00407399

PLAN NAME: Forever Blue 799 (PPO) Plan 11 (2021)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$5	\$20
Specialist	\$15	\$20
Radiation therapy	\$15	\$20
Emergency room (waived if admitted)	\$50	\$50
Urgent care (waived if admitted)	\$50	\$50
Ambulance	\$25	\$25
Telemedicine – Doctor on Demand®	Covered in full	Covered in full
More than 20 preventive services	In-Network	Out-of-Network
Flu shots – Part B	Covered in full	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	\$20
All other preventive screenings and tests	Covered in full	\$20
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient)	\$100 / 1 copay max per year	20%
Observation	\$50	\$50
Outpatient surgery – hospital	\$35	\$50
Outpatient surgery – ambulatory center	\$35	\$50
Home health care	Covered in full	\$10
Skilled nursing facility (100 days per benefit period)	\$100 / 1 copay max per year	20%
Dialysis	Covered in full	Inside service area: 20% for non-participating providers. Outside service area: \$0 for non-participating providers.
Mental health / chemical dependence services	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	\$100 / 1 copay max per year	20%
Mental health (outpatient)	\$40	30%
Mental health (with psychiatrist)	\$20	30%
Alcohol substance abuse (inpatient)	\$100 / 1 copay max per year	20%
Alcohol substance abuse (outpatient)	20%	30%
Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	Covered in full	\$20
X-rays	\$15	\$20

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Advanced radiology — MRI, MRA, PET, and CT	\$15	\$20
Rehabilitation services	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$15	\$20
Chiropractor	\$15	\$20
Cardiac rehab	\$15	\$20
Vision	In-Network	Out-of-Network
Routine vision exam	\$15	20%
Medical vision exam	\$15	\$20
Allowance (lenses and frames)	\$200 annual allowance	
Hearing	In-Network	Out-of-Network
Routine hearing exam — TruHearing™	\$45	\$45
Diagnostic hearing exam	\$15	\$20
Hearing aid benefit — TruHearing™	\$699/\$999	
Dental	In-Network	Out-of-Network
Dental	\$200 annual allowance	
Supplies, equipment, and devices	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; 20% all other items	30%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	30%
Diabetic supplies — Part B	Covered in full	30%
Fitness program	In-Network	Out-of-Network
SilverSneakers ("Steps" program included)®	Covered in full Covered in full	
Prescription drugs — Part B	In-Network	Out-of-Network
Immunosuppressive drugs	Covered in full	Covered in full
Oral chemotherapy drugs	Covered in full	Covered in full
Physician administered injectables	Covered in full	20%
Nebulizer inhalation solution	20%	20%
Part B drugs (other)	20%	30%
Prescription drugs — Part D	In-Network	Out-of-Network
Prescription drug (Rx)	\$0/\$10/\$20/\$40/\$40	
Mail order	Tier 1 - Tier 5: 2 copays for a 90 day supply	
Shingles vaccine	Covered in full	
Coverage gap/donut hole	No coverage gap	
General product information	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$3,000	N/A
Combined out-of-pocket maximum	\$3,000	
Prescription deductible	N/A	

BlueCross BlueShield of Western New York (BCBSWNY) is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. BCBSWNY is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association. SilverSneakers® is a registered trademark of Tivity Health, Inc. Tivity Health is an independent company that administers the SilverSneakers gym benefit. Doctor On Demand® is a separate company that provides telemedicine services to BCBSWNY members. TruHearing® is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the hearing-aid benefit. Other pharmacies/providers are available in our network. Out-of-network/non-contracted providers are under no obligation to treat BlueCross BlueShield of Western New York members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. BCBSWNY complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-735-4515 (TTY 711) 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 1-833-735-4515 (TTY 711)



Medicare Sales: 1-855-215-9237 (TTY 711)

Monday-Friday: 8 a.m. - 5 p.m.

GROUP NAME: City of Lockport Retirees

GROUP NUMBER: 00407399

PLAN NAME: Forever Blue 799 (PPO) Plan 13 (OOA) (2021)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$10	\$10
Specialist	\$20	\$20
Radiation therapy	\$20	\$20
Emergency room (waived if admitted)	\$50	\$50
Urgent care (waived if admitted)	\$50	\$50
Ambulance	\$50	\$50
Telemedicine – Doctor on Demand®	Covered in full	Covered in full
More than 20 preventive services	In-Network	Out-of-Network
Flu shots – Part B	Covered in full	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	Covered in full
All other preventive screenings and tests	Covered in full	Covered in full
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
Observation	\$50	\$50
Outpatient surgery – hospital	\$50	\$50
Outpatient surgery – ambulatory center	\$35	\$35
Home health care	Covered in full	Covered in full
Skilled nursing facility (100 days per benefit period)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
Dialysis	Covered in full	Inside service area: 20% for non-participating providers. Outside service area: \$0 for non-participating providers.
Mental health / chemical dependence services	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
Mental health (outpatient)	\$40	\$40
Mental health (with psychiatrist)	\$20	\$20
Alcohol substance abuse (inpatient)	\$250 / 1 copay max per year combined	\$250 / 1 copay max per year combined
Alcohol substance abuse (outpatient)	20%	20%
Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	Covered in full	Covered in full
X-rays	\$20	\$20

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Advanced radiology — MRI, MRA, PET, and CT	\$30	\$30
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Chiropractor	\$20	\$20
Cardiac rehab	\$20	\$20
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Allowance (lenses and frames)	\$200 annual allowance	
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Durable medical equipment	\$0 compression stockings; 20% all other items	20%
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Diabetic supplies — Part B	Covered in full	Covered in full
Fitness program	In-Network	Out-of-Network
SilverSneakers ("Steps" program included)®	Covered in full Covered in full	
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Nebulizer inhalation solution	20%	20%
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Prescription drugs — Part D	In-Network	Out-of-Network
Prescription drug (Rx)	\$0/\$10/\$20/\$40/\$40	
Mail order	Tier 1 - Tier 5: 2 copays for a 90 day supply	
Shingles vaccine	Covered in full	
Coverage gap/donut hole	No coverage gap	
General product information	In-Network	Out-of-Network
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Combined out-of-pocket maximum	\$3,400	
Prescription deductible	N/A	

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