

CITY OF NIAGARA FALLS, NEW YORK

LABOR RELATIONS COMMITTEE

NIAGARA FALLS POLICE CLUB, INC.

2019-25 MEMORANDUM OF AGREEMENT

1. **Term (§12.07)**: 1/1/19 through 12/31/25.
2. **Base Pay (§6.01)**: Increase pay accordingly - 2019 – 0%; 2020 – 2%; 2021 – 2%; 2022 – 2%; 2023 - 2%; 2024 – 2%, and; 2025 – 2%.
3. **Longevity (§6.03)**: – Effective December 31, 2020, longevity shall be increased by \$2,000.00 at each of the 3, 5, 10, 15, 17, 20, 25 and 30 year increments.
4. **New Employees** (whose date of hire follows execution of this agreement):

New employees must choose one of the following

- A. **Modified Active Plan** with 15% contribution to premium
 - Managed Pharmacy
 - Opt-out payment equal to contribution amount, with \$1,500/\$3,500 maximum
 - B. **Alternate Co-pay Plan** with 10% contribution to premium
 - Managed Pharmacy
 - Opt-out payment equal to contribution amount, with \$1,500/\$3,500 maximum
5. **Health Insurance (§10.01 (A))** (Active Employees)
- A. **Prescription Drug**: Adjust member co-pay from \$1/\$5/\$5 to \$1/\$15/\$30.
 - B. **Primary/Specialist Office Visit**: Adjust member co-pay from \$10 to \$15.
 - C. **Emergency Room Visit**: Adjust member co-pay from \$35 to \$75.
 - D. **Out-of-Pocket Maximum**: Adjust from Unlimited to \$2,500/\$5,000 (s/f).
 - E. **Medical Opt-out Payment**: For all active employees, cap payment at \$5,000 single/\$10,000 family.

6. **Retirement Benefits (New - Article 7)** – Add language that will provide that an officer retiring from service shall have the option of receiving all accruals owed to him, including but not limited to compensatory time off, personal leave, accrued vacation, etc. either 100% at the date of the retirement, 50% at date of retirement with the remainder to be paid out in January of the following year or 25% at the date of retirement and then 25% in January of the next three succeeding years.
7. **Time Off (§5.07)** – Delete the fourth sentence of this section and replace with the following: “However, a unit commander will grant time off to one additional officer if the request is for personal leave.”
8. **Critical Incident Response Pay (New – Article 6)**: Effective January 1, 2021, members will receive a one-time payment of \$300.00 for Critical Incident Response Pay (CIRP); at that time, CIRP shall be rolled into the employee’s base wage.
9. **Vacation (§9.02 (G))**: Delete the following language: “...except as limited in Section 9.02 (F) above.”
10. **“Pittman Schedule”** – The City and the Police Club will continue to negotiate toward the future implementation of a “Pittman” 12 hour shift schedule. The parties will meet regularly to review the viability of the schedule, develop scheduling protocols, implementation strategies and creation of trial procedures.
11. **Continuity**: All other terms and conditions not specifically mentioned herein that are contained in the parties collective bargaining agreement shall remain unchanged and in full force and effect.

Dated: November 28, 2018

City of Niagara Falls, NY

Niagara Falls Police Club

Paul A. Dyster
Mayor

Michael Lee
President

Medical Benefits

Benefit	Blue Cross Blue Shield Plan
Office Visits	\$15
Pediatric Primary Care Visits	Covered in Full
Routine Physicals	\$15
Well Child Visits	Covered in Full
Diagnostic X-rays	Covered in Full
Lab Testing	Covered in Full
Chiropractic Care	\$15
MRI	Covered in Full
Specialist Visits	\$15
Maternity Care	Covered in Full (after co-pay for initial visit)
Gynecological Office Visits	\$15
Mammograms	Covered in Full
Pap Smears	Covered in Full
Inpatient Stays	Covered in Full
Outpatient Surgery Facility	Covered in Full
Chemotherapy, Radiation Therapy, Inhalation Therapy	\$15
Cardiac Rehabilitation (24 visits per year)	\$15
Occupational, Speech, Physical Therapy	\$15
Emergency Room Visit (waived if admitted)	\$75
Emergency Ambulance	Covered in Full
Mental Health Inpatient (30 days per year)	Covered in Full
Mental Health Outpatient (60 visits per year)	50% PPO Allowance
Inpatient Detoxification (detox only)	Covered in Full
Outpatient Substance Abuse (60 visits per year)	\$15
Diabetic Supplies and Equipment	\$15
Durable Medical Equipment	20% Co-pay
Home Health Care (in-network unlimited visits)	\$15
Hospice (210 days)	\$15
Prosthetic Devices	20% Co-pay
Skilled Nursing Facility (non-custodial)	Covered in Full (50 days)
Prescription Drugs (no co-pay for generic contraceptives)	\$1/\$15/\$30
Vision Care	
Exam	\$15
Frames	\$0 Co-pay (\$100 maximum)
Lenses	\$0 Co-pay
Contact Lenses	\$0 Co-pay (\$100 maximum)
Dependent/Student Coverage to Age	26/26

Out of Network	
Deductible	\$250/\$500
Coinsurance	80% - 20%
Out of Pocket Maximum	\$2,500 - \$5,000
Lifetime Maximum	Unlimited

Dental Benefit Plan

Benefit	In-Network	Out-of-Network
Preventive & Diagnostic Services Including: Exams Cleanings X-rays	100%	100% of In-network Allowance
Basic Services Including: Fillings Periodontics Endodontics Crowns	100%	100% of In-network Allowance
Major Services Including: Bridges Partial & Full Dentures	100%	100% of In-network Allowance
Orthodontia	50%	50% of In-network Allowance

EyeMed Vision Care Plan

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	\$10 Co-pay	Up to \$35
Frames: Any Available Frame at Provider Location	45% of the Usual and Customary Charges up to \$130 Plus 20% off Balance over \$130	N/A
Standard Plastic Lenses:		
Single Vision	\$35	N/A
Bifocal	\$55	N/A
Trifocal	\$90	N/A
Lenticular	\$90	N/A
Lens Options:		
UV Coating	\$12	N/A
Tint (Solid and Gradient)	\$12	N/A
Standard Scratch Resistance	\$15	N/A
Standard Polycarbonate	\$35	N/A
Standard Progressive (add-on to bifocal)	\$45	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other Add-ons and Services	20% Discount	N/A
Contact Lenses:		
Conventional (discount applied to materials only)	15% off Retail Price	N/A
Laser Vision Correction:		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off Promotional Price	N/A
Frequency:		
Examination	Once Every 12 Months	
Frame	Unlimited	
Lenses or Contact Lenses	Unlimited	

CITY OF NIAGARA FALLS OT01/PPO 898
ALTERNATE CO-PAY PLAN*

OFFICE VISIT COPAY	\$25
SPECIALIST OFFICE VISIT	\$40
LABORATORY SERVICES	\$40
CO-INSURANCE	NONE
DEDUCTABLE (S/F)	IN NETWORK - \$0 OUT OF NETWORK - \$500/\$1,000
OUT OF POCKET MAXIMUM (S/F)	\$6,350/\$12,700
OUT OF NETWORK OOP MAX (S/F)	\$5,000/\$10,000
PREVENTATIVE SERVICES	\$0
PRESCRIPTION DRUG	\$7/\$25/\$40
INPATIENT HOSPITAL BENEFITS	\$500
EMERGENCY ROOM	\$150
URGENT CARE	\$75
AMBULANCE	\$150
OUTPATIENT SURGERY	\$100

***EMPLOYEE WILL CONTRIBUTE 10% OF THE PREMIUM**