# TOWN OF EAST GREENWICH, RHODE ISLAND AND INTERNATIONAL BROTHERHOOD OF POLICE OFFICERS

**LOCAL NUMBER 472** 

(Covering Non-Police Employees)

**AGREEMENT** 

**FOR** 

JULY 1, 2022 TO JUNE 30, 2025

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#### **AGREEMENT**

Pursuant to the provisions of Title 28 of the General laws of the State of Rhode Island, as amended, entitled "Labor and Labor Relations, as Amended, and Providing for the Settlement of Disputes Between Municipal Employees (Except Policemen, Firefighters and Certified Public School Teachers) and Municipal Employers", this AGREEMENT is made and entered into this 23 day of August, 2022, by and between the TOWN of EAST GREENWICH, acting through its Town Manager, herein referred to as "the Town", and LOCAL NUMBER 472, International Brotherhood of Police Officers, herein referred to as "the Union".

#### ARTICLE 1

#### **SECTION 1 - RECOGNITION**

The Town hereby recognizes and acknowledges that Local Number 472, International Brotherhood of Police Officers, is the exclusive bargaining agent for all Non-Police employees employed as regular full-time personnel of the Police Department of the Town of East Greenwich, for the purposes of collective bargaining and entering into agreements relative to wages and rates of pay, hours, assignments, working conditions and other terms and conditions of employment.

#### ARTICLE 2

#### SECTION 1 -UNION SECURITY

All Non-Police employees employed as regular full-time personnel by the Police Department of the Town of East Greenwich shall have the right to voluntarily join the Union or refrain from so joining.

A member may choose (1) to become a Union member and pay membership dues, or (2) pay to the I.B.P.O. an agency service fee in the amount determined by the I.B.P.O. or (3) opt to not pay either membership dues or agency service fee. If the employee chooses this option, he/she will neither be a member or entitled to representation from the I.B.P.O.

#### **SECTION 2 - DUES DEDUCTIONS**

<u>A.</u> Upon receipt of an individually signed authorization by an employee covered by the terms of the Agreement of the Police Department and approved by the Union President, the Town agrees to deduct regular dues or voluntary agency service fee from the bi-weekly salary due such member and shall forward such deductions to the International Brotherhood of Police Officers, 159 Burgin Parkway, Quincy, Massachusetts 02169-4213, Attention of the Comptroller, or as designated in writing by the Union Executive Committee. However, if an employee has no check coming to him or her, or the check is not large enough to satisfy the assignment, then and in that event, no deduction will be made from said employee for that week. It is further agreed that, if the Union should increase its bi-weekly dues or agency service fee payment by its members, upon written authorization from the Union President, said deductions shall be made in the amount of said certification. Notification from the Union of any dues change shall be provided the Town thirty (30) days prior to its effective date and such change shall be incorporated in this Agreement as an addendum thereto and shall appear as "Addendum Number One" properly executed and attached thereto. The Union agrees to hold the Town harmless against any and all claims, suits, orders and judgments brought or issued against the Town as a result of the deduction of Union dues or an agency fee under this Article 2.

#### B. Failure to Pay Dues or Agency Service Fee.

The rights of any member who elect not to pay either union membership dues or agency service fee shall be governed by the provisions of R.I.G.L. §28-9.4, as amended.

#### **ARTICLE 3**

#### **SECTION 1- MANAGEMENT RIGHTS**

It is agreed by the parties hereto that the town of East Greenwich shall retain the exclusive rights to: direct, supervise, hire, promote, discharge, suspend, discipline, transfer, assign, schedule and retain employees, relieve employees from duties because of lack of work or lack of funds, to determine methods, processes, means, job classifications and personnel by which operations are to be conducted pursuant to the Town's Home Rule Charter and any and all other applicable rules, regulations, ordinances or laws governing employees of the Town of East Greenwich. The Town

shall retain the right to issue rules and regulations, orders and policies governing the operation and conduct of the Police Department members covered by this agreement.

#### ARTICLE 4

#### SECTION 1 - SENIORITY

The Non-Police employees of the Police Department shall have seniority rights in grade based upon length of employment, and said seniority, insofar as practical, shall prevail with regard to promotional appointments, holidays, vacations, overtime or transfers. However, in the case of promotional appointment to a vacancy in any grade or position, the employee must meet the qualifications as set forth for the position in accordance with the Personnel Rules and Regulations of the Town of East Greenwich. Effective January 1 of each year, all Dispatchers of the Police Department shall have the right to bid dispatch shifts by seniority. All other Non-Police positions shall be filled when there is a vacancy.

#### **SECTION 2 - SENIORITY DETERMINATION**

The seniority of a Non-Police employee of the Police Department covered by this Agreement shall be determined by the length of time, in grade where applicable, said employee has been employed as a full-time permanent employee of the Town of East Greenwich Police Department. In the event that more than one employee was appointed on the same day, the senior employee will be the individual who, by application date for employment, first filed for employment with the Town of East Greenwich.

#### **SECTION 3 - SENIORITY LIST**

A permanent and up-to-date seniority list shall be posted and maintained on a bulletin board at Police Department Headquarters for the benefit and information of all Non-Police employees, and all future seniority questions shall be resolved in accordance therewith.

#### ARTICLE 5

#### **SECTION 1 - VACANCIES**

In the event a vacancy occurs above the lowest employment grade in the Town's employ, all vacancies for Non-Police employees in the Police Department shall be filled by appointment by

the Town Manager in accordance with Section 4040 of the Home Rule Charter of the Town of East Greenwich and in accordance with the intent of the Personnel Rules and Regulations of the Town of East Greenwich.

#### **ARTICLE 6**

#### SECTION 1 - CHANGE IN WORK SCHEDULE

Except in an emergency when such is determined to exist by the Chief of Police, any employee covered by the terms and conditions of this Agreement will receive a one (1) week notice to any change in his or her work schedule.

#### ARTICLE 7

#### **SECTION 1 - GRIEVANCE PROCEDURE**

A grievance is defined as a complaint by an individual member or the Union that there has been a violation, misinterpretation, misapplication of the provisions of this Agreement or an established past practice; or if there is a health and safety issue that cannot be resolved; or if a member is disciplined and the member feels that the discipline was administered without just cause.

The following grievance procedure shall be followed:

- 1. When an employee covered by this Agreement is of the opinion that he or she has a grievance, he or she shall, in writing, within seventy-two (72) hours of the occurrence or being aggrieved, bring it to the attention of the Union Steward.
- 2. The Union Steward will present the grievance to the Union Executive Committee which shall consist of three (3) elected officials of the Union. If the Executive Committee feels that the grievance is justified, it shall then appoint a representative of said Committee to arrange a meeting, within three (3) days thereof, with the Chief of Police and present the grievance in writing. In no event shall a request for a meeting between the Chief and a representative of the Executive Committee be requested later than six (6) days after the occurrence. If a grievant is to be interviewed by the Chief or his or her designee regarding the alleged grievance, he or she shall have the right to select a member of the Union to be present during the interview.

- 3. The Chief of Police, after investigation of the alleged grievance, shall deliver his or her favorable or unfavorable decision, in writing, back to said representative within five (5) working days of said meeting. If the decision of the Chief of Police is unfavorable, the grievance may then be submitted by the Executive Committee in writing to the Town Manager, who shall meet with the Executive Committee, or its representative, within three (3) working days from the date of receipt of said grievance.

  Following this meeting, and within ten (10) days from the date thereof, the Town Manager shall deliver his or her decision in writing to the Executive Committee, or its representative, either in person or by mail.
- 4. If the decision of the Town Manager is unfavorable, the grievance may then be submitted by the Executive Committee to arbitration within five (5) days from the date of receipt of the reply from the Town Manager.
- 5. It is expressly understood by the parties hereto that the Non-Police employees of the Police Department shall have no right to engage in any work stoppage, slowdown or strike. Any and all issues or grievances shall be resolved by the grievance and arbitration procedures set forth herein.
- 6. No employee shall be disciplined without just cause.

#### **SECTION 1 - ARBITRATION**

Within five (5) days from the expiration of the period set forth in Article 7, Section 1, hereof, the Town and the Union shall appoint an arbitrator to represent them, and each shall notify the other of the name of the person so designated by it as its representative, who shall then meet and appoint a third disinterested person who shall act as Chairman of the Board of Arbitrators. In the event that the two (2) representatives cannot agree upon the third disinterested person within five (5) days, then they shall request the assignment of an arbitrator by the American Arbitration Association or the Federal Mediation and Conciliation Service.

In lieu of the above, the Town and Union may agree to have the grievance decided by a single arbitrator.

1. In all cases involving a grievance which is submitted to the Arbitration

Board or Arbitrator, the individual or individuals having the grievance shall be required to attend and present his or her grievance. Such individual or individuals shall further be entitled to representation by legal counsel of his or her own choosing.

- 2. Any decision handed down by a majority of the Arbitration Board or Arbitrator shall be final and binding upon the parties hereto, except for any matter or matters involving salary and wage negotiations.
- 3. The authority of the Arbitration Board or the Arbitrator, as the case may be, in grievance arbitration shall be that of interpreting the contract and not making the contract.
- 4. All costs and expenses of the impartial arbitrator shall be shared equally by the parties hereto.

#### **ARTICLE 9**

#### **SECTION 1 - WORK CYCLE**

The work week of Animal Control Officer (ACO), Parking Control Officer (PCO), Terminal Agency Coordinator (TAC), Detective Secretary and Special Assistant to the Chief shall consist of a seven (7) day cycle of five (5) consecutive work days (Monday through Friday) followed by two (2) consecutive days off (Saturday through Sunday). Those employees who work a five (5) and two (2) work schedule shall receive twelve (12) additional days off plus thirteen (13) holidays off per year. The ACO, PCO, TAC, Detective Secretary and Special Assistant to the Chief shall have a one-hour unpaid lunch.

Dispatchers shall have a work cycle that consists of a six (6) day cycle of four (4) consecutive eight (8) hour work days followed by two (2) consecutive days off. Dispatchers shall work through their designated lunch period at their work station.

#### **SECTION 2 - OVERTIME**

For Dispatchers and any other employees who work a four (4) and two (2) schedule, all hours worked in excess of four (4) consecutive eight (8) hours days actually worked, and in excess of eight (8) hours in any one (1) day actually worked, shall be compensated at the rate of time and one-half. The overtime rate for employees who work a four (4) and two (2) schedule shall be

computed on the basis of the average weekly hours worked in their work cycle. For those employees who work a five (5) and two (2) schedule, all hours actually worked in excess of five (5) consecutive seven (7) hour days actually worked, and in excess of seven (7) hours in one day actually worked, shall be compensated at the rate of time and one-half. No employee shall be paid twice for the same overtime hours worked.

All dispatching overtime opportunities shall be offered first to Dispatchers according to seniority. If no Dispatcher is available, overtime shall be offered to all other qualified members of this (non-police) bargaining unit that elects to work dispatch overtime on a seniority basis. In the event no one accepts the overtime, and the shift must be filled in accordance with the department's minimum manning policy (as governed by the IBPO Local 472 Police Agreement), the overtime shall then be offered to Police Officers. If after all aforementioned employees refuse the overtime and an order back is necessary, dispatchers will be ordered back first and then other qualified members of this bargaining unit that have elected to work dispatch overtime based upon seniority. Based upon the duties and responsibilities of the Terminal Agency Coordinator, that position shall be exempt from any order back. The Dispatcher/bargaining unit member, if ordered back to work, shall receive time and one-half pay. "Ordered back" means being directed to return to work by a Supervisor or Acting Officer in Charge and not shift fill-ins or other such fill-ins through normal seniority.

#### **CALL BACK**

Employees covered by this Agreement who get called back to work shall be compensated a minimum of four (4) hours regardless of the time actually spent on duty. Any employee called back to duty shall be compensated at the overtime rate. Call back shall only be authorized by the Chief of Police or his designee.

#### **SECTION 3 - OTHER DUTY**

The Town agrees that Non-Police employees of the Police Department will not be assigned or transferred to other departments of the Town except in performance of duties currently done in the Police Department.

#### SECTION 1 - COLLECTIVE BARGAINING AND NEGOTIATING COMMITTEE

All employees covered by this Agreement who are duly elected officers of Local Number 472, International Brotherhood of Police Officers, or who are appointed as members of said Union's collective bargaining and negotiating committee, not to exceed four (4), shall be allowed time off with pay for official Union business in negotiations and/or conferences with the Town Administration when such business is reasonably required to be conducted during working hours.

#### **ARTICLE 11**

#### SECTION 1 - REGIONAL MEETING, I.B.P.O.

It is agreed by the parties hereto that the President of Local Number 472, International Brotherhood of Police Officers, shall be allowed five (5) days off per annum, without being deducted from the individual's vacation time, without loss of pay, or being required to make up said time, to attend noon regional meetings of the International Brotherhood of Police Officers.

#### **ARTICLE 12**

#### **SECTION 1 - TWO SHIFTS IN ONE DAY**

No member of the bargaining unit shall work more than two (2) consecutive shifts in any twenty-four (24) hour period except if there is an emergency declared by the State of Rhode Island or the Town. Details are excluded from the two (2) consecutive shift within twenty-four (24) hour requirement.

#### **ARTICLE 13**

#### SECTION 1 - REVIEW OF PERSONNEL FILE

Each employee of the Police Department covered by this Agreement shall have the privilege of a periodic review of his or her personnel file.

The Service Jacket and/or personnel file of the member of the bargaining unit which is kept by the Police Department and/or Personnel Department, will have expunged from its contents any disciplinary action after a period of three (3) years from the date of the disciplinary action provided during the interim period, the member has no further departmental violations. Written notification by the member must be made to the Town Manager and the Chief of Police or their designee

#### **ARTICLE 14**

#### **SECTION 1 - MEMBER MATERIALS**

Each employee of the Police Department covered by this Agreement shall be provided a copy of this Agreement. The Police Department shall have available a copy of the personnel manual covering all Town employees which may be reviewed by each employee upon approval of the Chief.

#### ARTICLE 15

#### **SECTION 1 - UNIFORMS**

Each Non-Police employee of the Police Department that is required by the Chief of Police to wear a uniform during his or her hours of work shall receive the following uniform allowance and maintenance:

The Parking Control Officer and the Animal Control Officer uniform allowance shall be \$1,550.00 per year. Dispatcher and Terminal Agency Coordinator uniform allowance shall be \$950.00 per year. The maintenance allowance for the Parking Control Officer and the Animal Control Officer shall be \$1,465.00 per year, and the maintenance allowance for Dispatchers and Terminal Agency Coordinator shall be \$1,050.00 per year.

All expenditures shall be kept on a card file available to the involved employee and each employee required to wear a uniform may purchase items and accessories required wherever desired, as long as the uniforms purchased are standard in color, grade, and material meeting the approval of the Chief of Police. The Town of East Greenwich shall replace, or repair if deemed advisable, all uniform equipment and clothing damaged in the line of duty.

#### **SECTION 2 - INSPECTION**

Each Non-Police employee of the Police Department that receives a uniform allowance and a uniform maintenance allowance in accordance with the provisions of Article 15, Section 1, of this Agreement shall be required to stand inspection before the Chief of Police to assure that all members are neat appearing and well groomed while on duty in uniform, and, further to assure that all articles of clothing shall conform to the Department uniform requirements as established by the Chief of Police. In the event it is determined by the Chief of Police that an employee is not wearing any article that conforms to the Department uniform requirements, the Chief of Police shall order that item, or items, replaced with a proper article, or articles, of clothing, for which the employee shall not be reimbursed from the uniform allowance account.

#### **ARTICLE 16**

#### **SECTION 1 - HOLIDAYS**

The following shall be paid holidays for all Non-Police employees of the Police Department covered by this Agreement:

New Years Day January 1

Martin Luther King Day 3<sup>rd</sup> Monday in January

Washington's Birthday 3rd Monday in February

Easter On date observed

Rhode Island Independence Day May 4

Memorial Day Last Monday in May

Independence Day July 4

V.J. Day 2<sup>nd</sup> Monday in August

Labor Day 1st Monday in September

Columbus Dav 2<sup>nd</sup> Monday in October

Veteran's Day November 11

Thanksgiving Day 4th Thursday in November

Christmas Day December 25

Any employee who is absent on leave without pay shall not be paid for any official holidays.

#### **SECTION 2 - HOLIDAY RECOGNITION**

If any holiday included in Article 16, Section 1, should fall on a Saturday or\_Sunday, it shall be observed and recognized as such on the following Monday.

#### **SECTION 3 - HOLIDAY PAY**

Holiday pay shall be twelve (12) hours of the Employee's weekly salary and shall be paid over and above the weekly salary whether he/she works or not. Employees who work on a holiday as set forth in Article 16, Section 1, shall be paid at the rate of time and one-half (1½) for the hours actually worked up to eight (8) hours, in addition to the twelve (12) hours holiday pay.

#### **ARTICLE 17**

#### **SECTION 1 - VACATIONS**

Non-police Employees of the Police Department covered by this Agreement shall be entitled to an annual leave period as follows:

- 1. Upon completion of one (1) year of service thirteen (13) working days.
- 2. Upon completion of five (5) years of continuous service -seventeen (17) working days.
- 3. Upon completion of ten (10) years of continuous service -twenty-one (21) working days.
- 4. Upon completion of fifteen (15) years of continuous service -twenty-five (25) working days.
- 5. Upon completion of twenty (20) years of continuous service twenty-seven (27) working days.
- 6. Upon completion of twenty-five (25) years or more of continuous service twenty-nine (29) working days.

Annual leave shall be granted in accordance to the above scheduled. Dispatchers must schedule/request their vacation time no less than eight (8) hours before their scheduled shifts begins. All vacation time except for up to ten (10) days must be taken during the calendar year in which it is credited or be forfeited as of December 31 of that year. Up to ten (10) days may be carried over to the next year and must be used prior to October I of that year or be forfeited. The Chief of Police shall be specifically charged with the approval of the scheduling of this vacation "carryover" to assure that the staffing requirements of the Department are maintained at levels

satisfactory to his or her determination and contractual requirements. Further, the employee will be allowed to sell back, at his/her regular rate of pay, a maximum of sixteen (16) unused vacation days at the end of each year. No annual leave shall be granted for a period exceeding fifteen (15) consecutive full working days and all annual leave shall be scheduled by the Chief of Police who shall give due consideration to the needs of the service and the ability of the remaining staff to perform the work of the Department.

Upon voluntary termination of service with the Town, or layoff, an employee who has completed one (1) year's continuous service shall be paid all accrued annual leave. New members of the Department shall not be eligible for vacation until they have served for at least twelve (12) months. Employees shall accrue vacation from one year to be taken the following year. If employed after October 1 of any year, they shall be allowed to take accumulated vacation beginning the January after the completion of the first full year of employment. Vacation shall accrue on a basis of two-thirds of a day's vacation for each month worked from October to December, but not to exceed two (2) working days.

#### **ARTICLE 18**

#### **SECTION 1 - SALARY SCHEDULE**

Employees covered by this Agreement shall be paid an annual salary based upon their individual class of employment in accordance with the following schedule. Administration of the Classification and Pay Plan shall be in accordance with the terms and conditions of the Town's Personnel Manual.

#### Wage/Salary Schedule

3% Salary Increase July 1, 2022

3% Salary Increase July 1, 2023

3% Salary Increase July 1, 2024

Regular Non-Police personnel of the Police Department of the Town of East Greenwich shall be paid on a bi-weekly basis, 26 pay-periods, in accordance with the following salary schedule:

FY 2023- July 1,2022					
Position Description	Step 1	Step 2	Step 3	Step 4	Step 5
Dispatcher	\$ 40,482.40	\$ 42,505.02	\$ 44,629.61	\$ 47,118.84	\$ -
Animal Control Officer	\$ 41,911.67	\$ 43,877.05	\$ 45,941.51	\$ 48,360.29	\$ -
Parking Control Officer	\$ 40,482.40	\$ 42,505.02	\$ 44,629.61	\$ 47,118.84	\$ -
Terminal Agency Coordinator	\$ 56,436.06	\$ -	\$ -	\$ -	\$ -
Detective Secretary	\$ 38,057.83	\$ 39,975.97	\$ 41,947.98	\$ 44,054.58	\$ 46,319.15
Special Assist to the Police Chief	\$ 46,316.36	\$ 48,367.95	\$ 50,968.40	\$ 52,766.02	\$ 55,114.85
					<u> </u>

#### **SCHEDULE A**

FY 2024- July 1, 2023

Position Description	Step 1	Step 2 after First Yr	Step 3 after 2 Years	Step 3 after 2 Years	Step 3 after 2 Years
Dispatcher	\$ 42,506.52	\$ 44,630.28	\$ 46,861.10	\$ 49,474.79	\$ -
Animal Control Officer	\$ 45,744.02	\$ 47,768.36	\$ 49,894.76	\$ 52,386.10	\$ -
Parking Control Officer	\$ 41,696.87	\$ 43,780.18	\$ 45,968.50	\$ 48,532.41	\$ -
Terminal Agency Coordinator	\$ 59,257.87	\$ -	\$ -	\$ -	ş -
Detective Secretary	\$ 39,199.56	\$ 41,175.25	\$ 43,206.42	\$ 45,376.21	\$ 47,708.72
Special Assist to the Police Chief	\$ 47,705.85	\$ 49,818.99	\$ 52,497.46	\$ 54,349.00	\$ 56,768.29

#### **SCHEDULE A**

FY 2025- July 1, 2024

Position Description	Step 1	Step 2 after First Yr	Step 3 after 2 Years	Step 3 after 2 Years	Step 3 after 2 Years
Dispatcher	\$ 43,781.71	\$ 45,969.18	\$ 48,266.93	\$ 50,959.03	\$ -
Animal Control Officer	\$ 47,116.34	\$ 49,201.41	\$ 51,391.60	\$ 53,957.68	\$ -
Parking Control Officer	\$ 42,947.77	\$ 45,093.58	\$ 47,347.56	\$ 49,988.38	ş -
Terminal Agency Coordinator	\$ 61,035.60	\$ -	\$ -	\$ -	\$ -
Detective Secretary	\$ 40,375.55	\$ 42,410.51	\$ 44,502.62	\$ 46,737.50	\$ 49,139.98
Special Assist to the Police Chief	\$ 49,137.03	\$ 51,313.56	\$ 54,072.38	\$ 55,979.47	\$ 58,471.34

All increases above First Step shall be based upon the following schedule and move to the next weekly pay according to the following:

- 2<sup>nd</sup> Step Completion of probationary period 52 weeks
- 3<sup>rd</sup> Step 52 weeks from completion of previous step
- 4th Step 52 weeks from completion of previous step

#### **SECTION 2 - PATROL ASSIGNMENTS**

It is agreed by the parties hereto that in the event a Non-Police employee covered by this Agreement is assigned to a normal regular police officer patrol duty for a full shift or greater, said individual shall be paid for such full shift duty, or greater, at the rate of salary as set for a Third-Class Officer. Said Third Class Officer rate to be that which is currently in effect as shown under Article 20, Section 1 - Wage/Salary Schedule of the Working Agreement then in effect between the Town of East Greenwich and the International Brotherhood of Police Officers, Local Number 472, covering regular officers of the Town of East Greenwich Police Department.

#### **SECTION 3 - LONGEVITY PAY**

Non-Police employees of the Police Department shall receive longevity pay based upon terms of service in the employ of the Town as follows: (Percentages are based on annual salary only. Longevity pay shall be disbursed on the first pay period of December.) Any member who separates from the Town shall receive their longevity pro-rated.

Effective July 1, 2003, the longevity shall be as follows:

<u>SERVICE</u>	RATE
3 years to 5 years	3.5%
6 years to 10 years	4%
11 years to 15 years	4.5%
16 years to 20 years	5%
21 years to 25 years	5.5%
26+ years	6%

Effective July 1, 2014, the longevity for all new employees hired on or after this date shall be a fixed scale as shown below:

<u>SERVICE</u>	<u>rate</u>
5 years to 8 years	\$1,400
9 years to 11 years	\$1,650
12 years	\$1,800
13 years to 20 years	\$1,950
21 years to 25 years	\$2,200
26+ years	\$2,400

Effective July 1, 2023, the longevity for all employees shall be as shown below:

<u>SERVICE</u>	RATE
5 years	4.5%
11 years to 15 years	5%
16 years 20 years	5.5%
21 years to 25 years	6%
26+ years	6.5%

Effective July 1, 2024, the longevity for all employees shall be as shown below:

SERVICE	RATE
5 years	5%
11 years to 15 years	5.5%
16 years 20 years	6%
21 years to 25 years	6.5%
26+ years	7%

#### **SECTION 1 - RETIREMENT AND PENSIONS**

All full-time permanent Non-Police employees of the Police Department of the Town of East Greenwich covered by this agreement shall be members of the State of Rhode Island Municipal Employees Retirement System, Chapter 45-21, R.I.G.L. and COLA Plan C 45-21-52, R.I.G.L. beginning from their date of hire.

The contribution of the employees covered by this Agreement to the pension plan shall be the amount required by the legislation. The Town of East Greenwich shall contribute the balance.

#### **SECTION 1 - BEREAVEMENT LEAVE**

- A. In the event of death of a father, mother, wife, husband, brother, sister, son, daughter, such employee shall be entitled to leave of absence with pay from the time of notification from the employee to the police department, not to exceed five (5) working days.
- B. In the event of death of a Grandparent, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, step-father, step-mother, step-child, step-brother, step-sister, foster parents or foster children of the employee or the employee's spouse, domestic partner, such employee shall be entitled to leave of absence with pay from the time of notification from the employee to the police department, not to exceed four (4) working days.
- C. In the event of death of an aunt, uncle, cousin, niece or nephew, related by blood, or a brother-in-law or sister-in-law, the employee shall be entitled to leave of absence with pay from the time of notification from the employee to the police department, leave shall not exceed two (2) working days.

#### **ARTICLE 21**

#### **SECTION 1 - FAMILY ILLNESS LEAVE**

In the event of a serious illness, an employee upon direction of the family physician, shall be granted leave for attendance upon members of the immediate family. Not more than three (3) working days with pay shall be granted to the employee for this purpose, said three (3) working days when used shall be charged to sick leave. The Chief of Police may require evidence as to the need for the presence of the employee. In the event that the employee may be required to attend to a member of the family for longer than three (3) consecutive working days, said employee will be offered Family and Medical Leave providing they have worked 1,250 hours during the twelve (12) months prior to the start of the leave. A physician's note may be required whether or not the employee elects FMLA.

#### **SECTION 1 - INOCULATION EXPENSE**

The Town of East Greenwich agrees to pay all expenses for inoculation of uniformed employees covered by this Agreement and the employee's family residing in his or her household when necessary as a result of the employee's exposure to contagious disease in the line of normal duty.

#### **ARTICLE 23**

#### **SECTION 1 - MEDICAL INSURANCE**

Section 1. Health Insurance.

The Town of East Greenwich agrees to carry and pay for accidental health insurance policy covering each regular member of the Non-Police and his or her family by providing coverage in an amount no less than that provided by Blue Cross Blue Shield of Rhode Island, Blue Solutions High Deductible Plan, with a Health Savings Account (H S A) or a Health Reimbursable Account (HRA). A copy of said benefits is attached hereto as Exhibit A.

#### Health Savings Account (HSA)

- a. Family Health Savings Account, HSA: This HSA Blue Cross Blue Shield of Rhode Island, Blue Solutions HDHP Plan shall include a \$4,000 annual deductible, of which the Town contributes 50% of deductible (\$2,000) on behalf of the member to a member's private HSA. The Town further agrees to front load the employee's portion of the deductible (\$2,000) and then thereafter the employee will contribute, by payroll deduction on a pretax basis or by lump sum, up to \$2,000 per year for the family medical coverage outlined in Exhibit A attached hereto. Once the deductible is met, the Plan covers 100% of medical expenses as delineated in Attachment A.
- b. Individual Health Savings Account, HSA: This HSA Blue Cross Blue Shield of Rhode Island, Blue Solutions HDHP Plan shall include a \$2,000 annual deductible, of which the Town contributes 50% of deductible (\$1,000) on behalf of the member to a member's private HSA. The Town further agrees to front load the employee's portion of the

deductible (\$1,000) and then thereafter the employee will contribute, by payroll deduction on a pre-tax basis or by lump sum, up to \$1,000 per year for the individual medical coverage outlined in Exhibit A attached hereto. Once the deductible is met, the Plan covers 100% of medical expenses as delineated in Attachment A.

- c. Those employees not selecting the Health Savings Account and subscribing to the Health Reimbursable Account \$2000/\$4000 HDHP, the Town will self-insure the first 50% of the deductible with the balance being the responsibility of the member.
- d. Any employee leaving within five months of the beginning of the fiscal year shall have any remaining co-pay not repaid, deducted from his last payroll/vacation/sick check.

For those employees who are grandfathered in, the deductible will continue with the schedule below:

HSA/HRA Family Plan Co-pay	HSA/HRA Individual Plan Co-pay
\$1,500.00 per year toward deductible	\$750.00 per year toward deductible

As of July 1, 2022, employees shall contribute a co-share towards the cost of healthcare premiums or working rates in accordance with the following schedule:

Employee Co-Share & Deductible Requirements	Effective 7/1/2022	Effective 7/1/2023	Effective 7/1/2024
Blue Solutions Health Plan	\$500	\$750	\$1000
Deductible Contribution			
Family	\$2,000	\$2,000	\$2,000
Individual	\$1,000	\$1,000	\$1,000

Co-share(s) on the health premium or working rates will be deducted through twenty-four (24) equal payroll deductions during the plan year. During months with three (3) pay dates, deductions will occur only in the first two (2).

#### **SECTION 1 - DELTA DENTAL PLAN**

The Town shall provide each Non-Police employee of the Police Department and their family with the Delta Dental plan of Rhode Island with an annual maximum of \$2,000 per calendar year per member. The plan will include the following services: Preventive & Diagnostic, Basic & Minor Restorative, Major Restorative & Implants and Orthodontics with a lifetime max of \$1200. Please see Exhibit A for more details.

Employees with dependent children are covered up until the end of the year that they turn age 19. Dependent children who are students over age 19 are covered as long as they stay in school or up until the end of the year that they turn 23. The Plan also contains a Maximum Carry Over Provision of \$250 when the employee has received at least one preventive visit during the year. The employee will also be eligible for a network bonus of \$100.

For Employees hired after July 1, 1994, the Town shall pay the cost of 85% of said dental care benefits.

For Employees hired after July 1, 1997 the Town shall pay the cost of 80% of said dental care benefits.

The above benefits shall be provided in accordance with the rules, regulations, terms and conditions of the company with whom the policy is carried.

#### **ARTICLE 25**

#### **SECTION 1 - LIFE INSURANCE POLICY**

The Town of East Greenwich will pay the full premium for \$80,000 Group Term Life Insurance coverage on the life of each employee covered by this Agreement, said \$80,000 value to be reduced to \$10,000 upon retirement of any employee covered by this Agreement with service credit of twenty (20) years or more. Said life insurance shall be administered in accordance with the terms and conditions of the carrier. The Town shall provide a copy of the Life Insurance Policy to every member covered under this agreement. In the event the Town changes life insurance companies, members will be provided with an updated copy.

IRC Section 79 provides an exclusion for the first \$50,000 of group-term life insurance coverage provided under a policy carried direct or indirectly by an employer. The imputed cost of coverage in excess of \$50,000 must be included in income, using the IRS premium table and are subject to social security and Medicare taxes.

#### **ARTICLE 26**

#### **SECTION 1 - OTHER BENEFITS**

- 1. <u>Jury Service or Court Leave</u> Employees covered by the Agreement who are required by due process of law to render jury service or court service shall submit all such fees to the Town Treasurer and shall receive their regular pay during such period and the time spent in such service shall be reported as jury service or court leave. Mileage allowances for such service may be retained by the employee.
- 2. <u>Civic Duties</u> All employees covered by this Agreement entitled to vote at National, State, Municipal or Special Elections shall, when necessary, be allowed sufficient time off with pay to exercise this right, provided the voting employee lives and votes in East Greenwich, or the voting employee would be unable to vote unless given such time off. Permission to do so shall be obtained from the Chief of Police, or his or her designee.
- 3. Extended Leave of Absence Extended or emergency leave of absence shall be granted on the recommendation of the Chief of Police. This rule of employment shall apply to all employees of the Police Department covered by this Agreement. The Chief of Police may require the reason or reasons for such request, along with the expected duration of the requested leave, in writing, prior to the Chief's approval. Any employee requesting an extended or emergency leave of absence shall designate a specified period of time which the leave of absence is to cover, and in the event such leave of absence is requested for reasons of physical disability, it shall be required that the employee's physician submit all pertinent Family and Medical Leave paperwork to Personnel which will include the nature of the disability and the time for which such leave of absence is requested.
- 4. <u>Military Leave</u> Upon approval of the Chief of Police, any employee covered by this Agreement of the Police Department at the time he or she is called to active duty with the Armed Forces of the United States may be granted a leave of absence from his or her employment with the Town. Upon his or her being released from service with the Armed

Forces, such employee shall be re-employed by the Town in the capacity in which he or she was employed at the time of departure, if such re-employment is approved by the Town Manager and/or Chief of Police that such employee is physically and mentally suited to perform the required duties, provided such employee makes an application to the Chief of Police for re-employment. Such application must be made within thirty (30) days following termination of service with the Armed Forces. No leave of absence shall be granted any employee who voluntarily leaves the employ of the Police Department for the purpose of becoming a member of the Armed Forces except in time of national emergency. All employees covered by this Agreement, who are members of the National Guard or any of the reserve components of the Armed Forces of the United States, shall be entitled to leave of absences from their respective duties on all days during which they shall be engaged in field or coast defense training, on all days of parade or encampment when ordered or authorized by proper authority to duty with troops, field exercise or for instruction. All such employees shall receive regular pay during such absences less the compensation received for such service.

- 5. Special Leave with Pay Employees covered by this Agreement may be granted special leave with pay and actual expenses to attend professional conferences, conventions or short schools, or to visit other communities in the interest of the Town, as may be authorized by the Chief of Police, for which proper appropriation has been made. Such employees shall submit an itemized list of expenses for such travel for which they may be reimbursed. Any requests for such special leave shall be in writing and submitted to the Chief of Police or his designee with the nature of the leave, cost and location, clearly identified, prior to the leave requested.
- 6. <u>Administrative Leave</u> -During times of severe storms, when roads may be impassable, etc., administrative leave may be granted to employees covered by this Agreement at the discretion of the Chief of Police or Town Manager. Leave of this nature shall be with pay and shall not be chargeable against accrued sick or annual leave.
- 7. Employee Reimbursement/Educational Incentive- Upon successful completion of any course approved by the Town Manager and for which a grade of B or better is received, the Employer will reimburse the employee for 90% of tuition, lab, registration fees and books of any course related to the duties of the employee's position. The maximum amount of payment shall be up to \$1,500 per person in a single fiscal year, less any aid or

- financial assistance from any source received by the employee. The decision by the Town Manager of whether or not to reimburse is not a grievable event.
- 8. Sick Leave All employees covered by this Agreement will receive one and one fourth (1¼ days a month or fifteen (15) days a year for sick leave, which they can accumulate from year to year to a maximum of one-hundred twenty (120) days. When an employee dies or retires, the Town will pay to the employee or their estate, as the case may be, for all unused accumulated sick leave credited to the employee on the date of death or retirement, but not in an excess of forty (40) working days. Sick leave shall be for the purpose of permitting an employee to be relieved of his or her duties during actual illness and may not be used under any other circumstances. In the event the Chief of Police perceives a pattern of sick leave abuse, he or she may require any member of this Agreement who absents themselves from duty because of a medical problem to produce, after six (6) sick leave days in any calendar year, a certificate from a medical doctor stating the nature of the illness. If an employee uses four (4) sick days or less per year, he or she will receive two (2) comp days, as approved by the Chief of Police. The two (2) days referenced above shall be taken in the following fiscal year.
- 9. Sick Leave Bank -Each employee who reaches the maximum accumulation of sick leave of one hundred twenty days (120) days shall have any additional sick days, beyond the one hundred twenty (120) days maximum allowed under the collective bargaining agreement, placed into the Sick Leave Bank. Should an employee go below the one hundred twenty (120) day limit, he or she shall continue to accumulate days to his or her credit up to one hundred twenty (120) days and any days thereafter shall be credited to the Sick Leave Bank. The maximum allowable days that shall be in the Sick Leave Bank will be one hundred 100 days. The Bank may be charged for sick leave required, in case of major illness or accident, beyond the accumulated sick leave held by the involved applicant and such charge shall commence only after the employee applicant's accumulated sick leave and vacation leave, except for forty (40) hours, has been exhausted.

The Sick Leave Bank shall be administered by a committee consisting of two (2) members, the Town Manager and the Association President or his or her designees. The committee shall determine individual eligibility for the use of the Bank, the amount of leave to be granted and its decision to allocate days shall be in writing. Decisions of the Sick Leave Bank Committee shall be final and binding and not subject to the grievance procedure.

- 7. Disability or Injury Leave An employee who is injured while performing the duties of his or her position, without fault or negligence on his or her part, or who comes in contact with persons or animals afflicted with any infectious or contagious disease or who shall be required to handle any culture, collection or aggregation of agents capable of producing known disease and shall contact such disease, shall be allowed such leave with pay that is covered by this Agreement. Compensation shall consist of payment of all bills incurred as a direct and necessary result of such injury, bills which are not compensable by any insurer or voluntary health program, and continuation of salary while such incapacity exists, or until the employee is placed on disability retirement. This provided that, when an employee receives disability retirement payments and salary payments for the same period of time, he or she will reimburse the Town for all salary payments received for the period that he or she also received disability retirement payments. Such leave shall start at such time as the employee is unable to perform his or her customary duties and the time lost from work because of in-line-of-duty-injury shall not be a charge against accrued leave of the employee. Applications for such leave shall contain a statement by the employee, affirmed by the Chief of Police, setting forth the details of the accident and supported by a certificate of a licensed physician setting forth the nature and the extent of the injury and the probable length of the disability. Such applications shall be filed with the Town Manager, who shall forward a copy to Personnel. Employees covered by this Agreement shall be insured by the Town under the Worker's Compensation Law of the State of Rhode Island. Any employee who is on disability or injury shall have the amount paid by disability insurance subtracted from his or her payroll check.
- 9. <u>Personal Day(s)</u> The Town agrees to provide two (2) personal days to each employee covered by this Agreement. These days can be used any time. Each member shall receive their allotted two (2) personal days on July 1 of each calendar year and must use all personal days prior to the end of the following June. Any member not using these two (2) days shall not be allowed to carry unused personal days over to the next year. Personal days cannot be used on any Holidays as specified in Article 16 including Christmas Eve and New Years Eve.

10. <u>Compensation for Details</u> - All details shall be compensated at the following rates:

School Details/Town Details Shall reflect Police contract rate

All Other Special Details Time and one-half 1\*Class

Patrolman's hourly rate of pay with a

minimum four (4) hours pay.

Weekend Detail Rate

Time and one-half the Detail Rate

All details will be billed by the Police Department and, other than school details, surcharged 20% for administrative handling. The Town will initially use the surcharge to pay the officers the detail pay. The Town has no obligation to pay the detail amount if there are not sufficient funds in the account.

#### **SECTION 2 - SPECIAL DETAIL RATE ON HOLIDAYS**

Employees shall receive double time for working special details on the following named holidays:

New Year's Eve - commencing at 6:00 p.m.

New Year's Day

Thanksgiving Day

Christmas Eve - commencing at 6:00 p.m.

Christmas Day

Employees shall receive time and one-half for working special details on the following named holiday: Easter

#### **ARTICLE 27**

#### SECTION 1 - ANIMAL CONTROL OFFICER'S VEHICLE

The Town of East Greenwich will provide a motor vehicle for the use of the Animal Control Officer in the carrying out of his or her assignments in the enforcement of the duties of the Animal Control Officer. The vehicle provided shall be equipped with all necessary tools and equipment to assist the Animal Control Officer in the safe conduct of his or her duties as approved by the Chief of Police. In addition, a first-aid kit is to be installed in said vehicle, together with a restraining area and animal transport carriers for animals picked up and placed in the vehicle.

#### SECTION 1 - BLUE CROSS/BLUE SHIELD COVERAGE - RETIRED EMPLOYEES

Medical coverage for current members of the Non-Police who may retire in accordance with the Retirement Act prior to age 65 will be provided Blue Solutions High Deductible Plan (HDHP) with a Health Reimbursable Account.

For the employee retiring before age 65, the Town will pay 3.3% for each year of Town service toward the cost of the Town's current Health Insurance Plan, provided such employee has a minimum of ten (10) years service with the Town. No employee will receive such benefits until he or she has reached the minimum retirement age of 58 or any age after thirty (30) years of service.

Effective for individuals retiring after July 1, 1993, the Town's obligation to provide the above health care coverage for a retiree shall continue until the retiree or his or her spouse is enjoying accident and health care coverage from another employer. If the accident and health care coverage enjoyed from the new employer provides coverage in an amount less than that provided by the Town plan, the Town shall pay to the accident and health care provider the additional premium required to provide medical benefits not less than provided by the Town plan. If the accident and health care program enjoyed from the new employer of the retiree or his or her spouse ceases to be provided at any time before the retiree become eligible for Medicare, then the Town's obligation to pay for accident and health care coverage as aforesaid shall resume.

Effective for individuals retiring after July 1, 1993, each year, employees who are on pension, shall be required to sign an affidavit as to any other medical coverage they or their spouse may have. Such affidavit shall be in a form approved by the Town and shall be submitted to Personnel no later than June 25 of each contract year. Should the retiree fail to file the affidavit with Personnel in a timely fashion after receiving 30 days written notice via certified mail, return receipt requested from the Town, the Town shall be relieved of its obligation to provide continued health care coverage hereunder for the contract year.

Upon reaching age 65 or the age which qualifies for Medicare benefits, the Town agrees to pay for Blue Cross Blue Shield Plan 65 for the retiree. The employee upon reaching age 65 can choose between Blue Cross Blue Shield w/ the Skilled Nursing Benefit or Blue Chip at the same expense as the Plan 65 option. The Town's payment shall be capped at \$250.00 per month. All costs above \$250.00 per month shall be borne by the retiree or other qualified member.

Blue Cross Blue Shield of RI HealthMate Coast-to-Coast \$500/\$1000 shall remain in effect for retirees already retired and currently on the plan.

#### **ARTICLE 29**

#### **SECTION 1 - DURATION OF THIS AGREEMENT**

This Agreement shall be in full force and effect from July 1, 2022 to June 30, 2025. If either party hereto wishes to amend this Agreement, a written notice must be given to the other party of its intention to amend at least one hundred twenty (120) days prior to the last day on which money can be appropriated by the Town of East Greenwich.

#### SECTION 2 - SEVERABILITY OF PROVISIONS CLAUSE

If any provision of this Agreement is ruled to be void and unenforceable by a court of competent jurisdiction, the remaining provisions of this Agreement shall remain in full force and effect.

## ARTICLE 30 MATERNITY LEAVE

#### **SECTION 1 - DURATION**

Eligible employees are entitled to maternity leave of up to eight (8) weeks from the time of delivery. If the employee seeks to begin maternity leave prior to delivery or extend beyond the eight (8) weeks, an eligible employee will be offered Family and Medical Leave (FMLA) as long as they have worked 1,250 hours during the twelve (12) months prior to the start of leave. A physician's note will be required whether the employee elects FMLA or not. The employee may return upon clearance from their physician.

#### **SECTION 2 - NOTIFICATION**

The employee must notify the Special Assistant to the Chief of Police at least thirty (30) days in advance of her intention to take maternity leave. The employee must also notify the Special Assistant to the Chief of Police within thirty (30) days after the termination of the pregnancy of the

estimated date when she will be able to return to her duties.

#### **SECTION 3 - PAYMENT**

While absent on maternity leave, the employee shall be entitled to utilize her accumulated sick leave. If the maternity leave extends beyond the number of days of sick leave accumulated by the employee, then the remainder of the maternity leave shall be without pay. Benefits will be continued if the employee elects parental leave to the extent benefits are provided by Article 33, Parental Leave.

#### SECTION 4 - RETURN TO WORK

Upon her return, the employee shall be placed in the assignment that she left, if the position is still open, and if the position that she left is not open, the employee shall be placed in as nearly comparable a position as is available.

## ARTICLE 31

#### PARENTAL LEAVE

#### **SECTION 1 - DURATION**

An employee may elect parental leave for a period of thirteen (13) weeks commencing with the date of birth, foster placement of a child or adoption of a child under the age of sixteen (16) by the employee or the employee's spouse. Parental leave shall be without pay or credit toward seniority. Parental leave shall be granted in accordance with all applicable federal and state laws. With the approval of the Town Manager, an employee may extend leave granted for the birth, foster placement or adoption of a child up to six (6) months from the date of birth, foster placement or adoption. Said leave shall be without pay, benefits or credit toward seniority.

#### **SECTION 2 - RETURN TO WORK**

Upon his or her return from a thirteen (13) week leave or less, the employee shall be placed in the assignment he or she left. Upon his or her return from a leave longer than thirteen (13) weeks, the employee shall be placed in the assignment that he or she left if the position is still open or, if the position that he or she left is not open, the employee shall be placed in as nearly comparable a

position as is available. Upon return, all unused benefits accrued prior to said leave shall be credited to the employee.

## EXHIBIT A HEALTHCARE AND DENTAL SUMMARY OF BENEFITS

#### EXHIBIT B

#### Memorandum of Understanding IBPO Non-Police, Local 472

In order to establish clear parameters for the use of comp-time within the East Greenwich Police Department and to conform to the Fair Labor Standards Act, the following procedure shall be observed.

Dispatchers who have accumulated comp-time will be allowed use of said comp-time when:

- a. In the event use of comp-time would create an overtime opportunity, one (1) dispatcher per shift will be allowed the use of comp-time providing that a willing (not ordered) replacement fills the vacancy. In the event that no dispatcher/other bargaining unit member /officer willingly accepts the shift, no comp-time will be granted. Every effort will be made to find a dispatcher/other bargaining unit member /officer willing to take the overtime with respect given to seniority provisions of both bargaining agreements, dispatchers having right to first refusal. Other qualified IBPO Non-Police members shall have second right of refusal.
  - 1. At no time can a dispatcher or other non-police, local 472 member take time off in advance of accumulation.
  - In the event a demand for personnel exists and consistent with Fair Labor Standard Act provisions, the Police Department may deny comp-time leave to address emergency public safety needs.
- b. On an arbitrary basis and subject to approval of funds by the Town Manager, which may or may not be granted, comp-time may be sold back to the Town or purchased by the Town. In the event the Town elects to buy back hours from a dispatcher or other Non-Police Local 472-member bank, only hours in excess of 300 are subject to compulsory buy back.

IN WITNESS WHEREOF, the said Town of East Greenwich has caused this instrument to be executed, and its corporate seal to be affixed, by the Town Manager thereunto duly authorized by the Town Council of the Town of East Greenwich as of the day and year first above written, and the said Local number 472, International Brotherhood of Police Officers, has caused this instrument to be signed by its president, thereunto authorized as of the day and year first above written.

TOWN	OF EAST	GREENWICH
	~~	CYCLUSTA ANTOLI

In the presence of:

APPROVED TO FORM:

INTERNATIONAL BROTHERHOOD OF POLICE

OFFICERS, LOCAL 472 NON-POLICE





#### TOWN OF EG-MANAGERS, DIRECTORS

**Group Number:** 5885-0400

Delta Dental PPO Plus Premier<sup>TM</sup>

#### Annual Maximum

\$2,000

## **Elective Orthodontic Lifetime Maximum**

\$1,200

#### Maximum Lifetime Cap

#### Unlimited

Carry Over Max: \$250 In Network Bonus: \$100 Carry Over Limit: \$1500

#### Deductible

Individual \$0 Family \$0

#### **Dependent Coverage**

Dependent children are covered under these benefits up until the end of the year that they turn 19. Dependent children who are students over age 19 are covered as long as they stay in school or up until the end of the year that they turn age 23.

- P Pre-treatment Estimate Recommended
- A Prior Authorization Required

See back page for additional information

#### Plan pays 100%; Member Coinsurance 0%

- · Oral exam once per calendar year performed by a general dentist
- · Cleaning twice per calendar year
- · Fluoride treatment for children under age 19 once per calendar year
- Bitewing x-rays one set per calendar year
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Sealants for children under age 14, once every 24 months on unrestored permanent molars
- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings and composite (white) fillings
- Space maintainers unilateral space maintainers once per lifetime for lost deciduous (baby) teeth. Bilateral space maintainers once every 60 months for lost deciduous (baby) teeth
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy on permanent teeth one procedure per tooth per lifetime.
- Crowns over natural teeth, build ups, posts and cores replacement limited to once every 60 months
  - · Repairs to existing partial or complete dentures once per calendar year
  - · Recementing crowns or bridges once every 60 months
  - Rebasing or relining of partial or complete dentures once every 60 months

#### Plan pays 50%; Member Coinsurance 50%

- Bridges and crowns over implants replacement limited to once every 60 months
- Partial and complete dentures replacement limited to once every 60 months
- P Root planing and scaling once per quadrant every 24 months
- Osseous (bone) surgery once per quadrant every 36 months (bone grafts are not covered)
- P Gingivectomies once per site every 36 months
- P Soft tissue grafts once per site every 60 months
- P Crown lengthening once per site every 60 months
  - Periodontal maintenance following active therapy two per year

#### Plan pays 50%; Member Coinsurance 50%

• Elective braces and related services for dependent children under the age of 19. Subject to a lifetime maximum. No pre-approval required.

This is a summary of benefits. The information shown here is not a guarantee of payment. Refer to the Certificate of Coverage for the full plan terms. The Certificate includes any limitations or exclusions not seen here. For a complete listing of frequencies and limitations go to <a href="https://www.deltadentalri.com/el">www.deltadentalri.com/el</a>. To be covered, services must be dentally necessary and appropriate as per our review guidelines.

Note: This plan does not include a missing tooth clause. In addition, if covered, crowns, bridges, partials and complete dentures are paid when the permanent structure is inserted (seated) by the dentist. Member coverage must be active on the date that the permanent structure is inserted and payment is based on benefits available on that day — for example, if the member's annual maximum has been paid prior to the insertion of the permanent structure, the service will not be paid.

\* Time limits on services (e.g. 6, 12, 24, 36, or 60 months) are figured to the exact day. Services are then covered the following day. For example, when a service is covered once every 12 months, if the service was done on July 1, it will not be covered again until the following year on July 2 or after.

#### **Out-of-Network Coverage**

You have the freedom to choose any dentist, but it is important to know that your out-of-pocket costs may be higher when you visit a dentist who does not participate in our network. Non-participating dentists have not agreed to accept the Delta Dental allowance as payment in full, so services from an out-of-network dentist may cost you more. You may also have to pay the dentist at the time of service and file a claim yourself. To be eligible, all claims must be filed within one year of the date of service. To find a participating dentist near you, use our Find A Dentist tool at <a href="https://www.deltadentalri.com">www.deltadentalri.com</a>.

#### How to Find a Dentist

Choose from Delta Dental's extensive network of dentists, you're sure to find one that's right for you. Visit <a href="https://www.deltadentalri.com">www.deltadentalri.com</a> to use our online Find A Dentist tool. You can see if your current dentist participates with us or look for a new dentist by searching by name, location or specialty. Enter your address or other criteria important to you (extended hours, languages spoken, etc.), and our tool will return a list of dentists that meet your needs – as well as maps and driving directions.

#### **Beyond Benefits**

When you visit us at <u>www.deltadentalri.com</u>, you can access a wealth of important dental health information and manage your plan by:

- Checking your benefits and claims
- Reviewing your deductibles and maximums
- · Using our Find A dentist tool to find a dentist in your area

#### Notice of Nondiscrimination and Accessibility Policy

Delta Dental of Rhode Island does not discriminate on the basis of race, color, national origin, age, disability, or sex. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-843-3582.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-843-3582.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services Blue Cross & Blue Shield of Rhode Island: BlueSolutions HSA

Coverage Period: 07/01/2022 - 06/30/2023 Coverage for: See below Plan Type: HDHP

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-639-2227 or (401) 459-5000 or TDD 711 or visit us at <u>www.BCBSRI.com</u>. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at <a href="https://www.healthcare.gov/sbc-glossary or call 1-800-639-2227">https://www.healthcare.gov/sbc-glossary or call 1-800-639-2227</a> or TDD 711 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	For In Network providers \$2000 for an individual plan / \$4000 for a family plan. For Out-of-Network providers \$4000 for an individual plan / \$8000 for a family plan.	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. Doesn't apply to preventive services.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain preventive services without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductible for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	For In Network providers \$2000 for an individual plan / \$4000 for a family plan. For Out-of-Network providers \$12000 for an individual plan / \$24000 for a family plan.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.BCBSRI.com or call 1-800-639-2227 or (401) 459-5000 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a <u>referral</u> to see a <u>specialist?</u>	No	You can see the specialist you choose without a referral.



All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.

		What You	Will Pay	
Common Medical Event	Services You May Need	In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Primary care visit to treat an injury or illness	No Charge	40% coinsurance	None
	Specialist visit	No Charge	40% coinsurance	Chiropractic Services are limited to 12 visit(s) per year
If you visit a health care <u>provider's</u> office or clinic	Preventive care/screening/immunization	No Charge; deductible does not apply	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. For additional details, please see your plan documents or visit www.BCBSRI.com/providers/policies
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	40% coinsurance	Preauthorization is recommended for certain
ii you nave a test	Imaging (CT/PET scans, MRIs)	No Charge	40% coinsurance	services
If you need drugs to treat your illness or	Tier 1 generic drugs	No Charge (Retail & Mail Order)	Not Covered	OVO II allia decisiata e de Disamana de mosti
condition  More information about	Tier 2 preferred brand name drugs	No Charge (Retail & Mail Order)	Not Covered	CVS Health administers the Pharmacy benefit. All specialty and some non-specialty medications require a Prior Authorization before being dispensed.
prescription drug coverage is available at	Tier 3 non-preferred brand name drugs	No Charge (Retail & Mail Order)	Not Covered	Frequency of fills are as follows: 30 days for retail; 90 days for mail; 30 days for Specialty.
www.Caremark.com.	Tier 4 specialty prescription drugs	No Charge (CVS Specialty Pharmacy only)	Not Covered	

		What You	u Will Pay	
Common Medical Event	Services You May Need	In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have outpatient	Facility fee (e.g., ambulatory surgery center)	No Charge	40% coinsurance	Preauthorization is recommended; Some In- Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
surgery	Physician/surgeon fees	No Charge	40% coinsurance	Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
	Emergency room care	No Charge	No Charge	
If you need immediate medical attention	Emergency medical transportation	No Charge	No Charge	None
	Urgent care	No Charge	No Charge	
If you have a hospital	Facility fee (e.g., hospital room)	No Charge	40% coinsurance	Preauthorization is recommended; 45 day limit at an inpatient rehabilitation facility; Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
stay	Physician/surgeon fee	No Charge	40% coinsurance	Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
If you need mental health, behavioral health, or substance	Outpatient services	No Charge/office visit No Charge for outpatient services	40% coinsurance/office visit 40% coinsurance for outpatient services	Preauthorization is recommended for certain services
abuse services	Inpatient services	No Charge	40% coinsurance	
and processing and account account process of an account account for account and account accou	Office visits	No Charge	40% coinsurance	Cost sharing does not apply for preventive
If you are pregnant	Childbirth/delivery professional services	No Charge	40% coinsurance	services; Depending on the type of services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and
	Childbirth/delivery facility services	No Charge	40% coinsurance	services described elsewhere in the SBC (i.e. ultrasound). Preauthorization is recommended.

		What Yo	u Will Pay	
Common Medical Event	Services You May Need	In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Home health care	No Charge	40% coinsurance	Preauthorization is recommended
	Rehabilitation services	No Charge	40% coinsurance	Services include Physical, Occupational and Speech Therapy; limited to 30 visits each (combined for in and out of network); services
If you need help recovering or have other special health	Habilitation services	No Charge	40% coinsurance	to treat autism spectrum disorder are not subject to visit limits; Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
needs	Skilled nursing care	No Charge	40% coinsurance	Preauthorization is recommended; Custodial care is not covered
	Durable medical equipment	No Charge	40% coinsurance	Preauthorization is recommended for certain services; Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
	Hospice service	No Charge	40% coinsurance	None
energia propria propria propria de la companya de l	Children's eye exam	No Charge	40% coinsurance	Limited to one routine eye exam per year.
If your child needs dental or eye care	Children's glasses	Not Covered	Not Covered	None
dental of cyc care	Children's dental check-up	Not Covered	Not Covered	None

## **Excluded Services & Other Covered Services:**

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

- Routine foot care unless to treat a systemic Dental check-up, child Acupuncture
- condition Glasses, child Cosmetic surgery Weight loss programs Dental care (Adult)
  - Long-term care

Ot	Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)				
•	Bariatric Surgery	<ul> <li>Infertility treatment</li> </ul>	•	Private-duty nursing	
•	Chiropractic care	<ul> <li>Most coverage provided outside the United</li> </ul>	•	Routine eye care (Adult)	
•	Hearing aids	States. Contact Customer Service for more information.			

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for us and those agencies is: the plan at 1-800-639-2227 or (401) 459-5000 or TDD 711, state insurance department at (401) 462-9520 or by email at HealthInsInquiry@ohic.ri.gov, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: contact the plan at 1-800-639-2227 or (401) 459-5000 or TDD 711. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact your state insurance department at (401) 462-9520 or by email at HealthInsInquiry@ohic.ri.gov.

#### Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

## Does this plan meet Minimum Value Standards? Yes.

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

#### **Language Access Services:**

Para obtener asistencia en Español, llame al 1-800-639-2227.

Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-639-2227.

如果需要中文的帮助, 请拨打这个号码 1-800-639-2227.

Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-639-2227.

\_\_\_\_\_\_To see examples of how this plan might cover costs for a sample medical situation, see the next section.

### **About these Coverage Examples:**



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

## Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall <u>deductible</u>	\$2000
Specialist copayment	\$0

■ Hospital (facility) coinsurance No Charge

Other coinsurance

No Charge

#### This EXAMPLE event includes services like:

Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)

Total Example Cost	\$12,700
In this example, Peg would pay:	A CONTRACTOR OF THE PARTY OF TH
Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,060

## Managing Joe's type 2 Diabetes

(a year of routine in-network care of a wellcontrolled condition)

■ The plan's overall deductible	\$2000
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	No Charge

**■** Other coinsurance

## No Charge

\$5,600

#### This EXAMPLE event includes services like:

Primary care physician office visits (including disease education) Diagnostic tests (blood work)

Prescription drugs

Total Example Cost

Durable medical equipment (glucose meter)

Iotal Example Cost	43,000
n this example, Joe would pay:	
Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$2,020

### **Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2000
Specialist copayment	\$0
■ Hospital (facility) coinsurance	No Charge

**■** Other coinsurance

T-4-1 Francis Cost

No Charge No Charge

¢2 000

#### This EXAMPLE event includes services like:

Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
this example, Mia would pay:	
Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,000

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