

**COLLECTIVE BARGAINING
AGREEMENT**

between

**TOWN OF EAST GREENWICH,
RHODE ISLAND**

a n d

**EAST GREENWICH
MUNICIPAL**

**EMPLOYEE'S ASSOCIATION
NEARI**

CONTRACT TERM

JULY 1, 2025 through JUNE 30, 2028

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PREAMBLE

This Agreement entered into by and between the Town of East Greenwich, hereinafter referred to as the "Employer" or "Town" and the East Greenwich Municipal Employees' Association, NEARI, hereinafter referred to as the "Union", has as its purpose the promotion of harmonious relations between the Town and its employees, the establishment of equitable and peaceful procedures for the resolution of differences and the establishment of rates of pay, hours of work, and other conditions of employment. The Employer and the Union encourage the highest possible degree of practical, friendly, cooperative relationships between their respective representatives at all levels. The officials of the Employer and the Union realize that this goal depends primarily on cooperative attitudes between people in their respective organizations and at all levels of responsibility, and that proper attitudes must be based on full understanding of and regard for the respective rights and responsibilities of both the Employer and the Employees.

ARTICLE I

RECOGNITION AND UNION SECURITY

Section 1 Recognition The Town recognizes the Union as the sole and exclusive bargaining agent for purposes of collective bargaining for all employees in the Bargaining Unit. The Bargaining Unit for purposes of this Agreement shall consist of all employees designated in the Rhode Island State Labor Relations Board Certification of Representatives in Case No. EE 3514, and as amended to include any/all sewer/DPW clerk position and any building inspector/official. Included in the Bargaining Unit shall be all Municipal Employees as defined under Rhode Island General Laws 28-9.4-2b (The Substance Abuse Coordinator shall not be a member of the Bargaining unit).

Section 2 Exclusive Representative The Town will not engage in collective bargaining for members of the Bargaining Unit with any organization other than the Union unless and until such time as the Union is no longer the duly certified sole and exclusive representative of said members for purposes of collective bargaining.

Section 3 Union Security and Dues Deduction *

- a. Upon hire, employees covered by this agreement shall make one of the following elections with respect to their Union membership:

Option 1: Employees may elect to become a member of the Union and

shall pay membership dues and assessments as determined by the Union.
Option 2: Employees may elect not to become a member of the Union.

Elections made under this section shall be in writing and submitted by the employee to the Union and the Town.

- b. An employee wishing to change their membership status may do so providing written notice to the Union and the Town. The change in membership status shall take effect upon receipt of the notice by the Union and the Town.
- c. The Treasurer of the Union shall certify to the Town Manager the dollar amount of membership dues and assessments (Option 1). The Union shall give the Town thirty (30) days' notice prior to any change in these amounts.
- d. For employees who have elected Option 1, the Town agrees to withhold any membership dues and assessments from the employees' pay. The Town agrees to the adoption of a Union check-off system whereby Union dues will be withheld from the Union member's pay upon written authorization of the individual employee, until such time as such authorization is revoked at source, in equal amounts from each pay, or otherwise, as the frequency of the pay period may require. These withheld amounts shall be transmitted to the Treasurer of the Union for the previous month's deductions, not later than the 15th of each successive month.
- e. The Union agrees to indemnify and hold the Town harmless against any and all claims, suits, orders, and judgements brought or issued against the Town as a result of any action taken by the Town under the provisions of this Article. The Town is not liable or responsible for the application, use, or misuse of such membership dues and/or assessments and the Union agrees to hold harmless and indemnify the Town therefrom.

Section 4 Change in Dues The Union will notify the Town in writing, not less than thirty (30) days prior, to any change in the amount of Union Dues.

Section 5 Union Officers A written list of Union Officers and Representatives shall be furnished to the Town immediately after designation, and the Union shall immediately notify the Town of any changes therein.

*This section was modified in light of the US Supreme Court's ruling of Janus v. AFSCME, June 27, 2018.

ARTICLE II

MANAGEMENT RIGHTS

Section 1 Management Rights It is understood and agreed that the Employer has the sole right and authority, whether exercised or not, to operate and manage its affairs in all respects except as may have been modified, amended or abridged by the express provisions of this Agreement. The rights of the Employer, through its management officials, shall include but are not limited to the following:

- a) The right to determine its mission, policies and to set forth all standards of service offered to the public
- b) To revise job descriptions; seeking agreement through consultation with the Union and direct employees in the performance of their duties
- c) To plan, direct and control the services of its employees
- d) To direct the working forces, including the right to assign work or overtime
- e) To hire and assign or to transfer employees
- f) To promote, suspend, discipline or discharge employees for just cause
- g) To layoff or relieve employees due to lack of work or funds or for other legitimate reasons
- h) To introduce new or improved methods, equipment or facilities
- i) To make, publish and enforce reasonable rules and regulations
- j) To take any and all actions as may be necessary to carry out the operations of the Employer in situations of civil emergency

Unless otherwise provided herein, the Town shall act through its Town Manager in the implementation of this Agreement.

ARTICLE III

NON-DISCRIMINATION

Section 1 In general either the Employer nor the Union shall unlawfully discriminate against any employee in the Bargaining Unit because of such employee's age, sex, marital status, race, religion, color, creed, national origin, physical handicap or political affiliation. The Employer and the Union affirm their joint opposition to any discriminatory practices in connection with employment, promotion or training, mindful that the public interest is enhanced with full utilization of each employee's skill and ability without regard to or consideration of race, color, creed, national origin or sex.

Section 2 Union Activity The Town shall not unlawfully discriminate against any employee in the Bargaining Unit because of membership in, or legitimate activity on behalf of, the Union.

ARTICLE IV

HOURS OF WORK AND OVERTIME

Section 1 This Article is intended to define the normal hours of work and the normal workweek and to provide the basis for calculation and payment of overtime.

Section 2 Hours The normal workday for salaried and hourly rate employees is set forth in Article V, Section 1. The regular workweek shall consist of five (5) consecutive working days from Monday through Friday, except for the Park & Recreation Department's Program Coordinator and at times the Community Resources Coordinator who shall work a flexible schedule.

The following salaried employees: Highway Superintendent, Wastewater Superintendent and Parks Superintendent, shall not receive overtime pay, however; employees may be required to attend meetings or work additional hours related to Town business, other than during the normal workday, by the Department Director. Said employees shall receive compensatory time for attendance at all such required meetings in accordance with the following:

- 1) Between thirty-five (35) and forty (40) hours in a week - Compensatory Time shall be credited at the rate of one and one-half (1 ½) hours for each hour in attendance at a meeting or other work-related event.
- 2) Over forty (40) hours in a week - Compensatory Time shall be credited at the rate of one and one-half (1 ½) hours for each hour in attendance at a meeting or other work-related event.
- 3) An employee shall be credited with a minimum of one and one-half (1 ½) hours (in accordance with the foregoing) for each meeting, even if the meeting is for less the one and one-half (1 ½) hours.
- 4) Compensatory Time shall be discharged within six (6) months of the date credited.
- 5) No employee shall be required to attend more than fifty-two (52) meetings beyond the normal workday in any one (1) fiscal year.
- 6) Compensatory Time shall be credited to an employee for the additional time work as approved by the Department Director.

Section 3 Overtime Employees other than the ones listed in Section 2, may be required to work overtime as needed and if designated as a thirty-five (35) or forty (40) hour per week employee shall be paid for all work performed in excess of thirty-five (35) or forty (40) hours per week at time and one-half (1 ½).

ARTICLE V
Section 1 Chart of Hourly Rates & Salary Schedule FY2026-2028

SCHEDULE A							
July 1, 2025							
Position Description	GRADE	HOURS	Step A	Step B	Step C	Step D	Step E
Meal Site Supervisor/Center Assistant	8	35	24.65	25.39	26.15	26.94	27.74
Senior Driver and Programmer	10	35	26.15	26.93	27.74	28.57	29.43
DPW Clerk	20	35	27.40	28.22	29.07	29.94	30.84
Tax Assessors Aid/Administrative Assistant	30	35	29.20	30.08	30.98	31.91	32.86
Municipal Court Clerk, Community Resources Coordinator	35	35	29.31	30.59	31.51	32.45	33.43
Fiscal Specialist	38	35	29.54	30.73	31.65	32.60	33.58
Probate Clerk, Program Coordinator, Operations Coordinator	40	35	31.37	32.31	33.28	34.28	35.31
OPEN POSITION	50	40	36.06	37.14	38.26	39.40	40.59
Salaried employees: Position Description	GRADE	HOURS	Step A	Step B	Step C	Step D	
Deputy Town Clerk/Canvassing Clerk	60	35	69,911.83	71,310.07	72,736.27	74,190.99	
Building Inspector	65	35	69,410.56	70,798.77	72,214.75	73,659.04	
Planning Analyst	70	35	69,037.34	70,418.09	71,826.45	73,262.98	
Asst Planner, Deputy Tax Collector, Payroll Acct Admin	80	35	79,044.71	80,625.60	82,238.12	83,882.88	
Parks & Grounds Superintendent	80A	40	80,613.68	82,225.95	83,870.47	85,547.88	
Special Projects Coordinator, Asst. WWTP Superintendent	95	35	88,029.78	89,790.38	91,586.18	93,417.91	
Highway Superintendent	95A	40	88,513.66	90,283.93	92,089.61	93,931.40	
Building Official/Assistant Town Engineer	105	35	88,595.84	90,367.76	94,712.52	99,276.00	
Wastewater Treatment Facility Superintendent	110	35	95,574.24	97,485.72	99,435.44	101,424.15	

SCHEDULE A

July 1, 2026

Position Description	GRADE	HOURS	Step A	Step B	Step C	Step D	Step E
Meal Site Supervisor/Center Assistant	8	35	25.27	26.02	26.80	27.61	28.44
Senior Driver and Programmer	10	35	26.80	27.61	28.44	29.29	30.17
DPW Clerk	20	35	28.09	28.93	29.80	30.69	31.61
Tax Assessors Aid/Administrative Assistant	30	35	29.93	30.83	31.75	32.71	33.69
Municipal Court Clerk, Community Resources Coordinator	35	35	30.04	31.35	32.29	33.26	34.26
Fiscal Specialist	38	35	30.28	31.49	32.44	33.41	34.41
Probate Clerk, Program Coordinator, Operations Coordinator	40	35	32.15	33.12	34.11	35.14	36.19
OPEN POSITION	50	40	36.96	38.07	39.21	40.39	41.60
Salaried employees: Position Description	GRADE	HOURS	Step A	Step B	Step C	Step D	
Deputy Town Clerk/Canvassing Clerk	60	35	71,659.63	73,092.82	74,554.67	76,045.77	
Building Inspector	65	35	71,145.82	72,568.74	74,020.12	75,500.52	
Planning Analyst	70	35	70,763.27	72,178.54	73,622.11	75,094.55	
Asst Planner, Deputy Tax Collector, Payroll Acct Admin	80	35	81,020.83	82,641.24	84,294.07	85,979.95	
Parks & Grounds Superintendent	80A	40	82,629.02	84,281.60	85,967.23	87,686.58	
Special Projects Coordinator, Asst. WWTP Superintendent	95	35	90,230.52	92,035.13	93,875.84	95,753.35	
Highway Superintendent	95A	40	90,726.50	92,541.03	94,391.85	96,279.69	
Building Official/Assistant Town Engineer	105	35	90,810.74	92,626.95	97,080.33	101,757.90	
Wastewater Treatment Facility Superintendent	110	35	97,963.60	99,922.87	101,921.33	103,959.75	

SCHEDULE A

July 1, 2027

Position Description	GRADE	HOURS	Step A	Step B	Step C	Step D	Step E
Meal Site Supervisor/Center Assistant	8	35	25.96	26.74	27.54	28.37	29.22
Senior Driver and Programmer	10	35	27.54	28.37	29.22	30.09	31.00
DPW Clerk	20	35	28.86	29.72	30.61	31.53	32.48
Tax Assessors Aid/Administrative Assistant	30	35	30.75	31.68	32.63	33.60	34.61
Municipal Court Clerk, Community Resources Coordinator	35	35	30.87	32.22	33.18	34.18	35.20
Fiscal Specialist	38	35	31.11	32.36	33.33	34.33	35.36
Probate Clerk, Program Coordinator, Operations Coordinator	40	35	33.04	34.03	35.05	36.10	37.19
OPEN POSITION	50	40	37.98	39.12	40.29	41.50	42.74
Salaried employees: Position Description	GRADE	HOURS	Step A	Step B	Step C	Step D	
Deputy Town Clerk/Canvassing Clerk	60	35	73,630.27	75,102.87	76,604.93	78,137.03	
Building Inspector	65	35	73,102.33	74,564.38	76,055.67	77,576.78	
Planning Analyst	70	35	72,709.26	74,163.45	75,646.72	77,159.65	
Asst Planner, Deputy Tax Collector, Payroll Acct Admin	80	35	83,248.90	84,913.88	86,612.16	88,344.40	
Parks & Grounds Superintendent	80A	40	84,901.32	86,599.35	88,331.33	90,097.96	
Special Projects Coordinator, Asst. WWTP Superintendent	95	35	92,711.86	94,566.10	96,457.42	98,386.57	
Highway Superintendent	95A	40	93,221.48	95,085.91	96,987.63	98,927.38	
Building Official/Assistant Town Engineer	105	35	93,308.03	95,174.19	99,750.04	104,556.24	
Wastewater Treatment Facility Superintendent	110	35	100,657.59	102,670.75	104,724.16	106,818.64	

Part-time is considered hours over 20.

Vacant Positions Removed from salary Schedule July 1, 2025:

Main Street Coordinator
 Chief Acct/System Operator
 Sewer Line Construction Manager
 Program Assistant/Clerk

Section 2 Probationary Period There shall be a six (6) months probationary period required of a new employee hired to a position in Section 1 above. During the probationary period, the employee may be discharged without cause by the appointing authority and any such discharge shall not be subject to the grievance and arbitration procedure.

Section 3 Payroll All Employees shall be paid on a bi-weekly basis.

Section 4 Step Increases

Employees shall advance to the next step in the salary range after either:

1. Completion of one (1) year of continuous service at their current step; OR
2. Earlier advancement as deemed appropriate by the Director based on demonstrated qualifications, skills, and performance.
3. Once employee achieves top step, if an increase is to be provided, it will move from their anniversary date to the fiscal year date, July 1.

Documentation Requirements:

- For Director-authorized early advancement: a. Written justification from the employee's immediate supervisor documenting the specific qualifications, skills, and performance meriting early advancement
- b. Director's written authorization specifying the new immediate next step placement and effective date
- c. All supporting documentation must be submitted to the Administrative Services Manager for approval from the Town Manager.
- d. A copy of the approval shall be placed in the employee's personnel file

Step increases shall be effective at the beginning of the pay period following either the completion of the one-year of continuous service requirement or the Director's written authorization of early advancement.

Section 5 Re-classification An employee who is promoted to a higher classification shall be placed at the next highest step in their new classification's salary range that provides at least a one-step increase from their current rate of pay. The placement shall be effective the first day of the pay period following the reclassification approval. **Anniversary Date Impact:** The date of reclassification shall establish a new anniversary date for future step increases. Time served at the previous step in the former classification shall not count toward the one-year requirement for step advancement in the new classification.

ARTICLE VI

SENIORITY

Section 1 Definition

- (a) Seniority shall be defined as total length of permanent, continuous service with the Employer. For the purpose of applying for and filling vacancies, seniority shall be defined as the length of service within a Department. Seniority for permanent, continuous part-time employees shall be pro-rated based on their regular scheduled hours for a given fiscal year. A separate seniority list shall be sent to the Union President at the beginning of each fiscal year for permanent, continuous part-time employees stating actual date of hire and amount of accumulated seniority.
- (b) If two or more employees are hired on the same date, seniority will be determined by lottery.
- (c) Seniority shall be acquired by an employee after completion of a one (1) year probationary period, at which time seniority shall be retroactive to the first day of continuous employment.

Section 2 Accumulation Seniority shall accumulate during authorized paid leave because of illness, injury, or vacation, but shall not accrue during any period of unpaid leave.

Section 3 Break in Seniority shall be considered terminated for the following reasons:

- a) When an employee has been discharged.
- b) When an employee voluntarily terminates his or her employment.
- c) When an employee exceeds an authorized leave of absence.

Section 4 Seniority List The Town shall compile a seniority list in accordance with the foregoing and a copy shall be sent to the Union President. Should a disagreement arise concerning an employee's placement on the seniority list, it shall be submitted to the grievance procedure.

Section 5 Lay-offs within a Job Classification shall occur in accordance with the following:

- a) Lay-off within an affected class of position in a Department shall occur on the basis of seniority with the least senior employee in the Department being laid off.
- b) The Town will give two (2) weeks' notice of said lay-off to the affected employee or employees and the Union President.
- c) Any employee who is the subject of a lay-off shall be placed on a recall list for a period of six (6) months.

- d) Whenever a vacancy as defined in Article VII, Section 1 (a) is to be filled, prior to posting said position, the Town will recall the employee with the most seniority in the Department on the Recall List qualified to fill said vacancy. If there is no such person from the Department on the Recall List, the Town will recall the most senior employee on the Recall List whom the Town deems qualified for the position. Said person must successfully complete a thirty-day (30) trial period in order to be awarded the position. Any employee who does not successfully complete the thirty-day (30) trial period will be placed on the recall list for the remainder of the six (6) month Recall Period.
- e) An employee who is eligible for recall shall be given Notice of Recall by certified mail with a copy to the Union President. The employee must notify the Town of his/her intention to return within five (5) working days after the mailing of the Notice of Recall. The employee must return to Town employ within fourteen (14) calendar days of the mailing of Notice of Recall or forfeit his/her right of recall. The Town shall be deemed to have fulfilled its obligations by mailing the Recall Notice by certified mail, return receipt requested to the address provided by the employee.
- f) Seniority shall be cumulative during periods of lay-off up to a maximum of one (1) year.

ARTICLE VII

VACANCIES, TRANSFERS AND PROMOTIONS

Section 1

- a) Vacancy shall be defined as the availability of a position due to the resignation, retirement, promotion, death or dismissal of a member of the Bargaining Union or the creation of a new position.
- b) The Employer shall post a position within fourteen (14) calendar days of it becoming vacant or the creation of a new position. Posted vacancies will be filled within sixty (60) days after posting. If the Employer decides not to fill a vacant position, it will notify the Union in writing within the fourteen (14) calendar day time period.
- c) Vacancies shall be posted for at least seven (7) calendar days on all Union bulletin boards. A copy of all Union notices shall be sent to the Association President upon posting.
- (d) Vacancies shall be filled by the transfer of the qualified employee having the greatest seniority in the classification who has bid for the vacancy. In the event that a vacancy is not filled by transfer in accordance with the aforementioned, the Town will consider other members of the Bargaining Unit in different classifications who have bid for the vacancy. If deemed qualified by the Town, the employee with the greatest length of continuous

service with the Town who has bid for the position shall be appointed. Said employee shall be given a trial period of thirty (30) calendar days, and if he or she is not deemed qualified for the position by the Employer, he or she shall be restored to his/her former job or position. During said thirty (30) calendar day trial period, the employee shall be restored to his/her former job or position at his/her request.

Section 2 Transfers are defined as movement from one location to another in the same classification.

Section 3 Promotions shall be defined as movement from one classification to another into a higher paying position. In order to be promoted, an employee must be found qualified by the Town. If two (2) or more employees are found to be qualified for promotion to a position, the employee with the most seniority in the classification shall be promoted. The trial period for promotions shall be the same as for vacancies as provided in Section 1 (d) hereof.

ARTICLE VIII **HOLIDAYS**

Section 1 The Employer recognizes all federal holidays as established by federal law or Executive Order as paid holidays for all eligible employees covered under this Agreement. As of the effective date of this Agreement, there are eleven (11) such holidays (listed below), plus any additional days declared as federal holidays by Presidential Proclamation or Act of Congress during the term of this Agreement.

For reference only, the 11 holidays are as follows:

New Year's Day	4 th of July
Martin Luther King	Labor Day
Washington's Birthday	Columbus Day
Memorial Day	Veteran's Day
Juneteenth	Thanksgiving Day
	Christmas Day

Section 2 **Holiday Pay Eligibility:** To be eligible for holiday pay, an employee must be in active pay status on their regularly scheduled workday immediately preceding and following the holiday, unless on approved leave.

a) Employees who are on approved sick leave on the workday immediately preceding and/or following a holiday must provide appropriate medical

documentation in accordance with Article X (Sick Leave) to remain eligible for holiday pay.

b) The Employer reserves the right to deny holiday pay to employees who establish a pattern of sick leave usage immediately before and/or after holidays, unless the employee provides satisfactory medical documentation verifying the necessity of such absence.

c) Employees on pre-approved vacation, personal leave, or other authorized paid leave immediately before and/or after a holiday shall remain eligible for holiday pay.

Section 3 Holidays on Weekends Whenever holidays fall on a Saturday or Sunday, the holiday will be celebrated on the following Monday.

Section 4 Additional Days All employees shall also have Victory day, Day after Thanksgiving, a ½ day holiday beginning at noon on the last workday before Christmas and New Year's Day.

Section 5 Holiday Worked An hourly rate employee required to work on a holiday recognized by this Agreement shall be paid double time for such day.

Section 6 Vacation Holidays Official holidays occurring during a vacation shall not be charged to vacation time.

ARTICLE IX

VACATION LEAVE

Section 1 During the first six (6) months of employment, an employee shall accrue, but not be entitled to or take any, paid vacation. During said six (6) month period, the employee shall accrue 7.58 working hours per month paid vacation as a 35 hour/week employee (7.58x12) and 8.66 (8.66x12) working hours per month paid vacation as a 40 hour/week employee, which shall be deemed earned and which shall be taken only after completion six (6) months of employment, and in accord with the schedule in Section 2.

Section 2 Any employee who has been in employed for the Employer for more than six (6) months of continuous service shall accrue vacation time on a bi-weekly basis in accordance with the following schedule:

Effective July 1, 2019, Members of the Union shall be entitled to a vacation period as follows:

1. Upon completion of at least twelve (12) months of service, thirteen (13) working days;
2. Upon completion of five (5) years, seventeen (17) working days;
3. Upon completion of ten (10) years, twenty-one (21) days;
4. Upon completion of fifteen of fifteen (15) years, twenty-five (25) working days;
5. Upon completion of twenty (20) years, twenty-nine (29) working days.

Effective July 1, 2025 through December 31, 2026, 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 31st of that year. Up to ten (10) days may be carried over to the next year.

Effective January 1, 2027: Vacation will move to bi-weekly accrual.

Section 3 Vacation leave must be taken in increments of one (1) hour. Accrued vacation time shall be credited to each employee bi-weekly.

On the anniversary date of the fifth, tenth, fifteenth and twentieth year of employment, the employee will be credited with the additional vacation time.

Section 4 Effective January 2028 All vacation time except for up to ten (10) days must be taken during the fiscal year in which it is credited or be forfeited as of June 30th. Up to ten (10) days may be carried over to the next year and must be used prior to March 1 of the following year or be forfeited.

Section 5 Any Employee covered by this Agreement taking leave of absence without pay shall cease to accrue vacation leave during the period of such absence.

Section 6 Written requests for vacation leave of five (5) consecutive days or more must be made at least thirty (30) days prior to said vacation leave. The Employer will attempt to honor requests for vacation leave which are submitted less than thirty (30) days in advance. Said requests for vacation leave of seven (7) consecutive days or more will be submitted to the Town Manager. All other requests for vacation leave shall be submitted to the Department Head.

Section 7 Accrued vacation pay will be paid to any employee upon termination of employment. In case of an employee's death, payment of such accrued vacation time will be made to the employee's estate.

ARTICLE X
SICK LEAVE

Section 1 Reporting. Accrued sick leave balances shall be reflected on each employee's pay advice.

Section 2 Sick leave shall be for the purpose of permitting an employee to be relieved of his or her duties during actual personal illness.

Section 3 Sick leave with pay shall accrue on a monthly basis and shall be computed at the rate of 8.750 hours for 35-hours and 10 hours for 40-hour employees per month.

Section 4 All employees of the bargaining unit regularly employed continuously for at least three (3) months shall be entitled to use accrued leave.

Section 5 Sick leave may accumulate from year to year to a maximum of seventy-five (75) days. When an employee retires on the municipal retirement system or dies while in the employ of the Town, said employee or his/her estate shall be paid for said accumulated sick leave up to a maximum of forty (40) days.

Section 6 The Department Director or Administrative Services Manager may require a physician's note in support of any request for sick leave for a duration longer than three (3) consecutive days.

Section 7 Sick leave may be taken for:

1. than the start of their scheduled shift, except in cases of emergency. Personal illness, injury, or temporary disability of the employee;
2. Medical, dental, or health care provider appointments;
3. Care of an ill or injured immediate family member requiring the employee's attendance;
4. Family/medical leave qualifying events as defined by State and Federal law.

Sick leave shall be taken in minimum increments of thirty (30) minutes. Employees must notify their supervisor of the need to use sick leave as soon as practicable, but no later

Section 8 In the event of an illness of a member of the immediate family of an employee, such employee shall be granted leave for attendance upon the member of the family whose illness requires the care of the employee, provided

that not more than three (3) consecutive working days chargeable to sick leave shall be granted the employee for this purpose.

Section 9 Repealed

Section 10 Sick Leave Bank Repealed

Section 11 If an employee uses five (5) days of sick days or less per year, he or she will receive one (1) day of compensatory time, as approved by his or her Department Director. The one (1) day of compensatory time referenced above must be taken before the end of the following fiscal year, or it will be forfeited.

ARTICLE XI

BEREAVEMENT LEAVE

Section 1 In the case of the death of a father, mother, wife, husband, partner as defined by civil union, son, daughter, brother, sister, step-parent, step-child, mother-in-law or father-in-law of an employee, such an employee shall be entitled to a leave of absence with pay from the time of notification of the death up to and including the day following the day of the burial of the deceased, not to exceed five (5) working days, except in cases where unusual travel distances exist, then additional leave time may be granted at the discretion of the Town Manager.

Section 2 In the case of the death of a grandmother, grandfather, grandchild, nephew, niece, uncle or aunt of an employee, the employee shall be entitled to a leave of absence with pay for the day of the funeral.

Section 3 Bereavement leave on the basis of certain circumstances shall be handled on an individual basis by the Town Manager and such employee requesting leave.

ARTICLE XII

JURY/COURT LEAVE

Employees shall be granted leaves of absence for required jury duty or appearances before a court or other public body when required by subpoena. Such employees shall pay to the Town upon receipt all jury service and witness fees and shall receive their regular pay during such period. The time spent in such service shall be reported as jury service or court leave; mileage and meal allowances for such services may be retained by the employee.

ARTICLE XIII
CIVIC DUTY LEAVE

All employees entitled to vote at national, municipal or special elections shall, when necessary, be allowed sufficient time off with pay to exercise this right.

ARTICLE XIV
EMERGENCY LEAVE

At times when an employee may be called home for a short period during the normal work day for an emergency, emergency leave with pay may be granted at the discretion of the Town Manager.

ARTICLE XV
ADMINISTRATIVE LEAVE

During times of severe storms when roads are declared hazardous according to the East Greenwich Police, administrative leave shall be granted to employees by the Town Manager. Leaves of this nature shall be with pay and shall not be chargeable against accrued sick or vacation leave.

ARTICLE XVI
MILITARY LEAVE

Section 1 Regular Duty Every employee who is called to regular duty in the Armed Forces of the United States shall be entitled to military leave of absence without pay or benefits. The employee shall be entitled to re-employment to the same or a comparable position as the one he or she left if application therefore is made within thirty (30) days of termination of service with the Armed Forces.

Section 2 Stand-by-Duty Any employee who is a member of the stand-by branch of the Armed Forces and who is required to perform military duties for a period of fifteen (15) days or less in any one contract year while employed by the Town shall continue to receive his or her regular pay during such period of military service and shall pay to the Town upon receipt all compensation (excluding allowances) paid by the federal or state governments for said military service.

ARTICLE XVII
MATERNITY LEAVE

Section 1 Duration Maternity leave shall be for the period of time during the employee's pregnancy in which she is physically disabled by reason of the pregnancy from performing her duties as an employee and extending until the employee is physically able to perform her duties as an employee.

Section 2 Notification The employee must notify the Administrative Services Manager at least thirty (30) days in advance of her intention to take maternity leave. The employee must also notify the Administrative Services Manager 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 leave per the Family and Medical Leave policy, 2006.

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 XVIII
PARENTAL LEAVE

Section 1 Duration An employee may elect parental leave for a period of thirteen (13) weeks under Rhode Island Family and Medical Leave Act commencing with the date of birth 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 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 or adoption of a child up to six (6) months from the date of birth 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, and if the position 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.

ARTICLE XIX

LEAVE WITHOUT PAY

Section 1 Leave It is agreed that, upon written application, the Town Manager may grant an employee with permanent status, a leave of absence without pay, not to exceed six (6) months, for reasons of the employee's personal illness or disability. The Town Manager may also grant a leave of absence without pay to a permanent employee for a period not to exceed thirty (30) calendar days for any reason deemed by the Town Manager to be meritorious.

If any employee is granted a six-month (6) leave hereunder, the Employer will hire a replacement employee for the duration of the leave within sixty (60) working days of the commencement of the leave, unless the Employer notifies the Union in writing within fourteen (14) calendar days of the leave that it intends to abolish the position.

Section 2 Return When an employee returns from an unpaid leave of absence, he or she shall be reinstated to the position he or she previously held if the position still exists. When the previously held position no longer exists, the returning employee shall be permitted to exercise his or her job classification seniority, whatever that may be.

Section 3 Accrual An employee taking any form of unpaid leave of absence shall cease to accrue sick leave, vacation leave and seniority during the period of such absence.

ARTICLE XX

PERSONAL LEAVE

An employee shall be entitled to three (3) days of personal leave with pay each contract year. New employees shall receive personal days prorated based on their start date. Employees shall provide a minimum of forty-eight (48) hours advance written notice to their supervisor to use personal days, except in cases of emergency. The advance notice shall be waived in the case of an emergency.

Use of personal days immediately before or after a designated holiday requires advance written approval from the Department Director. Such requests should be submitted at least ten (10) working days prior to the requested date. Approval shall be based on:

1. Operational needs of the department
2. Staffing requirements
3. Order in which requests were received
4. Prior approvals granted to the requesting employee

Personal leave shall not accumulate from contract year to contract year.

ARTICLE XXI

GRIEVANCE PROCEDURE AND ARBITRATION

Section 1 Purpose The purpose of the grievance procedure shall be to settle employee grievances arising out of the interpretation and application of this Agreement on as low a level as possible and as quickly as possible to ensure efficiency and high employee morale.

Section 2 Definition A grievance is a claim based upon the interpretation, meaning or application of any of the provisions of this Agreement, which affects the welfare and/or conditions of employment of an employee or group of employees.

Section 3 Procedure It is mutually understood and agreed that all grievances of employees shall be dealt with in accordance with the following procedure:

Level I: The employee(s) involved and the Union Representative shall meet with the Department Head within ten (10) calendar days of the incident occurring to discuss the grievance and to attempt to resolve it.

Level II: If no agreement is reached after the meeting with the Department Head, the grievance shall be reduced to writing and submitted to the Department Head within ten (10) calendar days of the Level I meeting. Within five (5) calendar days of submission, the Department Head shall meet and discuss the grievance with the grievant(s) and Union Representatives. A written decision will be given by the Department Head within (5) calendar days after such meeting. Any grievance which is not reduced to writing and presented to the Department Head within fifteen (15) calendar days of occurrence shall be deemed to have been waived.

Level III: If unable to reach a satisfactory adjustment within ten (10) calendar days of submission of the grievance to the Department Head, the grievant shall submit the grievance in writing to the Town Manager within three (3) calendar days thereafter. The Town Manager shall issue a written decision to the Union within fourteen (14) calendar days of the submission, otherwise the grievance shall be deemed to be denied.

Section 4 Waiver of Grievance Procedure Notwithstanding the steps outlined above, said steps may be waived by agreement in writing, signed by authorized representatives of the parties to this Agreement, which waiver will permit prompt submission to arbitration, thus promoting the welfare of both parties to this Agreement.

Section 5 Arbitration If a grievance is not resolved at Level III, such grievance shall, at the request of the Union, be referred to the American Arbitration Association in accordance with its rules then pertaining.

The Arbitrator shall hold a hearing as soon as possible, and his or her decision shall be final and binding upon the parties, except for salaries (Article IV) and longevity (Article XXXVII), subject to any further limitations of law. The expenses of such arbitration shall be borne equally by the parties. The Arbitrator shall have no power to alter, amend, add to or subtract from the provisions of this Agreement.

The submission to arbitration must be within twenty (20) calendar days of the date of the Town Manager's Level III decision; otherwise the grievance shall be deemed to be waived.

ARTICLE XXII

UNION RIGHTS

Section 1 Union Business Leave The President of the Union or the Executive Board of the Union shall be granted reasonable time off during working hours, without loss of pay, for negotiations. The President or the Executive Board also shall be granted reasonable time off during working hours, without loss of pay, to investigate and settle grievances, attend meetings, including grievance hearings with the Town Manager and/or arbitrator. Leave shall not be granted under this section if it would unreasonably interfere with the employee's normal duties.

Section 2 Bulletin Boards The Town agrees to provide bulletin board space in each building where notice of Union matters may be posted.

ARTICLE XXIII
PERSONNEL FILES

Section 1 Inspections The employee shall, upon giving at least five (5) working days advance notice, be permitted to examine the contents of his or her personnel file, except for letters of reference, recommendations and confidential reports from prior employers.

This inspection shall be made in the presence of the Administrative Services Manager or his designee.

The employee may not remove the personnel file from the immediate place of inspection on the business premises and the Employer may charge the employee a fee reasonably related to the cost of supplying copies of requested documents.

An employee may inspect his or her personnel file often as needed.

Section 2 Contents No materials derogatory to an employee's conduct, service, character or personality shall be placed in his or her personnel file until he or she has had an opportunity to review and sign the material. The employee's signature shall not necessarily indicate agreement with the contents of the material and the employee may elect to file a response to said material. Materials shown to be false shall be removed from the personnel file.

ARTICLE XXIV
HEALTH & WELFARE

Section 1 Health Insurance

The Town of East Greenwich shall provide health insurance, covering each regular member of the NEA and their family by providing coverage in an amount no less than that provided by Blue Cross Blue Solutions High Deductible Plan with a HSA \$2000/\$4000 or HRA \$2000/\$4000. A copy of said benefits is attached hereto as Exhibit A.

VISION CARE

All full-time and part-time (20-hrs or more) employees covered by this Agreement shall receive vision coverage through a plan that meets or exceeds the specifications of Blue Cross Eye-Med Vision – Focus Eyewear 200. The vision plan shall extend to all individuals enrolled under the employee's health insurance coverage.

- a. **Family Health Savings Account, HSA:** This HSA Blue Cross Blue Solutions 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 pre-tax basis 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
- b. **Individual Health Savings Account:** This HSA Blue Cross Blue Solutions 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, 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. If an employee separates from employment for any reason within the first five (5) months of employment, the employee shall repay to the employer the full amount of any Health Savings Account (HSA) contribution made by the employer. The repayment amount may be deducted from the employee's final paycheck(s). If the final paycheck(s) are insufficient to cover the full repayment amount, the employee shall be responsible for reimbursing the employer the remaining balance within thirty (30) days of separation

For those employees not selecting the Health Savings Account and subscribing to the Health Reimbursable Account with the HDHP \$2000/\$4000, the Town will self-insure the first 50% of the deductible with the balance being the responsibility of the member.

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:

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, 2025, 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 7/1/2025	Effective 7/1/2026	Effective 7/1/2027
Blue Solutions Health Plan	\$1,250	\$1,250	\$1,500
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 2 Dental Insurance

The Town of East Greenwich shall provide each member of the NEA and their family with the Delta Dental plan of Rhode Island with an annual deductible of \$50/\$150 and 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 employee is responsible for verifying dependent status with Delta Dental by December 31st each calendar year. The town reserves the right to not retroactively enroll the dependent once the verification date passes. 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 all employees hired before 7/1/1996, the Town agrees to pay 100% of the dental insurance premium. For all employees hired between 7/1/1996 and 6/30/1998, the Town agrees to pay 85% of the dental insurance premium. For employees hired after 7/1/1998, the Town agrees to pay 80% of the dental insurance premium. A copy of said benefits is attached hereto as Exhibit B.

Section 3 Family Coverage/Insurance "Buy Back"

With respect to the coverages referred in Sections 1 and 2 above, if a husband and wife are both Employees of the Town (including the School Department), the Town will pay for "family" coverage for one Employee and "individual" coverage for the other. In lieu of providing said "individual" coverage, the Town, upon written election of an eligible Employee, submitted prior to June 1, shall pay a lump sum of \$1,000.00 annually. Employees who are eligible and elect this lump sum after July 1, shall be paid a pro rata portion of the lump sum for the balance of the fiscal year.

Until 6/30/96, any Employee who is covered by outside (i.e. non-Town and non-School) medical/dental plans comparable to the coverages set forth in Sections 1 and 2 above, may elect to receive an annual lump sum equal 50% of the Town's cost for the standard plan for which the Employee would be eligible (the "50% buy back") in lieu of said coverage. Employees who have elected this 50 percent buy back, and do not reenter one of the Town's medical/dental plans, will receive the 50% buy back annual lump sum payment. Beginning 7/1/96, employees who are eligible and who elect a buy back will receive an annual lump sum payment of \$1,000.00

In the event an electing Employee's outside medical/dental coverage should cease for any reason, said Employee shall be allowed to reenter the plan said Employee would have been entitled to under Sections 1 and 2 above within 30 days of the Town's receipt of written notice from the Employee. As a condition of reentry, the Employee shall pay in one payment in advance of the Town a sum equivalent to the pro rate balance of the above lump sum payment.

Section 4 Term Life Insurance The Employer will pay the full premium for \$80,000 (effective July 1, 2019) Group Term Life Insurance coverage on the life of each employee covered by this Agreement. Said life insurance shall be administered in accordance with the terms and conditions of the carrier.

Section 5 Workers' Compensation All members of the Bargaining Unit shall be subject to the provisions of the Rhode Island Workers' Compensation Act.

Wage replacement benefits shall be limited to those provided by the workers' compensation carrier in accordance with state law. No additional supplemental payments from the Employer shall be required unless specifically mandated by state law.

Concurrent FMLA Leave While on Workers Compensation

- a) When an employee's work-related injury or illness also qualifies as a "serious health condition" under the Family and Medical Leave Act (FMLA), the Employer will designate the employee's workers' compensation leave as FMLA leave, and such leaves shall run concurrently.
- b) The Employer shall notify the affected employee in writing when their workers' compensation leave is being designated as concurrent FMLA leave within five (5) business days of making such determination.
- c) An employee on concurrent workers' compensation and FMLA leave shall be entitled to all rights and subject to all obligations under both workers' compensation law and FMLA, including but not limited to continued health insurance coverage during the FMLA portion of the leave.
- d) The concurrent designation of workers' compensation and FMLA leave does not extend or otherwise alter the maximum duration of either leave entitlement.

Section 6 Temporary Disability Insurance All employees covered by this Agreement shall be eligible to receive temporary disability insurance.

Section 7 Pension All employees covered by this Agreement shall participate in the Rhode Island Municipal Employees Retirement System. The Town will provide the Cost of Living Adjustment, Plan C, in accordance with Rhode Island General Laws 45-21-52 for eligible employees who retire on or after January 1, 2003.

ARTICLE XXV

UNIFORMS

Section 1 Any uniforms which are required by the Town shall be paid for by the Town.

Direct Reimbursement: The employer shall reimburse employees up to \$450 annually for the purchase of required work clothing or town logo work clothing upon submission of itemized receipts.

Section 2 Clothing Reimbursement Due to working conditions, those employees in the following positions must meet the clothing based on OSHA requirements for protective clothing and equipment, based on OSHA standards (29 CFR 1910.132):

- Highway Superintendent
- Parks & Grounds Superintendent
- Wastewater Treatment Plant Superintendent
- Wastewater Treatment Plant Assistant Superintendent
- Meal Site Coordinator
- Assistant Town Engineer
- Building Official
- Assistant Town Planner
- Planning Analyst
- Senior Driver and Programmer

All other employees not listed above shall receive an annual clothing allowance of \$250.00 to purchase shoes or clothing with the Town logo. Reimbursement will be provided once the member submits the itemized receipt.

Section 3 Inoculations The Town agrees to provide, at no cost to the employees of the Sewer Treatment Division and the Sewer Maintenance, such inoculations as are reasonably necessary to protect said employees from illness which might arise as a result of their normal Town employment.

ARTICLE XXVI

EDUCATIONAL REIMBURSEMENT

Section 1 Employee Reimbursement 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.

Section 2 The Town will reimburse any Union employee who requires a certification or specific license in order to perform said job.

ARTICLE XXVII
USE OF TOWN VEHICLES OR PROPERTY

Section 1 Use of Property Town vehicles and/or property shall only be used by employees in the performance of their duties as authorized by the Town Manager. The cost of repair for damages to Town vehicles or property as a result of an Employee's gross negligence shall be reimbursed to the Town by the employee.

ARTICLE XXVIII
CAR ALLOWANCE

Section 1 Personal Automobiles Employees who are required to use a personal automobile for Town business due to the unavailability of a Town vehicle shall be compensated for the miles driven on Town business at the then current IRS rate.

ARTICLE XXIX
PAY CHECKS

Repealed.

ARTICLE XXX
HEALTH AND SAFETY

Section 1 Safe Workplace No employee shall be required to work in an unsafe area nor required to participate in hazardous activities for which he or she has not been properly trained.

ARTICLE XXXI
PART-TIME EMPLOYEES

All permanent, continuous, part-time employees who are members of the Bargaining Unit shall receive the benefits, leaves and holidays provided for by this Agreement on a pro-rated basis. The pro-ration shall be based on their regular scheduled hours for a given fiscal year. Part-time employment shall be defined as a regular position requiring a minimum of twenty (20) hours worked per week and less than forty (40) hours per week.

ARTICLE XXXII
ORDINANCE AMENDMENTS

Repealed.

ARTICLE XXXIII
NEGOTIATION PROCEDURE

Section 1 Negotiations for a successor contract shall convene in accordance with the General Laws of Rhode Island.

ARTICLE XXXIV
SAVINGS CLAUSE

Section 1 Severability should any provision of this Agreement be found to be in violation of any Federal or State law by a Court of competent jurisdiction, all other provisions of this Agreement shall remain in full force and effect for the duration of this Agreement.

ARTICLE XXXV
CHANGES OR AMENDMENTS

Section 1 Agreement It is hereby agreed that this Agreement contains the complete and entire Agreement between the parties, and that no additions, waivers, deletions, changes or amendments shall be made during the life of this Agreement, except by mutual consent, in writing, of the parties hereto. It is the intent of the parties that this Agreement shall govern the relations between them and not the Town Personnel Regulations.

ARTICLE XXXVI
DURATION OF AGREEMENT

Section 1 This Agreement shall be effective and retroactive for the period July 1, 2025 through June 30, 2028 except as provided hereafter. Negotiations for a subsequent Agreement shall be in accordance with the General Laws of Rhode Island.

ARTICLE XXXVII

LONGEVITY PAY

Section 1 In addition to an employee's base salary, as provided for in Article V, Hourly Rates and Salary, each full-time employee hired before July 1, 2012 shall receive longevity pay based upon their years of service with the Town of East Greenwich. For the purpose of this Article, years of service shall be determined in accordance with Article VI, Seniority, Section 1, Definition. This longevity pay shall be based upon the employee's base salary in accordance with the following schedule:

<u>Years of Service</u>	<u>Longevity Pay</u>
3 - 5 years	2%
6 - 10 years	3%
11 - 15 years	3.5%
16- 20 years	4%
21- 25 years	4.5%
26 and above	5%

Employees hired after June 30, 2012 should be paid longevity in accord with the following schedule:

<u>Years of service</u>	<u>Longevity Pay</u>
Upon completion of 5 years	\$800
Upon completion of 9 years	\$1000
Upon completion of 12 years	\$1200
13-20 years	\$1600
21 years	\$2000

Longevity checks will be distributed on the last pay in November, based upon longevity as of December 31st.

ARTICLE XXXVIII

RETIREE HEALTH SURANCE

Effective July 1, 2025, new employees hired after this date, and are eligible to retire under the Employees' Retirement System of Rhode Island (ERSRI) and/or Social Security shall be responsible for a contribution minimum towards their healthcare in retirement.

Notwithstanding any other provision in this agreement, the Retiree's contribution toward co-share shall not be less than twenty percent (20%) of the total cost-sharing amount. In the event that any calculation, formula, or other determination would result in the Retiree paying less than twenty percent (20%), the Retiree's contribution shall automatically be adjusted to equal twenty percent

(20%) of the applicable cost-sharing obligation."

Employees hired before July 1, 2025 retiring before age 65, the Town will pay 3.3% for each year of continuous Town service toward the cost of the Town's current standard health insurance plan, provided such employee has a minimum of ten (10) years' service with the Town. The retired employee shall be responsible for the other 50% of the deductible of the Health Reimbursement Account and any of the remaining premium balance. Medical coverage for current members of the NEA who may retire in accordance with the Retirement Act prior to age 65 will be provided a Blue Solutions HRA plan.

No employee will receive such benefits until he or she has reached the minimum retirement age or any age after thirty (30) years of service

At the age of 65, each employee/retiree, at Town expense, will receive Blue Cross/Blue Shield Plan 65 single plan, provided such employee has a minimum of ten (10) years of service with the Town. The employee may purchase a Blue Cross/Blue Shield Plan 65 for their spouse at the employee's expense. The employee may choose to enroll in Blue Chip; however, they will be required to pay the monthly premium difference between the Plan 65 and the Blue Chip monthly premium. The Town will only provide gap coverage, with the Town's payment toward the premium capped at \$250.00 per month, with the retiree responsible for anything over \$250.00.

Any employee leaving within five months of the beginning of the fiscal year (July 1st) shall have any remaining co-pay not repaid, deducted from his/her last payroll/vacation/sick check.

Effective for individuals retiring after 7-1-93 with their existing plan, the Town's obligation to provide health care coverage for a retiree shall continue until the retiree or his/her spouse is enjoying health care coverage from another employer. If the 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 health care provider the additional premium required to provide medical benefits not less than that provided by the Town plan. If the health care program enjoyed from the new employer of the retiree or his/her spouse ceases to be provided at any time before the retiree becomes eligible for Medicare, then the Town's obligation to pay for health care coverage as aforesaid shall resume.

Effective for individuals retiring after 7-1-93, each year, employees who are on pension shall be required to sign an affidavit as to any medical coverage they or their spouse may have. Such affidavit shall be in a form approved by the Town and shall be submitted to the Administrative Services Manager no later than June 30 of each contract year. Should the retiree fail to file the affidavit with the Administrative Services Manager in a timely fashion after receiving 30 days written

notice from the Town by certified mail, return receipt requested, the Town shall be relieved of its obligation to provide continued health care coverage hereunder for the contract year.

IN WITNESS WHEREOF the parties have hereunto set their hand and
seals this 6 day of August 2025

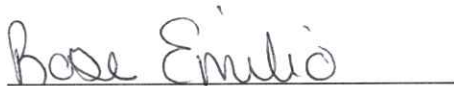
FOR THE TOWN OF
EAST GREENWICH

By:



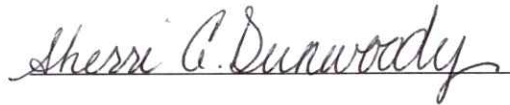
Andrew E. Nota
Town Manager

Witnessed By:



FOR THE EAST GREENWICH
MUNICIPAL EMPLOYEES
ASSOCIATION (NEARI)

By:



Acting President
East Greenwich Municipal Employees

Witnessed By:



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: 07/01/2025 - 06/30/2026

Coverage for: See below **Plan Type:** HDHP



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

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-639-2227 or (401) 459-5000 or TDD 711 or visit us at www.BCBSRI.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-800-639-2227 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 out-of-pocket limit for this plan?	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 <u>network providers</u> .	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 <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No	You can see the <u>specialist</u> you choose without a referral.



- All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	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 24 visit(s) per year
	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 services
	Imaging (CT/PET scans, MRIs)	No Charge	40% coinsurance	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.Caremark.com .	Tier 1 generic drugs	No Charge (Retail & Mail Order)	Not Covered	CVS Caremark administers the Pharmacy benefit. All specialty and some non-specialty medications require a Prior Authorization before being dispensed. Frequency of fills are as follows: 30 days for retail; 90 days for mail; 30 days for Specialty.
	Tier 2 preferred brand name drugs	No Charge (Retail & Mail Order)	Not Covered	
	Tier 3 non-preferred brand name drugs	No Charge (Retail & Mail Order)	Not Covered	
	Tier 4 specialty prescription drugs	No Charge (CVS Specialty Pharmacy only)	Not Covered	

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	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 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.
	Habilitation services	No Charge	40% coinsurance	
	Skilled nursing care	No Charge	40% coinsurance	
	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
If your child needs dental or eye care	Children's eye exam	No Charge	40% coinsurance	Limited to one routine eye exam per year.
	Children's glasses	Not Covered	Not Covered	None
	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.)

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

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

- | | | |
|---------------------|--|----------------------------|
| • Bariatric Surgery | • Infertility treatment | • Private-duty nursing |
| • Chiropractic care | • Most coverage provided outside the United States. Contact Customer Service for more information. | • Routine eye care (Adult) |
| • Hearing aids | | |

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, kwijigo holne' 1-800-639-2227.

Fer Hilf griege in Deutsch, ruf 1-800-639-2227 uff.

Mo se fesoasoani i le Gagana Samoa, vala'au mai i le numera telefoni 1-800-639-2227.

ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-800-639-2227.

Para un ma ayuda gi finu Chamoru, a'gang 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 deductible	\$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:

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 well-controlled condition)

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

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In 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	No Charge

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
---------------------------	----------------

In 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.

Using your vision benefits is easy and hassle-free!

BlueCrossVision

It's simple to use your Blue Cross Vision benefits! Your vision plan gives you 24/7 access to your benefits and plan information with our online self-service tools. Plus we've got thousands of independent providers and retail options where you can have an eye exam and purchase eyewear.

HERE'S HOW IT WORKS:

1. Review your benefits online

Visit bcbsri.com anytime from your laptop or mobile device to view your benefits, eligibility, and claims status. You can also use our enhanced provider search tool to easily find a provider and schedule your eye exam.

2. Selecting eyewear

When you go to get your eyewear, you don't even need your ID card – just your name and date of birth. The provider will take care of the rest. You don't even need to file a claim...there's no paperwork and no hassles. Just great benefits and service to help you get the most from your vision coverage. (If you prefer to have an ID card with you, you can also log in to bcbsri.com to download a copy.)

The EyeMed[®] Access Network is the largest national network* of vision providers, including most independent providers and famous retail locations like:



You can even get the same great selection and service online at ContactsDirect.com and Glasses.com



WE'RE HERE FOR YOU!

Have any questions or need assistance getting a copy of your ID card? Call our customer service center at **(401) 459-5000** or **1-800-639-2227** from outside Rhode Island.

Hours are Monday through Friday, 8:00 a.m. to 8:00 p.m.;
Saturday and Sunday, 8:00 a.m. to noon.

*Based on EyeMed internal data compared to data on other vision benefit companies obtained through NetMinder, September 2015



www.bcbsri.com

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12/17 VSN-221749

Blue Cross Vision - Focus EyeWear 200

Insight Network

Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement
Frames, Lenses, and Lens Options Package (Any frame, lens, and lens options available at provider location)	\$200 allowance for frames, lenses, and lens options; 20% off balance over \$200	up to \$100
Contact Lenses (Contact lens allowance includes materials only.)	In lieu of Lenses/Frame	
Conventional	\$0 copay, \$200 allowance; 15% off balance over \$200	up to \$160
Disposable	\$0 copay, \$200 allowance	up to \$160
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Discounts	40% discount off complete pair of prescription eyeglasses	
	15% discount off conventional contact lenses once funded benefit has been used	N/A
	20% off non-prescription sunglasses	
Frequency Frames; lenses or contact lenses	Once every 12 months	Once every 12 months

Please Note: Your benefits cannot be combined with any other discounts, coupons, or promotional offers unless otherwise noted in an offer.



This is a summary of your vision benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call our Customer Service Department. If you have questions about receiving medical care, please call your doctor.

EyeMed Vision Care is an independent company, contracted by Blue Cross & Blue Shield of Rhode Island to provide vision benefit management services.

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07/23 VSN-788577

Gain control with a health savings account

Your BlueSolutions plan gives you access to a health savings account (HSA) that gives you more control over the money you spend on doctors, drugs, and tests.

It's a little like a retirement account for medical expenses. When you put money into your HSA, you get a triple tax advantage:

- The money you put in may reduce your taxable income
- Interest you earn in an HSA is tax-free
- The money isn't taxed when you spend it on qualified medical expenses

You can let the money in your HSA roll over, so you can use it next year or even in retirement. You never lose it.

Tax savings example* for a married couple in Rhode Island filing a joint tax return.



2025 annual contribution maximums

Individual plans: \$4,300
Family plans: \$8,550

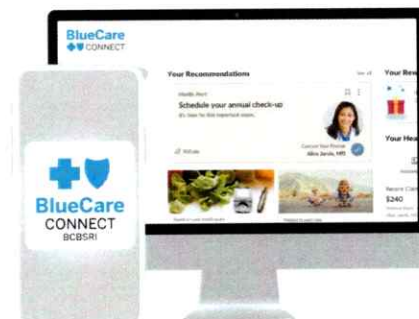
If account holder is 55 years or older, they can contribute an extra \$1,000.

*This example is for illustrative purposes only and does not represent actual tax impact.

Register with BlueCare Connect

On or after January 1, 2025, follow these steps to register with BlueCare Connect.

1. Download the BlueCare Connect app or go to BlueCareConnectRI.com.
2. Follow the registration prompts.
3. Once registered, you can access your HSA and other health benefits information—and much more.



Use BlueCare Connect to access your HSA

- Log in to your BlueCare Connect account.
- Look for your HSA under "Benefits" on your dashboard.

Learn about eligible/ineligible expenses*

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses. The expenses must be primarily to alleviate or prevent a physical or mental disability or illness. A complete list and discussion of these expenses is available on the IRS website. The IRS may modify this list at any time.

Eligible

Acupuncture	Eyeglasses	Non-prescription medicines, like cold and flu pills
Ambulance	Eye surgery	Nursing home
Birth control pills	Hearing aids	Optometrist
Braces	Hospital services	Prescription drugs
Cancer treatment	Insulin treatment	Psychiatric care
Chemical dependency	Laboratory fees	Psychologist
Childbirth/delivery	Long-term care	Smoking cessation programs
Chiropractor	Machine tests	Surgeon fees
Contact lenses	Medicare Part D premiums	Transplants
Deductibles	Menstrual products	Transportation for healthcare
Dental treatment	Mental health	Vision expenses
Diagnostic tests	Neurologist	X-ray fees
Durable medical equipment		

Ineligible

Cosmetic surgery	Health club dues	Teeth whiteners
Deodorant	Medicated shampoo and soap	Tissues
Electrolysis hair removal	Multivitamins	Toiletries
Funeral expenses	Soap	

* This list is for illustrative purposes and is not a complete list of qualified medical expenses. All items on the list may be subject to further limitations. Consult your tax advisor for specific tax advice. Please see IRS Publication 502 for a more detailed listing of qualified medical expenses.

This communication has been prepared for informational purposes only, and is not intended to provide, and should not be relied on, for tax, legal, or accounting advice. You should consult your own tax, legal, and accounting advisors before engaging in any transaction. HSAs are not insurance. HSAs are individual accounts, and are subject to eligibility and restrictions, including but not limited to, restrictions on distributions for qualified medical expenses set forth in section 213(d) of the Internal Revenue Code.



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Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

8/24 EMP-0137076

Maximize your take-home income with a Flexible Spending Account

Your flexible spending account (FSA) through Blue Cross & Blue Shield of Rhode Island (BCBSRI) allows you to pay for qualified expenses (such as healthcare and dependent care) with pre-tax dollars. Since taxes are not deducted from your FSA payroll contributions, you'll pay less in federal, state, and FICA taxes—that means more take-home pay.

With an FSA, you benefit from the following:

- The money you put in may reduce your taxable income
- Taxes aren't deducted, so you get more spending power when you pay for qualified expenses

Increase your take-home income

	Not enrolled in an FSA	Enrolled in an FSA	Benefits
Pre-tax annual income	\$38,000	\$38,000	
FSA contribution	\$0	\$500	FSA funded by pre-tax dollars
Annual taxable income	\$38,000	\$37,500	FSA contributions can reduce taxable income
Federal, state & FICA	\$10,127	\$9,994	Pay less in taxes
Out-of-pocket medical expenses	\$500	\$0	Out-of-pocket medical expenses paid by pre-tax dollars in your FSA
Take-home annual income	\$27,373	\$27,506	Take home income increases by \$133

For illustrative purposes. Your tax situation may be different. Consult a tax advisor.

Here's how it works

Log in to your FSA account

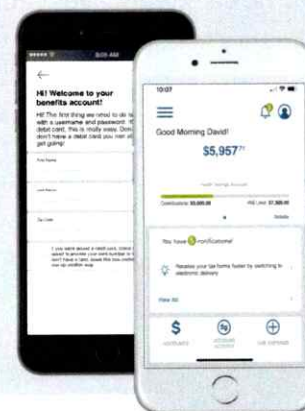
- Go to **bcbsri.wealthcareportal.com** and click **Register** in the upper right corner.
- Explore FSA tools and resources online
 - View your account
 - Calculate your savings
 - Learn how to use your FSA

Make payments

- FSA debit card
- Online reimbursement request
- Paper claim submission

Download the BlueSolutions Spending app

Manage your FSA account on the go.
Find details at your FSA account online.



Learn about eligible/ineligible expenses*

Healthcare



Eligible expenses:

Acupuncture
Ambulance
Birth control pills
Braces
Cancer treatment
Chemical dependency
Childbirth/delivery
Chiropractor
Contact lenses
Deductibles
Dental treatment
Diagnostic tests
Durable medical equipment
Eyeglasses
Eye surgery
Hearing aids
Hospital services
Insulin treatment
Laboratory fees

Machine tests
Menstrual products
Mental health
Neurologist
Non-prescription medicines,
like cold and flu pills
Nursing home
Optometrist
Prescription drugs
Psychiatric care
Psychologist
Smoking cessation programs
Surgeon fees
Transplants
Transportation for
healthcare
Vision expenses
X-ray fees

Ineligible expenses:

Cosmetic surgery
Deodorant
Electrolysis hair removal
Funeral expenses
Health club dues
Medicated shampoo
and soap
Multivitamins
Teeth whiteners
Tissues
Toiletries

Dependent Care



Eligible expenses:

Child day care programs
Before- and after-school programs
Home care (caregiver cannot be spouse or dependent and must be 19+ years of age)
Nursery school program

*This list is for illustrative purposes and is not a complete list of all eligible and ineligible expenses. Please see IRS Publication 502 for a more detailed and accurate listing of qualified healthcare expenses.

This communication is not intended as legal or tax advice. Please contact a legal or tax professional for personal advice on FSA eligibility, tax treatment, and restrictions.



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08/22 MLT-783826

TOWN OF EAST GREENWICH-B

Group Number: 5885-0401

Delta Dental PPO Plus Premier™

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: \$2000

Deductible

Individual \$50

Family \$150

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
- Simple extractions not requiring surgery
- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings and composite (white) fillings
- Root canal therapy on permanent front teeth for permanent front teeth. One procedure per tooth per lifetime.
- 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 100%; Member Coinsurance 0% - (Deductible Applies)

- 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
- Surgical 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 for bicuspid and molars
- P • Crowns over natural teeth, build ups, posts and cores replacement limited to once every 60 months

Plan pays 50%; Member Coinsurance 50% - (Deductible Applies)

- P • Bridges and crowns over implants replacement limited to once every 60 months
- P • Partial and complete dentures replacement limited to once every 60 months
- P • Root planing and scaling once per quadrant every 24 months
- P • 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%

- P • 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. Payment is based on the Delta Dental allowance for each service. 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 deltadentalri.com/el. To be covered, services must be dentally necessary and appropriate as per our review guidelines.

Note: 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 a non-participating 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 deltadentalri.com.

How to Find a Dentist

When you choose from Delta Dental's extensive network of dentists, you're sure to find one that's right for you. Visit deltadentalri.com to use our online Find a Dentist tool. You can see if your current dentist is in our network or look for a new participating 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 participating dentists that meet your needs – as well as maps and driving directions.

Beyond Benefits

When you visit us at deltadentalri.com, 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.



Delta Dental of Rhode Island

TOWN OF EAST GREENWICH
5885-0400, 0401 & 0421

Introducing: The *Maximum Carry Over Provision*

To get the most out of your benefits, we encourage you to take advantage of the preventive care services covered under your plan. In addition to good oral health habits, regular dental check-ups are the best way to maintain healthy teeth and gums.

As further incentive for you to receive regular dental care, we now offer an annual Maximum Carry Over Provision as part of your dental benefit program.

This unique benefit allows you to “carry over” unused portions of your annual maximum to the following Plan Year, provided you use your preventive care benefits. You are eligible to carry over up to \$350* annually of the unused portion of your annual maximum (up to the calendar year maximum benefit).

Important Note: Orthodontic benefits are excluded from this program. If you have any questions regarding the benefits covered under your dental plan, please contact your Human Resources Department.

Who is eligible for Maximum Carry Over?

- You and any of your dependents enrolled for a full calendar year are eligible for the annual Maximum Carry Over Provision.
- You must have a preventive care visit during the year to qualify for a carry over. The total claim activity can not exceed the paid claims threshold during the benefit year.

Below is an example of Maximum Carry Over benefits for a member enrolled in a \$2,000 annual maximum plan:

Annual Maximum	Claim Threshold	Annual Carry Over	Carry Over Bonus*	Carry Over Limit
\$2,000	\$500	\$250	\$100	\$2,000

** A bonus is available for members who receive services exclusively from a participating dentist.*

The above chart depicts an employee who has a \$2,000 annual maximum dental plan. Having received at least one preventive visit during the year, this employee is eligible to carry over \$250 to the following year. Because the employee received treatment from a participating dentist, they are eligible for a Carry Over bonus of \$100.

NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY POLICY

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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.

Welcome to Delta Dental Premier®



Brush for
two minutes,
two times a day



Floss daily



See your dentist
regularly for
preventive care

We're so happy you're with us! With the Delta Dental Premier® plan administered by Delta Dental of Rhode Island, you've got all the tools and information you need to take great care of your oral health.

As a Delta Dental member, you get:

- Instant recognition of your Delta Dental card nationwide
- No paperwork and no hassles. Our network dentists file claims with us on your behalf
- Access to a wide network of dentists nationwide

Make the Most of Your Dental Benefits

Register at deltadentalri.com

Create your online account to get important information and see up-to-the-minute tracking of how you've used your benefits. You can:

- Review your deductible and maximum amounts
- See who's covered on your plan and print a copy of your ID card
- Find tips to help you care for your teeth and gums
- Read the latest issue of *Grin!* magazine

See a participating dentist to maximize your benefits

When you see an in-network, or participating, dentist from our nationwide Premier network, **you'll have lower out-of-pocket costs**. And, we file claims for you and pay your dentist directly for covered services. Need to find an in-network dentist near you? Start with our **Find a Dentist** tool at deltadentalri.com. Be sure to select the **Premier** plan if you're looking for a dentist outside Rhode Island. If you need help, call our friendly Customer Service team at 1.800.843.3582. We're here Monday through Friday, from 8 a.m. to 5 p.m. (ET).

Choose any dentist

You have the freedom to see a dentist who doesn't participate in the Delta Dental Premier program. But, doing so will usually cost you more money because the dentist hasn't agreed to accept our network allowances as full payment. If you see a non-participating dentist, ask the dentist to complete a standard American Dental Association (ADA) claim form. Claims should be sent to Delta Dental of Rhode Island, P.O. Box 1517, Providence, RI 02901-1517.

What to do in an emergency

If you have a life-threatening emergency, go to the nearest hospital for treatment and submit any claims to your medical insurance plan. If you have an urgent *dental* condition, seek treatment at the nearest dental facility, regardless of whether the dentist is in the Delta Dental network. You don't need prior approval before seeking treatment; however, your dental plan will pay only for covered services done in a dental facility by a licensed dentist. We don't cover services done in a hospital, surgi-center or an urgent care facility.

Most dental offices treat patients within 24 hours for urgent appointments. Use our Find a Dentist tool at deltadentalri.com or call Customer Service at 1.800.843.3582 if you need help finding a dentist.

Pre-treatment estimates

If your dentist recommends treatment that is expected to cost \$300 or more, it's a good idea for the dentist to file a pre-treatment estimate with us. We'll review the treatment plan and let you and your dentist know in advance how much we'll cover. For services that your dental plan doesn't cover at 100%, a pre-treatment estimate lets you know what your out-of-pocket costs will be. Your benefit highlights will tell you which services may *require* a pre-treatment estimate.

Coordination of benefits

If you or a family member has another medical or dental plan, we'll coordinate payment with them using, in most cases, standard insurance industry guidelines. This coordination helps control the overall cost of dental insurance. You're responsible for letting your dentist know that you're covered by another plan so your dentist can provide that information on your claim.

Your right to appeal

You have the right to appeal any adverse benefit decision on a claim or any pre-treatment estimate. We'll let you know about your appeal rights whenever a claim is not paid (in whole or in part). We do this through your Explanation of Benefits form or Pre-treatment Estimate notice. You'll find a detailed explanation of all your rights to appeal in the "Members" section at deltadentalri.com. Remember: Appeals need to be filed within certain timeframes, so please review your appeals rights carefully to be sure you don't miss a deadline. Additionally, if you are dissatisfied with any part of our practices or the quality of care you received, you, your authorized representative or your dentist can make a complaint over the phone, in an email or in a letter. Learn more at deltadentalri.com.

Changes in status

Certain changes in your family status affect your dental coverage. Tell your plan sponsor about a:

- Change of address
- Marriage or divorce
- Birth or adoption
- Death of a family member

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, encontramse disponíveis serviços linguísticos, grátis. Ligue para 1-800-843-3582.

Have questions? Get in touch.

Call our friendly Customer Service team at 1.800.843.3582. We're here Monday through Friday, from 8 a.m. to 5 p.m. (ET).

Group Plan65[®] Plan G with SNF



Our Group Plan65 Plan G is a Medicare Supplement "Medigap" plan that picks up where Medicare leaves off, making it easier for you to budget your healthcare expenses. You can get care from Original Medicare-participating providers of your choice nationwide. This plan pays for Original Medicare's cost-sharing deductibles and coinsurance. It does not cover services beyond what Original Medicare provides, unless otherwise noted.

Benefit Features	With Original Medicare, you pay:	With Medicare and Group Plan65 Plan G, you pay:
Part A Services		
Hospitalization		\$0
• First 60 days	\$1,676 per benefit period	
• Days 61 - 90	\$419 per day	
• Days 91 and after while using 60 lifetime reserve days	\$838 per day	
• Once lifetime reserve days are used, an additional 365 days	All costs	
Skilled nursing facility care		All costs
• First 20 days	\$0	
• Days 21 - 100	\$209.50 per day	
• Days 101 and after	All costs	
Part B Services		
Part B excess charges	All costs	\$0
Immunizations & screenings	\$0	
• Immunizations		
• Bone mass measurement		
• Colorectal screening exams		
• Diabetes screening		
• Annual mammography screening		
• Pap tests and pelvic exams		
• Prostate cancer screening exams		
Lab services (Medicare-covered)		
Home health care (Medicare-covered)		
Hospice care	Medicare copay/coinsurance	\$257 annual deductible
Office visits	20% of Medicare-approved amounts after \$257 annual deductible	
• Doctor visits		
• Non-routine hearing services		
• Non-routine vision care		
• Non-routine podiatry services		
• Chiropractic services (limited)		
Emergency room		
Outpatient surgery		
Diagnostic tests and X-rays		
Durable medical equipment and prosthetics		
Urgently needed care		
Ambulance services		
Foreign travel care	All costs	20% after \$250 deductible ¹

1. \$250 deductible is annual. There is a \$50,000 lifetime maximum for the foreign travel care benefit.

Enrolling in Group Plan65[®] Plan G?

**Contact Mark Thomas, Group Medicare Account Executive,
at (401) 459-2409 for more information.**

Already a Group Plan65[®] Plan G Member?

**Contact the Medicare Concierge team at
1-800-267-0439 (TTY: 711) for more information.**

Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday, 8:00 a.m. to noon.

(Open seven days a week, 8:00 a.m. to 8:00 p.m., October 1 - March 31.)

You can use our automated answering system outside of these hours.

This is a summary of benefits. It is not a contract. For details about cost and coverage, including any limits and exclusions not noted here, please call the Group Medicare Account Executive at the number listed above or refer to the plan's subscriber agreement online at bcbsri.com. To be eligible for Group Plan 65, you must be enrolled in both Part A and Part B of the Original Medicare Program. All services should be received from an Original Medicare-participating provider, except in emergencies. 2025 Part A Deductible = \$1,676 per benefit period. 2025 Part B Deductible = \$257 per calendar year. Medicare amounts are current for 2025 and may change on an annual basis. Part B deductible may apply to Medicare approved doctor's visits. Not contracted with or endorsed by the U.S. Government or the federal Medicare program. Insured by Blue Cross & Blue Shield of Rhode Island. The purpose of this communication is the solicitation of insurance. You may be contacted by a licensed insurance producer or insurance company. These policies have exclusions or limitations. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

