

**Town of Auburn
Board of Selectmen
February 5, 2018
Town Hall**

6:00 p.m.

- () **Non-Public Session pursuant to RSA 91-A: 3, II (c) & (e)**
Consideration of pending negotiations of claims or litigation, and matters which could affect the reputation of someone other than a member of the Board.

7:00 p.m.

- () **Call to Order – Pledge of Allegiance**
Approval of Accounts Payable for Week of January 29, 2018 -- \$321,903.39
Approval of Payroll for the Week of February 5, 2018
Consent Agenda – as of February 5, 2018

- () **Appointments with the Board**

- () **New Business**
Review of February 3rd Deliberative Session
Shred Day Event – May 12, 2018
2017 Encumbered Funds
Proposed Revision to Town Budgeting Process
Town Health Insurance Coverage

- () **Old Business**
Handling of Funds Raised from Sale of Scarecrows for Skate Park Project
Auburn Fire Department Standard Operating Guidelines / Policies

- () **Other Business**
Next Meetings: Monday, February 12th, 7 PM -- MRI Report
Tuesday, February 13th, 6 PM – Joint Meeting with School Board

- () **Minutes**
- January 22, 2018 Public Meeting
 - January 22, 2018 Non-Public Meeting (x 2)

- () **Non-Public Session pursuant to RSA 91-A: 3, II (c)**
Consideration of matters which could affect the reputation of someone other than a member of the Board.

- () **Adjourn**

Note: "Any person with a disability who wishes to attend this public meeting and needs to be provided reasonable accommodations in order to participate, please contact the Board of Selectmen's Secretary at (603) 483-5052 x100, so that arrangements can be made."

Bill Herman

From: Karen Flecchia <Karen@nerecordretention.com>
Sent: Thursday, January 25, 2018 12:30 PM
To: Bill Herman
Subject: Shred Day - May 12, 2018

Hi Bill,

Per our phone conversation today you are scheduled for:

May 12, 2018
9am - Noon
Town Parking Lot
\$600.00

Thank you!

Karen M. Flecchia

Information Security Consultant
karen@nerecordretention.com

Phone: 877-603-3100

Fax: (603) 792-8693

My office hours: Monday-Thursday



NORTHEAST RECORD RETENTION, LLC
101 West River Road
Hooksett, NH 03106
www.nerecordretention.com

MEMO

Date: February 5, 2017

To: Board of Selectmen

From: Adele A. Frisella
Finance Director

Re: 2017 Encumbered Amounts

This is to verify encumber amounts from the year ended, December 31, 2017. These amounts represent expenditures not made before the end of the year, but the projects had been agreed to in 2017 or prior. The Master Plan and CIP are being continued into 2018 with an encumbered amount remaining of \$3,803.15. Griffin Mill Bridge is not anticipated to begin until July of 2020 with \$115,886.96 encumbered for 2018. The \$10,000 taken from the Longmeadow Trust for maintenance had a remaining amount of \$5,544.50 to be used in 2018.

\$ 3,803.15	Master Plan & CIP Updates	01-4191-3-390-2
115,886.96	Road Recon/Griffin Bridge	01-4909-9-930-0
<u>5,544.50</u>	Longmeadow Cemetery Maint.	01-4195-5-580-1

\$125,234.61



www.shadetreelandscapingnh.com
PO BOX 577, AUBURN, NH 03032

PROPOSAL

MAINTENANCE 2017

To:
Don Dollard
73 Dollard Road
Auburn, NH 03032

Location: Longmeadow Cemetery
615 Chester Rd, Auburn
Phone: 483-8323
Mobile:
Email: dollard73@comcast.net
Date: October 9, 2017

We hereby submit specifications and estimates for:

PULL ROCKS

\$86.00

To pull out rocks in lawn areas. Only rocks that we can dig out by hand will be done (softball size rocks +/-). This will be done in the 20,000 square feet area that we are working on.

RESET MARKERS

\$86.00

To reset markers as needed. Some are too high, some are too low and some just need to be leveled/straightened. This is for the 20,000 square feet area only.

SPREAD LOAM

\$1,500.00

This will be to fill in holes, low spots and regarding as needed only. It is not going to cover entire area. Spreading of loam will be limited to 10 yards of loam. We will spread 10 yards of loam until we run out. There is no commitment to any size area.

Payable as follows:

Payment due fifteen (15) days from invoice date.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized
Signature

Scott Malo

NOTE: This proposal may be withdrawn by us if not accepted with 30 days.

ACCEPTANCE OF PROPOSAL – The prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

SIGNATURE

DATE



www.shadetreelandscapingnh.com
PO BOX 577, AUBURN, NH 03032

PROPOSAL

MAINTENANCE 2017

To:
Don Dollard
73 Dollard Road
Auburn, NH 03032

Location: Longmeadow Cemetery
615 Chester Rd, Auburn
Phone: 483-8323
Mobile:
Email: dollard73@comcast.net
Date: October 9, 2017

We hereby submit specifications and estimates for:

SLICE SEEDING

\$855.00

Approximately 20,000 square feet of weak lawn areas will be overseeded with appropriate seed to help rejuvenate these areas. Slice seeding is typically done in late summer for better success of germination and less competition with weeds. Slice seeding cannot be done in the spring or early summer on lawns that have crab grass control. Slice seeding will be done in two directions. There is no guarantee on germination of slice seeding. Shade Tree Landscaping will not be responsible for any damage to underground utilities (e.g. dog fences, irrigation systems, etc.).

LAWN FERTILIZATION

\$1,046.00 Per Application

TOTAL 4 APPLICATIONS FOR SEASON = \$4,184.00

All lawn areas will be fertilized four (4) times per year with the appropriate fertilizer. This price includes pre-emergent crabgrass control, broadleaf weed control and surface insect control.

LIMING

\$1,000.00

All lawn areas will be limed once (1) during the growing season.

Payable as follows:

Payment due fifteen (15) days from invoice date.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized
Signature

Scott Malo

NOTE: This proposal may be withdrawn by us if not accepted with 30 days.

ACCEPTANCE OF PROPOSAL – The prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

SIGNATURE _____

DATE _____



www.shadetreelandscapingnh.com

PO BOX 577, AUBURN, NH 03032

PROPOSAL

MAINTENANCE 2017

To:

Don Dollard
73 Dollard Road
Auburn, NH 03032

Location:

Longmeadow Cemetery

615 Chester Rd, Auburn

Phone:

483-8323

Mobile:

Email:

dollard73@comcast.net

Date:

October 9, 2017

We hereby submit specifications and estimates for:

AERATION

\$440.00

Approximately 20,000 square feet of lawn areas will be aerated to relieve any compaction of soil and to allow air, water and nutrients to reach the roots of the grass to promote deeper root structure. Aerating will be done in two directions. Shade Tree Landscaping will not be responsible for any damage to underground utilities (e.g. dog fences, irrigation systems, etc.).

APPLY SOIL AMENDMENT

\$1,280.00

To top dress approximately 20,000 square feet of lawn with soil amendment. This amendment is to help hold moisture in the soil. I will relieve compaction and manage moisture. It will add permanent water and air-holding space which will help strengthen turf grass and aid in turf recovery.

TOTAL for 20,000 sq ft of lawn renovation = \$4,247.00

TOTAL for fertilizing and liming all lawn areas = \$5,184.00

TOTAL FOR 2018 SEASON = \$9,431.00

Payable as follows:

Payment due fifteen (15) days from invoice date.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized
Signature

Scott Malo

NOTE: This proposal may be withdrawn by us if not accepted with 30 days.

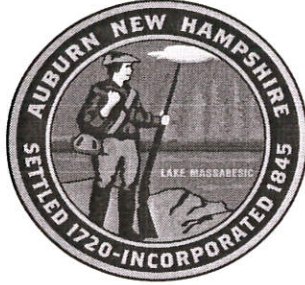
ACCEPTANCE OF PROPOSAL – The prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

SIGNATURE

DATE

Town of Auburn


Town Hall
47 Chester Road
P.O. Box 309
Auburn, NH 03032



Town Administrator

William G. Herman, CPM
Phone: (603) 483-5052 Ext. 111
Fax: (603) 483-0518
E-Mail:
townadmin@townofauburnnh.com

To: Board of Selectmen
Cc: Peter Miles, Budget Committee Chair Adele Frisella, Finance Director


From: Bill Herman, Town Administrator
Date: January 25, 2018
Re: Proposed Revision to Town Budgeting Process

One of the goals the Board of Selectmen established for 2018 was to revise the Town's budgeting process in such a manner that would provide the Board of Selectmen and the Budget Committee with a view of the entire Town budget at the beginning of the budgeting process before both boards begin to meet with the individual departments and boards.

Currently, both boards are dealing with the budget in a building block fashion one department at a time, and they do not get the entire picture until they have acted on all of the individual pieces.

We would propose the Board of Selectmen formally revise the Town budgeting process in such a way as to require the submission of all budget proposals for a given year to the Town Administrator & Finance Director by the end of August. This would enable a compilation of the entire budget so that the Administrator and Finance Director could present to the Board of Selectmen an overall full Town budget at the Board's first budget meeting by mid-September. With that knowledge in hand, the Selectmen would then commence meeting with each individual department and board as they do now to review and approve budget numbers.

The same process would also be afforded to the Budget Committee, with the Town Administrator and Finance Director presenting an entire Town budget package to the Budget Committee in early October, and then the Committee would commence their meeting with each individual department and board as they do now to review their proposals, the Board of Selectmen recommendations and then make their decisions.

There will clearly be some items that are not available by the September time frame – such as potential wage adjustments, health insurance rates and other items whose costs are set by others. For those items, budget numbers would initially be provided with the current rates or expenses, and the Town Administrator and Finance Director will note for both the Selectmen and the Budget Committee which budget accounts are completed in that manner.

For a quick timeline, here is what we are proposing for process:

- August 15th – All budget proposals due into the Finance Director
- By September 10th – First Selectmen's budget meeting to receive full budget outline from the Town Administrator and Finance Director
- Mid-September through November – Selectmen's budget meetings with individual departments and boards.

- First Week of October -- Budget Committee's first meeting to receive full budget outline from the Town Administrator and Finance Director
- Mid-October through December – Budget Committee's budget meetings with individual departments and boards.
- January – Final action and public hearing on proposed Town budget and warrant articles held by the Budget Committee.

We believe this approach to the Town's budgeting process will provide more overall information up front in the process for both the Board of Selectmen and the Budget Committee, and may be helpful in shaping decisions and goals moving forward.

While early in the year at this point, we are seeking the Board's thoughts and approval at this point to enable the Town Administrator and Finance Director to begin advising the Town departments and boards of this new process. For most of them, it will require that they begin and complete their budgeting efforts as much as two months earlier than they do today – and we should provide as much advance notice as possible of this adjustment.

Our suggestion would be to try this approach for the FY 2019 Town budget process and, if successful, adopt an operating policy at that time that would make the change a more permanent one moving forward.

If the Board is in agreement with the approach and the general time frames outlined above, it would be appropriate if the Board approved the following motion:

Move to approve revising the Town's annual budgeting process to require the initial budget submissions by all departments to be provided to the Finance Director by August 15th of each year to enable the Town Administrator and Finance Director to assemble an initial full budget package for the Board of Selectmen and Budget Committee at the beginning of each budget season.

Thank you for your consideration.


Town of Auburn

Town Hall
47 Chester Road
P.O. Box 309
Auburn, NH 03032



Town Administrator

William G. Herman, CPM
Phone: (603) 483-5052 Ext. 111
Fax: (603) 483-0518
E-Mail:
townadmin@townofauburnnh.com

To: Board of Selectmen
Cc: Adele Frisella, Finance Director

From: Bill Herman, Town Administrator
Date: January 26, 2018
Re: Town Health Insurance Coverage

As you may recall, the Town currently offers employee health insurance coverage through a public sector risk pool called "SchoolCare" (NH School Health Care Coalition) which has Cigna as the carrier. This is the same pooled insurance program utilized by the Auburn School District.

During the past week, the Town received a proposal from the Health Trust, another long-term public sector risk pool, for the provision of health insurance coverage. The Town of Auburn used to have health insurance coverage through Health Trust, and currently has dental, life and disability coverage in addition to Flexible Spending Accounts (FSA) and Section 125 coverage there. The Health Trust has Anthem Blue Cross Blue Shield as their carrier.

Adele Frisella has spent time to prepare the attached analysis of the coverage provided by the two different insurance plans. They are very similar, but there are some differences in pieces of the coverage for those covered by the plan. The biggest differences being in the cost and handling of prescriptions and maximum out of pocket costs. We have highlighted all of the differences on the attached analysis for you.

The Town's current health insurance coverage runs on a July to June time frame, and the proposal from the HealthTrust also is for July 2018 – June 2019. The monthly rates listed at the bottom of the analysis page are rates that would go into effect as of July 1, 2018 and only affect the 2018 budget for six months.

From a premium perspective, the Health Trust rates (as long as the level of coverage required by current employees remains the same) would result in a savings of \$19,322.65 in 2018. When you look at the whole coverage year (July 1, 2018 through June 30, 2019), it is a total savings of \$38,645.30.

The decision as to the vendor the Town uses and the type of coverage the Town offers for health insurance is the Board of Selectmen's to make. We are required to provide advance notice to the covered employees if a change in coverage or carrier is going to occur.

To lock in the SchoolCare rate, we need to act at your next meeting on February 5th. It would be best to make a decision on this front sooner than later, but particularly if a change in carrier is going to take place. We will have it on the agenda for your February 5th meeting.

Thank you for your consideration.

	SchoolCare Cigna	HealthTrust Anthem
Preventive Care		
Routine Physical Exam	\$0	0
Routine Immunizations	\$0	0
Well Child Preventive Care	\$0	0
Well Woman Preventive Care	\$0	0
Well Adult Preventive Care	\$0	0
Naturapathic Services	\$0	NA
Vision Care		
Routine Exam (1 per year)	\$10	
Routine Exam (Adult 1 every 2yrs) (To 18 yrs 1 per year)		\$10
Hearing Care		
Hearing Tests 1 per year	\$10	\$0
Emergency & Urgent Care		
Hospital Emergency Room	\$50	\$50
Urgent Care Facility	\$25	\$50
Hospital Care (In Patient Services)		
Medical, Surgical & maternity	\$0	\$0
Out Patient Hospital Care		
Surgery	\$0	\$0
Radiation & Chemotherapy	\$0	\$0
Anesthesiologists	\$0	\$0
Operating Room	\$0	\$0
X-Ray & Laboratory	\$0	\$0
Mental Health/Substance Abuse		
Outpatient (Physician's Office)	\$10	\$10
Inpatient Hospitalization & Outpatient Facility	\$0	\$0
Chiropractic Care		
Office Visits	\$10	\$10
	20 visits	12 visits
Acupuncture	\$10	\$0
Office Visits	12 visits	
Durable Medical Devices		
External Prosthetic Appliances	20%	20%
Prescriptions	Retail	Retail Retail only able to fill
\$5/\$15/\$35 RX Cigna	30 Supply	34 Supply prescription 3x at Retail
\$10/\$20/\$45 RX Anthem BCBS	Mail In	Main In Full Cost to insured
	90 Supply	90 Supply after 3rd refill.
Maximum Out of Pocket		
Medical Individual	\$1,000	\$3,000
Medical Family	\$2,000	\$6,000
Prescription Individual	\$2,000	\$1,600
Prescription Family	\$4,000	\$1,600 per individual
Individual	\$972	\$872
2 Person	\$1,944	\$1,744
Family	\$2,625	\$2,354
2018 Savings for Town	\$19,322.65	

SCHOOLCARE Green Open Access

(Formerly HMO)

\$10 Office Visit, \$5/\$15/\$35 Rx

SUMMARY OF BENEFITS

Benefits outlined below are intended as a general summary and are covered only when using a Cigna participating provider. All benefits are subject to the terms and conditions of your Health Benefits Booklet. In the event of any inconsistency between this Summary and the Health Benefits Booklet, the provisions as defined in the Health Benefits Booklet and Endorsements will govern. Covered benefits are subject to review for medical necessity. Plan year is defined from July 1 through June 30.

BENEFITS	GREEN OPEN ACCESS (In Network Benefits Only)
DEDUCTIBLES, MAXIMUMS Plan Year Deductible Coinsurance Out-of-Pocket Maximum/Plan Year (Medical) Out-of-Pocket Maximum/Plan Year (Prescription Drugs) Maximum Lifetime benefit	<div>PLAN MEMBER PAYS</div> <div> \$0 * 20% (DME and EPA only) Individual: \$1,000; Family: \$2,000 Individual: \$2,000; Family: \$4,000 Unlimited </div> <div> All copays and coinsurance contribute to the Out-of-Pocket Maximums. </div>
PREVENTIVE CARE* Routine Physical Examination Routine Immunizations Well Child Preventive Care Well Woman Preventive Care Adult Preventive Care Additional services such as urinalysis and EKG * Includes Naturopathic Services, Routine Laboratory and Diagnostic Testing	\$0 \$0 \$0 \$0 \$0 \$0
ROUTINE VISION CARE Routine Exam (one every 12 months for all ages) Discounts Available for Eyewear	\$10 per visit
HEARING TESTS	\$10 per visit
OTHER PHYSICIAN SERVICES* Office Visits and/or Office Surgery Maternity Care * Includes Naturopathic Services	\$10 per visit \$10 per visit (initial visit only)
OUTPATIENT DIAGNOSTIC TESTING Radiology and Laboratory Services (Prior authorization required for some tests)	\$0
HOSPITAL CARE Inpatient Services Same Day or Outpatient Surgery Radiation and Chemotherapy Physician Visits and Services Anesthesiologist Services Operating Room X-ray and Laboratory Services Medications and Supplies Newborn Care	\$0 (Inpatient admissions and some outpatient procedures require prior authorization)

www.schoolcare.org

* Durable Medical Devices
External Prosthetic Appliances

7/1/16 (S)

OVER

SCHOOLCARE Green Open Access

(Formerly HMO)

\$10 Office Visit, \$5/\$15/\$35 Rx

BENEFITS	GREEN OPEN ACCESS (In Network Benefits Only)
EMERGENCY & URGENT CARE <i>(Medically Necessary and Worldwide)</i> Hospital Emergency Room Urgent Care Facility	\$50 per visit (waived if admitted) \$25 per visit (waived if admitted)
MENTAL HEALTH/SUBSTANCE ABUSE OUTPATIENT (Physician's office) INPATIENT HOSPITALIZATION AND OUTPATIENT FACILITY (Prior authorization required)	\$10 copay per visit \$0
PRESCRIPTION DRUGS Through participating pharmacies Oral contraceptives (generic) covered at \$0 copay (Prior authorization required for some drugs)	Retail: (30 day supply) \$5 generic/\$15 preferred brand name/\$35 non-preferred brand name drugs Maintenance: (90 day supply) \$5 generic/\$15 preferred brand name/\$35 non-preferred brand name drugs available only through Cigna Home Delivery mail order.
PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES OUTPATIENT: short-term rehab, up to 60 days per person/per plan year; includes PT, OT, ST and cardiac rehab (Combined maximum) INPATIENT (Prior authorization required)	\$10 per day \$0
CHIROPRACTIC CARE 20 days per person/per plan year	\$10 per day
ACUPUNCTURE* <i>(In or Out of Network)</i> 12 days per person/per plan year <i>*Coverage based on Cigna's medical guidelines.</i>	\$10 per day
DURABLE MEDICAL EQUIPMENT (DME)	20%
EXTERNAL PROSTHETIC APPLIANCES (EPA)	20%
OTHER BENEFITS ORAL SURGERY <i>(accidents only)</i> REMOVAL OF BONEY IMPACTED WISDOM TEETH SKILLED NURSING CARE <i>(100 days maximum per person/per plan year)</i> AMBULANCE <i>(if not a true emergency, services are not covered)</i> BLOOD TRANSFUSIONS HOME HEALTH SERVICES HOSPICE	\$0 (\$10, Physician's office) \$0 (\$10, Physician's office) \$0 \$0 \$0 \$0 \$0
GOOD FOR YOU! by SCHOOLCARE Health and Wellness Incentives, Employee Assistance Program	Included



Access Blue New EnglandSM Cost Sharing Schedule

This Cost Sharing Schedule is an important part of Your Subscriber Certificate and is an outline of Your coverage. Do not rely on this outline alone. Keep this schedule with Your Certificate because it contains important information about coverage and limitations. Please read Your Subscriber Certificate carefully as important terms and limitations apply.

Cost Sharing Summary	YOUR COST
Visit Copayment Applies each time You visit Your Primary Care Provider (PCP) or Network obstetrical/gynecological specialist.	\$10 per visit
Specialty Visit Copayment Applies each time You visit a specialist. This Copayment also applies each time You visit a Walk-In Center for diagnosis, care and treatment of an illness or injury.	\$10 per visit
Emergency Room Copayment	\$50 per visit
Urgent Care Facility Copayment Applies each time You visit a licensed hospital's urgent care facility for diagnosis, care and treatment of illness or injury.	\$50 per visit
Standard Deductible	N/A
Standard Coinsurance	
Coinsurance Maximum	
Durable Medical Equipment, Medical Supplies and Prosthetics	N/A 20%
Deductible Coinsurance	
Out-of-Pocket Limit	\$3,000 per Member, per year \$6,000 per family, per year
The Out-of-Pocket Limit includes all Deductibles, Coinsurance, and Copayments You pay during a year for medical and prescription expenses under this medical plan and Your HealthTrust prescription benefit program. It does not include Your premium, amounts over the Maximum Allowed Amount, penalties, or charges for noncovered services. Once the combined Out-of-Pocket Limit is satisfied, You will not have to pay additional Deductibles, Coinsurance, or Copayments for the rest of the year.	

Please note that throughout this schedule any reference to year means plan year unless otherwise noted. Plan year is July 1 through June 30.

Coverage Outline

YOUR COST

Medical/Surgical Care

I. Inpatient Services

In a Short Term General Hospital
(Facility charges for medical, surgical and maternity admissions)

In a Skilled Nursing Facility
(Facility charges) Up to 100 Inpatient days per Member, per year

In a Physical Rehabilitation Facility
(Facility charges)

Inpatient physician and professional services
(Such as physician visits, consultations, surgery, anesthesia, delivery of a baby, therapy, laboratory and x-ray tests)

Skilled Nursing Facility admissions are limited to the number of Inpatient days stated above.

You pay \$0

II. Outpatient Services

Preventive Care

Preventive Care and screenings as required by law or permitted by the Plan including, but not limited to:

- Immunizations for babies, children and adults (including travel and rabies immunizations)
- Cancer screenings such as; Mammograms, pap smears, prostatic specific antigen (PSA) screening, routine colonoscopy and sigmoidoscopy
- Routine physical exams for babies, children and adults (including one annual gynecological exam)
- Lead screening
- Outpatient/office contraceptive services
- Nutrition counseling
- Diabetes management program
- Routine vision exams - One exam each year for Members 18 years old and younger; one exam every two years for Members 19 years old and older.
- Routine hearing exams - One exam each year.

You pay \$0

Medical/Surgical Care in a Physician's Office or Walk-In Center or furnished by an Independent Ambulatory Surgical Center, Independent Infusion Therapy Provider, Independent Laboratory Provider, or Independent Radiology Provider

Medical exams, telemedicine and online visits, consultations, medical treatments and Network Provider services at a Network Walk-In Center

Visit Copayment or Specialty Visit Copayment

Injections (except allergy injections)

Allergy injections

Office surgery (including anesthesia)

Laboratory tests (including allergy testing)

X-ray tests (including ultrasound)

MRA, MRI, PET, SPECT, CT Scan, CTA, Chemotherapy, medical supplies and drugs

Maternity care (prenatal and postpartum visits)

Please see Your Subscriber Certificate for information about maternity care.

You pay \$0

You pay no Visit Copayment for prenatal or postpartum office visits. Your share of the cost for delivery of a baby is the same as shown for "Inpatient Services" (above) and "Outpatient Facility Care" (below).

YOUR COST	
Outpatient Facility Care in the Outpatient Department of a Hospital, a Short Term General Hospital's Ambulatory Surgical Center, a Hemodialysis Center or Birthing Center	
Medical exams and consultations by a physician, telemedicine and online visits	Visit Copayment or Specialty Visit Copayment
Services of a surgeon, operating room for surgery and anesthesia	You pay \$0
Physician and professional services for the delivery of a baby or management of therapy	
Hemodialysis, chemotherapy, radiation therapy, infusion therapy, MRA, MRI, PET, SPECT, CT Scan, CTA	
Fees for use of a facility, medical supplies, drugs, other ancillaries, observation	
Laboratory and x-ray tests (including ultrasounds)	
Emergency Room Visits and Urgent Care Facility Visits	
Use of the emergency room (The Copayment is waived if you are admitted)	Emergency Room Copayment
Use of a licensed hospital's urgent care facility	Urgent Care Facility Copayment
Physician's fee, surgery, MRA, MRI, PET, SPECT, CT Scan, CTA, medical supplies and drugs	You pay \$0
Laboratory and x-ray tests	
Ambulance Services Medically Necessary Emergency Transport	
III. Outpatient Physical Rehabilitation Services	
Physical Therapy and Occupational Therapy and Speech Therapy Up to a combined maximum of 60 visits per Member, per year	Visit Copayment or Specialty Visit Copayment
Cardiac Rehabilitation Visits	
Chiropractic Care • Office visits - up to 12 visits per Member, per year • X-ray tests furnished by a chiropractor	
Early Intervention Services	Visit Copayment or Specialty Visit Copayment
IV. Home Care	
Physician services Medical exams, injections, medical treatments, surgery and anesthesia, telemedicine and online visits	Visit Copayment or Specialty Visit Copayment
Home Health Agency services	You pay \$0
Hospice	
Infusion Therapy	
Durable Medical Equipment, Medical Supplies and Prosthetics	Subject to the DME Coinsurance

YOUR COST**V. Behavioral Health Care (Mental Health and Substance Abuse Care)****Outpatient/Office/Telemedicine/Online Visits****Mental Health Visits:** Unlimited Medically Necessary visits**Substance Abuse Visits:** Unlimited Medically Necessary visits
(including detoxification and substance abuse rehabilitation services)

Visit Copayment or Specialty Visit Copayment

Partial Hospitalization and Intensive Outpatient Treatment Programs**Mental Disorders:** Unlimited Medically Necessary care**Substance Abuse Conditions:** Unlimited Medically Necessary care for
rehabilitation and detoxification

You pay \$0

Inpatient Care**Mental Disorders:**

Unlimited Medically Necessary Inpatient days

Substance Abuse Conditions:

- Medical detoxification days – Unlimited Medically Necessary Inpatient days
- Substance abuse rehabilitation – Unlimited Medically Necessary Inpatient days

You pay \$0

Scheduled Ambulance Transport

Limited to Medically Necessary transport from one facility to another

VI. Prescription Eyewear

Benefits are limited to a maximum of \$40 per Member, per year. Please refer to your Prescription Eyewear Rider for more information.

	RETAIL PHARMACY	MAIL SERVICE PHARMACY
	For immediate or short-term medication needs*	For maintenance or long-term medication needs*
YOU WILL PAY	<ul style="list-style-type: none"> • \$10 for each generic medication • \$20 for each preferred brand-name medication** • \$45 for each non-preferred brand-name medication** 	<ul style="list-style-type: none"> • \$10 for each generic medication • \$20 for each preferred brand-name medication** • \$45 for each non-preferred brand-name medication**
	<ul style="list-style-type: none"> • \$0 for contraceptives, contraception devices, emergency contraception and certain preventative medications. (Brand-name medications with direct generic equivalents will require an applicable copayment.) 	
OUT-OF-POCKET LIMIT	\$1,600 per individual. Includes out-of-pocket costs for prescription expenses during a calendar year.	
DAY SUPPLY LIMIT	Up to a 34-day supply	Up to a 90-day supply
REFILL LIMIT	One initial fill plus two refills for maintenance or long-term medications. For each additional fill you will pay 100% of the prescription cost.	None
PRIOR AUTHORIZATION REQUIRED	Botox and Myobloc for non-cosmetic purposes only; Wellbutrin and its generics (all forms of Wellbutrin and its generics are not covered for use as a smoking deterrent); Specialty Medications; Compound Medications	
TOBACCO CESSATION	Your plan covers prescription medication and some over-the-counter products designed to eliminate tobacco use. Coverage is available through your retail and mail service benefit subject to the cost sharing components and dispensing limitations of your plan. To be eligible for the coverage you must be age 18 or older. Contact Customer Care or log on to www.caremark.com to find out more about which prescription medications and over-the-counter products are covered under your plan.	

*Your plan may have coverage limits, be subject to dispensing limitations and may not cover certain medications. Please contact CVS/caremark at 1-888-726-1631 or log on to www.caremark.com for the most up-to-date plan information.

**When a generic equivalent is available but the pharmacy dispenses the brand-name medication for any reason other than a doctor's "dispense as written" or equivalent instructions, you will pay the generic copayment plus the difference in cost between the brand-name and the generic.

Where to Fill Your Prescriptions

Choosing where to fill your prescription depends on whether you are ordering a short-term or long-term medication:

Short-term medications are generally taken for a limited amount of time and have a limited amount of refills, such as an antibiotic. You can fill prescriptions for these medications at any pharmacy in the CVS/caremark retail network.

- Choose from more than 64,000 network pharmacies nationwide, including over 20,000 independent community pharmacies
- Find a participating pharmacy at www.caremark.com

Tip: To avoid filling out claims paperwork, bring your Prescription Card with you when you pick up your prescription and use a pharmacy in the CVS/caremark retail network. Additional Prescription Cards may be obtained by calling Customer Care toll-free at 1-888-726-1631.

Long-term medications are taken regularly for chronic conditions such as high blood pressure, asthma, diabetes or high cholesterol. You will generally save money by using mail service for these prescriptions. Choose **one** of four easy ways to start using the CVS Caremark Mail Service Pharmacy:

1. Fill out and send in a mail service order from - use the one included with your welcome kit or print one at www.caremark.com
2. Use the FastStart® tool found on www.caremark.com
3. Call FastStart® toll-free at 1-800-875-0867
4. Ask your doctor to call in the prescription through the toll-free FastStart® physician number at 1-800-378-5697

Customer Care

If you have questions about your prescriptions or benefits, you can contact Customer Care 24 hours a day, seven days a week, toll-free at 1-888-726-1631 or by e-mail at customerservice@caremark.com. For Telecommunication Device assistance, please call toll-free 1-800-863-5488. Caremark.com is also available to help you manage your prescription drug benefits. By registering online, you can order mail service refills, check order status, price medications, and much more.

Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-726-1631. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

To contact HealthTrust, please call toll-free at 1-800-527-5001 between the hours of 8:30 a.m. and 4:30 p.m. (EST) Monday through Friday or visit www.healthtrustnh.org. HealthTrust Enrollee Services Representatives are available for issues or concerns with enrollment or eligibility, and any other prescription benefit-related inquiry. For further information or questions, you may also e-mail Enrollee Services at enrolleeservices@healthtrustnh.org.

Getting Your Prescription Filled at a Retail Pharmacy

CVS/caremark Participating Retail Pharmacies

Participating retail pharmacies can easily access information about your prescription benefit plan and the appropriate payment. You will not need to file any additional paperwork when you use a pharmacy in the CVS/caremark retail network. If you use a pharmacy outside the CVS/caremark retail network, you will pay more for your prescription(s) in most cases. Non-participating retail pharmacies will ask you to pay 100 percent of the prescription price. Then, you will need to submit a paper claim form along with the original prescription receipt(s) for reimbursement of covered expenses up to the Maximum Allowed Amount (MAA). You may be responsible for any amount that exceeds the MAA.

Day Supply Limit

You can get up to a 34-day supply of medication each time you have a prescription filled at a participating retail pharmacy. Ask your doctor to write a prescription for up to a 34-day supply when clinically appropriate.

Refill Limit

You may obtain one initial fill plus two refills for maintenance for long-term medications at a retail pharmacy. It will then be necessary for you to utilize CVS Caremark Mail Service Pharmacy for additional supplies. Otherwise, you will be responsible for 100 percent of the cost of the medication when filled at a retail pharmacy. To determine if your prescription medication is classified as maintenance or long-term, please call Customer Care toll-free at 1-888-726-1631.

Getting Your Prescription Filled Through the CVS Caremark Mail Service Pharmacy

CVS/caremark operates two mail service pharmacies across the United States to provide quick service to plan participants wherever they live. To ensure your safety, our mail service pharmacies are staffed by registered pharmacists. Just like your neighborhood pharmacist, our pharmacists check each prescription to make sure it is filled correctly. In addition, your prescription history is reviewed to identify any possible problems with new medications you may be prescribed.

Day Supply Limit

You can get up to a 90-day supply of medication when you get a prescription filled through the CVS Caremark Mail Service Pharmacy. Ask your doctor to write a prescription for up to a 90-day supply plus three refills for up to one year when clinically appropriate.

Please Note: *By law, CVS/caremark must fill your prescription for the exact quantity of medication prescribed by your doctor, up to the 90-day supply limit.*

Payment Options

While checks and money orders are accepted, the preferred method of payment is by credit card. For credit card payments, simply include your VISA®, Discover®, MasterCard® or American Express® number and expiration date in the space provided on the mail service order form.

Convenient Home Delivery

Please allow 10-14 days for delivery from the time your order is placed. Refills are delivered within seven days following CVS/caremark's receipt of your refill request by phone or online. Your package will include a new mail service order form and an invoice, if applicable. You will also receive the same type of information about your prescribed medication that you would receive from a retail pharmacy.

Other Important Plan Information

Out-of-Pocket Limit

This is the most you could pay in out-of-pocket costs for prescription expenses during a calendar year (1/1 through 12/31). It does not include your premium, amounts over the Maximum Allowed Amount, penalties, or charges for noncovered services. Once the Out-of-Pocket Limit is satisfied, you will not have to pay additional copayments for the rest of the calendar year.

Drug List

Your plan is subject to a list of prescription drugs that are preferred by the plan because of their safety, clinical effectiveness and ability to help control prescription drug costs. The drug list is updated on a regular basis. Log on to www.caremark.com or call Customer Care toll-free at 1-888-726-1631 to access the most current drug list for your plan.

Prior Authorization

Some medications may require approval before the prescription can be filled. Your retail pharmacist will give you or your doctor a toll-free number to call in order to obtain approval. The CVS Caremark Mail Service Pharmacy will contact your doctor directly for approval.

Specialty Medications

Specialty medications are used for the treatment of chronic and/or genetic conditions, such as multiple sclerosis, rheumatoid arthritis or hepatitis C, and are often injected or infused. All specialty medications will be provided by CVS Caremark's Specialty Pharmacy and require Prior Authorization before the prescription can be filled. CVS Caremark's Specialty Pharmacy is a mail order facility dedicated to dispensing specialty medications. Questions? Call CVS Caremark Specialty Pharmacy toll-free at 1-800-237-2767.

Town of Auburn

Town Hall
47 Chester Road
P.O. Box 309
Auburn, NH 03032



Town Administrator

William G. Herman, CPM
Phone: (603) 483-5052 Ext. 111
Fax: (603) 483-0518
E-Mail:
townadmin@townofauburnnh.com

To: Board of Selectmen

From: Bill Herman, CPM, Town Administrator

Date: January 30, 2018

Re: Handling of Funds Raised from Sale of Scarecrows for Skate Park Project

Since the Board's January 8th meeting, letters have been sent to 10 individuals and firms who donated money for the potential establishment of a skate board park to report the project was not going forward and offering a choice between having the money go towards a replacement radar trailer for the Police Department or to be refunded.

As of this writing, we have heard from seven individuals (including Selectman Eaton who indicated at the January 8th meeting he wanted his donation re-directed) how they wanted their donations handled with some requesting refunds and others agreeing to support the radar trailer.

On January 25th, we received a telephone call from one of those donors. They had made a single \$100 donation to the Skate Park Project, but had also purchased scarecrows from the project in 2015 and 2016 for an additional \$200. I indicated the straight donations were all included in the original communications, but anything that had involved the purchase of a service or product like a raffle ticket was not. These individuals have requested a refund of their full \$300, and I indicated I would need to seek the Board of Selectmen's approval.

By the strict standards of charitable donations and IRS regulations, the purchase of things like the scarecrows in this instance makes the \$100 paid not completely a charitable donation as there were goods or services received as part of the donation.

That said, I do not believe it is worth arguing about. If the Board wants to refund the full amount of the contributions inclusive of the scarecrow purchase, then I believe all individuals who purchased scarecrows should be contacted to see what they want to happen with their money. There are an additional seven individuals who purchased scarecrows in 2015 and 2016 involving a total of \$405, including the \$200 involved with the individuals who are requesting a refund.

We are seeking the Board's direction as to how they would like to handle these funds. If you want to offer these funds for potential refund to the contributors, it would be appropriate for the Board to formally record the following vote:

Move for the Town of Auburn to contact the seven individual contributors of a total of \$405 in funds for the Skate Park project through the purchase of scarecrows and offer them a choice of the funds they donated being used for the radar trailer project or be refunded to the original donor.

Thank you for your consideration.

Town of Auburn

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Town Administrator

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To: Board of Selectmen
Cc: Ed Gannon, Fire Chief

From: Bill Herman, CPM, Town Administrator
Date: January 26, 2018
Re: Auburn Fire Department Standard Operating Guidelines / Policies

At the Board's January 8th meeting, the indication was given that the Board is in agreement with the various Auburn Fire Department Standard Operating Guidelines / Policies that have been presented in recent months by Chief Gannon – however no vote has been taken by the Board to clearly indicate the adoption of the SOGs / SOPs.

In order to maintain a clear record and avoid any confusion in the future, I would recommend the Board consider taking the following actions perhaps when you next meet with Chief Gannon:

Move to approve the proposed "Standard Operating Policies and Guidelines for the Auburn Fire Department as recommended by the Fire Chief:

SOP#001 – Educational Reimbursement	Effective 12/01/2017
SOP#002 – Facial Hair	Effective 12/01/2017
SOP #003 – Paid Call	Effective 12/01/2017
SOP#004 – Call Calculation	Effective 12/01/2017
SOP#005 – Use of Personal Cell Phones	Effective 12/01/2017
SOP#006 – Driver / Operator	Effective 12/01/2017
SOP#007 – Uniform Dress Code	Effective 12/01/2017
SOP#008 – Department SOG / SOP Read File	Effective 12/01/2017
SOP#010 – Scene Support	Effective 10/19/2017
SOP#011 – NFIRS and TEMSIS Reports	Effective 10/19/2017
SOP#100 – Protective Clothing	Effective 12/01/2017
SOP#101 – Dispatch Competency	Effective 10/19/2017
SOP#102 – Operating the Gator	Effective 10/19/2017
SOP#103 – Emergency Lights and Sirens	Effective 10/19/2017
SOP#104 – Route 101 On and Off Ramps	Effective 10/19/2017
SOP#105 – Safe Station Procedure	Effective 10/19/2017
SOP#106 – Training	Effective 10/19/2017
SOP#107 – Backing of Apparatus	Effective 10/19/2017
SOP#108 – Cleaning and Disinfecting SCBA's	Effective 10/19/2017
SOP#109 – Inspection & Maintenance of SCBA's	Effective 10/19/2017
SOP#110 – Rehabilitation	Effective 10/19/2017
SOP#111 – Fire Permits	Effective 10/19/2017
SOP#112-- Helicopter Landing Zones	Effective 10/19/2017
SOP#113 -- Infection Control	Effective 10/19/2017
SOP#114 – Swaps and Crew Week	Effective 10/19/2017

<i>SOP#115 – AFD Formal Complaint Procedure</i>	<i>Effective 11/20/2017</i>
<i>SOP#116 – Grievance Procedure</i>	<i>Effective 10/19/2017</i>
<i>SOP#117 – Personnel and Equipment Responses</i>	<i>Effective 10/19/2017</i>
<i>SOP #201 – Shift Coverage</i>	<i>Effective 10/19/2017</i>
<i>SOP#202 – Station Duties</i>	<i>Effective 10/19/2017</i>
<i>SOP#203 – Station Qualified Personnel</i>	<i>Effective 10/19/2017</i>
<i>SOP#300 – OSHA Two in Two Out</i>	<i>Effective 05/15/2017</i>
<i>SOP#301 – Ice and Water Operations</i>	<i>Effective 12/01/2017</i>
<i>SOP#302 – Incident Command Structure</i>	<i>Effective 10/19/2017</i>
<i>SOP#303 – Incident Response</i>	<i>Effective 10/19/2017</i>
<i>SOP#304 – Carbon Monoxide Response</i>	<i>Effective 10/19/2017</i>
<i>SOP#305 – Hazardous Materials Response</i>	<i>Effective 10/19/2017</i>
<i>SOP#306 – Automatic Aid Request</i>	<i>Effective 10/19/2017</i>
<i>SOP#307 – Pass Tags</i>	<i>Effective 10/19/2017</i>
<i>SOP#308 – Incident Termination</i>	<i>Effective 10/19/2017</i>
<i>SOP#309 – Mutual Aid Response</i>	<i>Effective 10/19/2017</i>
<i>SOP#310 – Exterior Operations</i>	<i>Effective 10/19/2017</i>
<i>SOP#311 – Evacuation</i>	<i>Effective 10/10/2017</i>
<i>SOP#400 – Levels of PPE</i>	<i>Effective 10/19/2017</i>
<i>SOP#402 – MVC Scene Size-up and Initial Ops</i>	<i>Effective 10/19/2017</i>
<i>SOP#403 – Water Operations</i>	<i>Effective 10/19/2017</i>
<i>SOP#404 – Ice Rescue Operations</i>	<i>Effective 10/19/2017</i>

SOP#009 – Department Promotions *Effective 12/01/2017*

The Board had indicated they would like to see SOP#009 – Department Promotions modified to eliminate the “Must be an Auburn resident” qualification for the Deputy Chief’s position. The Board also previously indicated they would be the ones to formally vote on promotions based on the recommendation of the Fire Chief. As a result, I would recommend the Board consider the following motion for this specific SOP:

Move to approve the proposed SOP#009 – Department Promotions with “Must be an Auburn Resident” qualification eliminated for the rank of Deputy Chief and the addition of the following language concerning all promotions: “All potential promotions of members will be recommended by the Fire Chief to the Board of Selectmen for approval / appointment. The Board of Selectmen are the appointing authority.”

SOP#012 – Pay Rates *Effective 01/01/2019*

A couple of the Board members inquired if the rates of pay in the proposed SOP meets the minimum wage standards that it should. In reviewing the proposal and current state statute, we would recommend the rate for Privates be set at \$7.25 per hour and not the \$7.00 that is listed.

RSA 279:21 establishes \$7.25 per hour as the minimum wage for New Hampshire, and as employers, we need to ensure that standard is followed. The other proposed rates of pay are appropriate. The Board should, though, include the hourly rate of pay for the Fire Chief's position in this list as we do in the stipend list also included in this policy. Finally, as presented, the SOP has an effective date of 01/01/2019, when I believe it was intended to be 01/01/2018.

Based on the information above, I would recommend the Board consider the following motion for SOP#012 – Pay Rates:

Move to approve the proposed SOP#012 – Pay Rates with listing of the hourly rate for Private at \$7.25; the inclusion of the hourly rate for the position of Fire Chief; and the listing of the effective date as 01/01/2018."

As Chief Gannon has indicated, there will clearly be additional SOGs / SOPs to be developed, and this is likely a never ending process. One SOP the Board had previously indicated they would like to have is a new SOG / SOP that describes the process for any new members being appointed to the Fire Department that includes whatever criteria for membership that is required. The Board agreed the policy should follow the 1995 Town Meeting vote that indicates the Fire Chief recommends appointment of members to the Board of Selectmen for approval / appointment. It would make sense this SOG / SOP also includes a requirement of residence within a certain mile radius or response time frame for all members to assure they have the ability to provide an adequate response time to the department and the Town. Town Counsel had also indicated this is a standard many towns use instead of requiring residency. For this purpose, whether a mile radius or a time frame is used, I would recommend it be established from the 55 Eaton Hill Road address of the Safety Complex as that is where it would reasonably be expected the individual will respond to.

The other recommendation I have is to suggest the template box on the SOG / SOP at the top of each policy be expanded to include: *Adopted by: Board of Selectmen* and the date of the BOS adoption. That would complete the circle of who did what when with the SOG / SOP.

Thank you for your consideration.