

AGREEMENT

BETWEEN

THE MANCHESTER BOARD OF EDUCATION

AND

THE MANCHESTER SCHOOL NURSES ASSOCIATION

CSEA, Local 2001, SEIU

Covering the Period

July 1, 2013

to

June 30, 2016

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THE MANCHESTER BOARD OF EDUCATION
AND
MANCHESTER SCHOOL NURSES ASSOCIATION OF
CSEA, Local 2001, SEIU

THIS AGREEMENT IS MADE AND ENTERED INTO as of the 1st day of July, 2007 by and between the MANCHESTER BOARD OF EDUCATION (the "Board") and the CSEA, LOCAL 2001, SEIU.

ARTICLE I - RECOGNITION

The Manchester Board of Education recognizes and certifies CSEA, Inc., SEIU LOCAL 2001 for the purposes of professional negotiations as the exclusive representative for all Manchester School Nurses for the purpose of and with the rights and privileges as provided by Chapter 113 of the Connecticut General Statutes

The position of the Head Nurse is removed from the bargaining unit of the Union. A new position is created outside the Union, known as the Coordinator of School Health, and all duties, benefits and salary will be negotiated between the individual in that position and the Board. The Union will not represent the Coordinator of School Health, nor will the individual in that position pay dues to the Union.

ARTICLE II - PAYROLL DEDUCTIONS

1. The Board agrees to deduct from the paycheck of each employee who is a member of the Union and who has signed an authorized payroll deduction card prior to, or subsequent to, the effective date of this Agreement a sum certified in writing, by the Secretary, or other authorized official of the Union. These deductions shall be made on dates agreed to by the Board and the Union and sent directly to the Union office, 760 Capitol Avenue, Hartford, CT 06106.
2. The Board agrees to deduct from the salaries of its employees dues for professional organization memberships in accordance with procedures established in cooperation with the Central Office. Other payroll deductions may be provided for, as agreed in cooperation with the Central Office.
3. Employees who have authorized Union dues deductions and who are not eligible to receive pay on a scheduled date for such deductions shall be subjected to a double deduction on the next scheduled date thereof.
4. **Effective after ratification, all employees must participate in Direct Deposit.**

ARTICLE III - PRESERVATION OF RIGHTS

1. The parties agree that the Board retains all rights it had prior to the signing of this Agreement, except as such rights, whether exercised or not, which have been specifically relinquished or abridged in this Agreement.
2. The parties further agree that the employees retain all rights they had prior to the signing of this Agreement, except as such rights, whether exercised or not, which have been specifically relinquished or abridged in this Agreement.
3. Agency Shop and Dues Check-Off:
 - A. All employees in the unit who are Union members on the effective date of this Agreement, or who afterward join, must remain members to the extent of paying monthly dues to CSEA, Inc. uniformly required of all members for the duration of this Agreement as a condition of continued employment.
 - B. All employees in the Unit who are not Union members on the effective date of this Agreement shall, as a condition of continued employment, pay to CSEA, Inc. each month a service charge as a contribution toward the cost of the administration of this Agreement. The amount of such service charge shall be equivalent to the amount uniformly required of those who become members of the organization.
 - C. Upon receipt of individual written authorization from Union members the Board agrees to deduct Union dues monthly from earned wages and remit promptly to CSEA, Local 2001, SEIU, 760 Capitol Ave., Hartford, CT 06106 not later than the last day of each month.
 - D. The organization agrees to indemnify and to hold the Board harmless against any and all claims, demands, suits, or other forms of liability that shall, or may, arise out of, or by reason of, action taken by the Board for the purpose of complying with the provisions of this article.

ARTICLE IV - HOURS OF WORK AND CONDITIONS OF WORK

1. School nurses shall work 187 days per year. The work year shall follow the Manchester Public Schools' student school year of 183 days plus four (4) additional professional development days as determined by the Superintendent.

It is expected that all school nurses assigned to non-public schools will report to work, under the direction of the Coordinator of School Health Services, on those days that the non-public school calendar does not match the Manchester Public Schools' calendar.

By mutual agreement, a school nurse may work additional days prior to the start and/or end of the student school year beyond the 187 work days provided for above. A per diem compensation based on one-one hundred eighty-seventh ($1/187^{\text{th}}$) of the employee's salary will be paid for any additional days worked.

2. The nurses' normal workday shall be seven and one-half hours, inclusive of a one-half hour paid lunch and an additional 15-minute duty-free break. Specific starting and ending times will be determined by the building administrator, nursing supervisor and the nurse assigned to the building. Part-timers' work shall be pro-rated in proportion to thirty-seven and one half (37.5) hours.
3. In arranging schedules for the school nurses responsible for more than one school, an effort will be made to minimize the amount of interschool travel, and equalize the caseload. Such nurses will be notified of any changes in assigned schedules as soon as possible. It is agreed that it is a desirable standard that, to the extent possible within the available funds, a nurse be assigned to no more than one school. However, if a nurse is, in fact, assigned a second school, the Administration must first notify the Union and afford the school nurses an opportunity to discuss the assignment. Provisions of this article are not subject to the grievance procedure.
4. Nurses' assignments shall be made without discrimination with regard to race, creed, color, religion, national origin, age, genetic information, gender, disability, marital status, gender identity or expression or sexual orientation.
5. Unless a greater rate is provided for by the terms of this Agreement, premium overtime, which is defined to mean payment of one and one-half (1-1/2) times the employee's straight time hourly rate, shall be paid to full-time and part-time employees for each hour, or portion thereof, worked in a work week in excess of thirty-seven and one-half (37.5) hours or for each hour, or portion thereof, worked in any day in excess of seven and one-half (7.5) hours.
6. On late opening days, nurses shall report for work fifteen (15) minutes prior to the opening time for that day. On half-day sessions or early closings, nurses shall remain fifteen (15) minutes after dismissal.
7. Employees shall be offered influenza vaccines at no cost.
8. On Professional Development Days, the Coordinator for School Health will provide appropriate health-related in-service training. It is understood that building principals may require all staff to be present for portions of other in-service training.
9. Nurses shall be reimbursed for Professional Development, i.e., conferences, seminars, and other work related courses up to a maximum of one hundred fifty dollars (\$150.00) per school year. Attendance at such programs must be approved in advance by the Coordinator of School Health. Release time for Professional Development will be governed by the availability of substitute nurses.
10. Presentation by nurses during a staff development day: Nurses will not be compensated for their presentation itself; however, they will be compensated for their preparation time at the ratio of two (2) hours of prep time for each hour of presentation time at the rate of twenty dollars (\$20.00) an hour.
11. Elementary nurses shall be provided a thirty (30) minute prep time at the end of each school day. The nurse will remain in the building and respond to emergencies. The building principal will inform building staff accordingly.

12. In the event an Administrator requests a nurse to accompany students on an extended field trip that includes providing overnight(s), the following would apply:

The building nurse will receive a request in writing from the Administrator outlining the dates and times of the trip and requesting his/her services. The nurse will respond in writing to Administration with his/her availability to participate in the trip. A copy of this response will be forwarded to the Coordinator of School Health.

In the event the building nurse is unable or unwilling to attend the trip, the Coordinator of School Health will work with Administration and offer a Manchester school nurse or Manchester substitute school nurse the opportunity to attend the trip.

The nurse attending the trip will complete the appropriate time sheet to account for hours worked following his/her contractual hours and submit the time sheet to the building Administrator.

ARTICLE V - TRANSFERRALS OR REASSIGNMENTS

1. An up-to-date listing of new and open positions shall be published via email in the Job Information Bulletin for at least 10 days and posted in each school during the school year and in the Central Office during the summer vacation period. Additionally, new or open positions, that are not filled internally, will be listed on the Manchester Public Schools' website.

Public announcement or advertisement of any new or open position will run concurrently with publication in the Job Information Bulletin, but any qualified employee, who applies within the stated timelines, will have absolute preference for being hired over an external candidate.

2. To the extent possible, reassignment at the elementary and secondary level shall be voluntary. Changes in assignment that are not voluntary shall be to a comparable position, if possible, and shall not be effected without a prior personal conference between the school nurse involved and the Superintendent of Schools or his/her designee. The school nurse shall be notified of the reason for transfer and confirmation of the same shall be in writing. Involuntary assignments or transfers shall be subject to the grievance procedure to the extent that there has been a violation of the above procedural requirement.
3. A change in regular assignments shall be handled by the Superintendent or designee in consultation with the Coordinator for School Health.
4. When a new school is opened, or a nursing position becomes available and it becomes necessary to transfer nurses from one or more schools, transfer decisions will be made by the school principals, Central Office administration and the Coordinator for School Health.
5. Within seven (7) calendar days after a published position has been filled, the Superintendent or his/her designee shall inform other applicants in the Manchester School System in writing to that effect.

6. Probationary Period: All new employees shall be subject to a probationary period of three (3) months and shall have no seniority rights or recourse for grievance during this period, but shall be subject to all other provisions of the Agreement. During such probationary period, it shall be the responsibility of the Coordinator for School Health, in consultation with the building administrator, to evaluate performance and, if deemed unsatisfactory, issue a recommendation to the Superintendent of termination.

ARTICLE VI - HEALTH FACILITIES

1. The Board and the Union agree that the Coordinator of School Health shall be included in the planning of Health Rooms in new school buildings and in additions to existing school buildings or renovations and that each school building have the following facilities:
 - A. In each Health Room there will be a private bathroom and proper water facilities for first aid and hand washing.
 - B. In each Health Room a private telephone shall be included.

ARTICLE VII - LEAVES

1. SICK LEAVE
 - A. Nurses shall be granted annually fifteen (15) sick leave days, with full pay.
 - B. Nurses who work less than a full day shall be granted sick leave days prorated according to the fraction of the time for which they are employed.
 - C. Anyone with 184 or more accumulated sick leave days as of July 1, 2001 will be allowed to keep those sick leave days. All other employees will be allowed to accumulate only up to 184 sick leave days.
 - D. For absences for sickness beyond earned sick days, employees will receive no salary. Health insurance will be provided under the guidelines of the Family Medical Leave Act.
 - E. In the event of serious illness, special consideration for extension of sick leave may be given by application through the Central Office administrator in charge of personnel.
 - F. All employees hired on or after July 1, 1998 will receive no compensation for accumulated sick leave payout upon retirement. Employees hired prior to July 1, 1998, and who have not yet accumulated 184 sick leave days as of July 1, 2001, will be eligible for compensation upon retirement in the amount of one-half their accumulated sick leave days, up to a maximum payout of 92 days. Current employees, hired prior to July 1, 1998 and who have accumulated over 184 days as of July 1, 2001, would be eligible for compensation upon retirement in the amount of one half the number of accumulated sick days, capped at a payout of 120 days.

For each eligible nurse who has reached the age of fifty-five (55) during the calendar year of retirement, the Board shall contribute the applicable compensation amount under the provision of this section into a 401(a) plan established by the Board. Such contribution into the 401(a) plan shall be mandatory for each such eligible retiring nurse.

The Board shall make such contributions within sixty (60) days after the effective date of the nurse's retirement. For any eligible retiree who has not reached the age of fifty-five (55) as of the nurse's retirement, the Board shall pay directly to the nurse the dollar amount applicable to such nurse for the payment for unused sick leave, with such amount to be determined in accordance with the provisions of this contract section. Such payments shall be made within the same period applicable to 401(a) contributions under the provisions of this section.

- G. In the event of five (5) consecutive days or longer of absence due to illness, the Superintendent or his/her designee may request the filing of a doctor's certificate. The Board shall comply with all Family Medical Leave Act (F.M.L.A.) requirements. The Superintendent may, if he/she has reasonable cause to believe that there is an abuse of sick leave policy, require an examination by an independent physician, such examination to be at the Board's expense.
- H. If any nurse is out due to long-term illness, the Board will hire a substitute for the duration of the employee's illness.
- I. Whenever a nurse is absent from work as a result of a work-related injury or occupational disease and becomes eligible for Workers' Compensation, he/she shall be paid his/her full salary for the period of such absence up to a maximum of one (1) year from the inception of the absence; in any case the absence shall not be charged to sick leave. Any amount of salary payable pursuant to this section shall be reduced by the amount of any Workers' Compensation Award for the period for which such salary is paid. The Board will continue to provide, in the same manner to any employee who suffers employment related injuries, or occupational disease, accident and health insurance or life insurance coverage while the employee is eligible to receive or is receiving Workers' Compensation payments or while the employee is receiving wages under a provision for sick leave payments for time lost due to an employment-related injury or occupational disease.
- J. Time spent at medical or dental appointments, which cannot be made at other than school times, shall be charged against sick leave on an hourly basis subject to approval by the Coordinator of School Health.

2. SICK LEAVE BANK

- A. The President of the Nurses' union is responsible for contacting all members of the union by the end of September of each school year in order to determine each member's interest in participating in the Sick Leave Bank. The President shall get written confirmation from each member and transmit that information to the Payroll Department, with a copy to the Human Resources Department. When a new nurse is hired, the President will follow these procedures within the first 30 days of his/her hire.
- B. Each member of the Union shall be permitted to contribute two (2) days from his/her sick leave accumulated reserve each school year to a "Sick Leave Bank" which shall be established to aid members who suffer prolonged illness and whose sick leave accumulation has been exhausted. The bank shall be built up to a maximum of 300 days. No more days shall be added until the bank is depleted to approximately 150

days. Then the bank will be built up again using the same process. A nurse must be a contributing member for at least a year before being permitted to apply for benefits.

- C. A contributing member with less than two (2) years in the Manchester School System may be permitted on written application to the Superintendent to draw up to 35 days against the bank after his/her own accumulated sick leave has been exhausted.
- D. A contributing member with two (2) years or more in the Manchester School System may be permitted on written application to the Superintendent to draw the necessary sick days up to a maximum of 65 days against the bank after his/her own accumulated sick leave has been exhausted.
- E. The following conditions shall apply:
 - (1) Additions to the banks shall be made at the beginning of school year.
 - (2) A person withdrawing membership in the bank will not be able to withdraw the contributed days.
 - (3) Persons withdrawing sick leave days from the bank will not have to replace these days except as a regular contributing member to the bank.
 - (4) Sick leave shall mean the leave a staff member has for that year plus his/her accumulations.
 - (5) The Union must formally state its position on each application.

3. OTHER LEAVES OF ABSENCE

A. PERSONAL LEAVE

- (1) Leaves of absence with pay and not chargeable against the employee's sick leave allowance shall be granted, subject to application to the immediate supervisor and with the formal approval of the Superintendent or designee for the following reasons:

Personal leave will be charged on an hourly basis for a total maximum of five (5) days per school year for:

- (a) a critical illness or death in the immediate family. Immediate family is defined as including a parent, a sibling, spouse, child, grandchild or grandparent, or any
- (b) other person who, preceding such illness or death, has been a member of the same household as the employee.
- (b) attendance at college graduation of son, daughter, husband, wife
- (c) personal affairs which cannot normally be handled outside of school hours
- (d) religious obligations
- (e) court appearances

All request to be absent forms must indicate a reason for absence.

In rare situations a staff member may be in need of a personal day for a purpose so sensitive that he/she is unable to share details with administration. Based upon this

employee's work history, the principal/supervisor shall have the authority to grant the day without discussing any specifics of the request. No details need to be stated.

In the event that the employee is reluctant to bring the request to the principal/supervisor, he/she may seek The Manchester School Nurse Association's assistance. The Association may intervene at the building level or Central Office level of administration.

It is expected that this provision will be a rarely used procedure.

The Superintendent and/or his/her designee is the only individual that can grant a personal day before or after a school holiday or vacation.

B. LEAVES WITHOUT PAY

- (1) Leaves of absence without pay may be granted by the Board for a limited, definite period not to exceed one year for the following reasons:
 - (a) For health reasons, upon advice of a physician.
 - (b) For the purpose of further study.
 - (c) Childrearing
 - (d) For personal reasons subject to the review and recommendation of the Superintendent.
- (2) Application for such leaves of absence must be made in writing and the leave is subject to approval by the Board. Any request for leave of absence for the following school year should be made prior to April 1.
- (3) Notwithstanding the foregoing, any nurse granted a leave may continue his/her group insurance benefits during such leave by reimbursing the Board for the cost of such benefits.
- (4) It is expected that, as far as possible, leaves will be so arranged as to begin or end at the close of a school year.

C. SHORT-TERM MATERNITY LEAVE

Any disability resulting from pregnancy shall be considered sickness for the purpose of this Agreement and the leave shall be deducted from the nurse's sick leave. All childbearing leave shall be in accordance with applicable state and federal law. It is understood that nurses disabled under the provisions of this article shall return to the school system at the end of the disability.

D. CHILDREARING

1. Any nurse, male or female, shall be entitled, upon written request submitted to the Superintendent or his/her designee, to an extended leave without pay for purposes of childrearing. This leave shall be separate from any period of sick leave or disability leave with pay related to childbirth. A nurse shall be entitled to such leave for any

school year, or reasonably requested portion of a school year, in which the child is born or adopted, and for one additional school year, if requested by the nurse. It is understood that insurance benefits will continue through the month following the month of the child's birth.

2. Childrearing leave shall be subject to the following provisions:
 - (a) A written request for childrearing leave must be submitted not less than thirty (30) days in advance of the initial sick leave or intended childrearing leave.
 - (b) All insurance benefits shall continue in effect, if the employee desires, with the employee paying the entire cost of the benefit.
 - (b) Nurses who have been granted a childrearing leave of absence shall notify the Superintendent or his/her designee in writing on or before the first day of February of their intention to resume work at the beginning of the next school year. A nurse returning from a childrearing leave at a time other than the start of the next school year, shall notify the Superintendent or his/her designee at least sixty (60) days prior to the anticipated return.

E. PROFESSIONAL LEAVE

1. Employees may attend educational programs which are beneficial to the Board (conferences, seminars, and courses related to their present position) at the Board's expense without loss of pay by the employee, providing such absence does not interrupt the normal work schedule and such attendance is mutually agreed upon between the employee, the Coordinator of School Health, and the Superintendent.

The Administration will make every reasonable effort to grant the request of a bargaining unit member for released time, not to exceed ten (10) days, in order to fulfill the practicum requirement of an accredited degree program in Nursing or Allied Health. When possible, the employee will give the Administration a six (6) month notice prior to the first day of the leave. The Board reserves the right to limit the use of this leave opportunity to one Union member per semester. The nurse will be responsible for the cost of the substitute.

2. With advance approval of the Superintendent, when it is necessary for official representatives of the Union to engage in Union activities directly relating to the Union's duties as representatives of the nurses, they shall be given free time, without loss of pay, as is necessary to perform any such activities. The Union, and its officers, recognize and agree that this privilege should not be abused.

F. JURY DUTY

If a nurse is called to serve on jury duty she/he shall continue to receive her/his full salary uninterrupted during said call to jury duty. The nurse serving on jury duty shall remit to the Board the per diem, (but not reimbursed expenses), received for such jury duty.

ARTICLE VIII - SALARIES

Effective and retroactive to July 1, 2013, the salaries in effect on June 30, 2013, shall be increased by two percent (2.0%), and such new rates shall be incorporated into the salary schedule referenced in Section 1. Salaries shall be paid according to Appendix B attached hereto.

Effective July 1, 2014, the salaries in effect on June 30, 2014, shall be increased by two percent (2.0%) and such new rates shall be incorporated into the salary schedule referenced in Section 1.

Effective July 1, 2015, the salaries in effect on June 30, 2015, shall be increased by two percent (2.0%) and such new rates shall be incorporated into the salary schedule referenced in Section 1.

2. There will be longevity service recognition, with an increment paid to any nurse, hired prior to the date of ratification of this contract, with sufficient continuous service to the Board. Nurses hired on or after September 17, 2001 shall not be eligible for longevity increments.

Longevity increments will be paid as follows:

Years 10 through 14	\$250
Years 15 through 19	\$350
Years 20 through 24	\$450
Years 25 and greater	\$550

Longevity payments to be paid in a lump sum on the anniversary date of employment. No payment will be given for partial years of service.

3. All nurses whose work is satisfactory and are not at the maximum rate of the salary schedule, will advance regularly year by year on the salary schedule. Service equivalent to ninety (90) school days or more during any school year shall be credited as a full year for wage purposes. Step movement for the Contract Year July 1, 2013 through June 30, 2014, if any, shall be retroactive to July 1, 2013.
4. Nurses who have a master's degree will receive an annual stipend of \$500. The stipend will begin in the year following receipt of the degree and Central Office being informed of receipt of the degree.
5. Nurses who have passed the national examination for certification as a National Certified School Nurse (N.C.S.N.) shall receive \$250 each year to be added to base salary.

ARTICLE IX - TRAVEL ALLOWANCE

Employees who use a privately owned automobile for conducting Board business shall be reimbursed once a month for all mileage at the rate equivalent to that rate currently approved by the I.R.S.

ARTICLE X – INSURANCE AND PENSION

1. Full-time employees and their spouses and dependents shall have provided to them the choice of the following insurance coverages for the period July 1, 2014 through June 30, 2016, as described in Appendix C:
 - A. The Board reserves the right to change health insurance plans to a plan that is the same or similar to the plans currently provided, with same or similar being defined as the benefits arrangements provided by an alternative health insurance benefit carrier being such that the

size of the network offered must be 80% of that currently offered with similar geographic patterns. The following will be excluded in determining whether a plan is similar or not: out-of-state reciprocal arrangements for routine care (non-emergencies), except that at least one plan option shall include such out-of-state reciprocal arrangements; claims processing; payment methods and plan documents definitions and language.

The plans being offered are:

- (1) Open Access Plus OAP\$30
 - (2) Open Access Plus OAP\$20
 - (3) High Deductible Health Plan with Health Savings Account
- B. Prescription Rider, as described in Appendix C, with Prescription Rider being same or similar to plan provided by ExpressScripts , with same or similar being defined as being defined as the benefits arrangements provided by an alternative health insurance benefit carrier being such that the size of the service network offered must be 85% of that currently offered.
- C. Full Service Dental Plan, including rider for unmarried children, with Plan same or similar to that provided by Delta Dental, with same or similar being defined as being defined as the benefits arrangements provided by an alternative health insurance benefit carrier being such that the size of the service network offered must be 85% of that currently offered. Dental riders A, B and C will be provided to employees at the group rate, provided the employee pays the full costs of such riders.
- D. Insurance premium co-pay: All employees shall pay a contribution towards the cost of the health benefits referred to above as follows, with the Manchester Board of Education paying the remaining portion:
- Premium cost shares shall be increased effective July 1, 2014, by one-half of one percent (.5%) for all plans offered. Effective July 1, 2015, all premium cost shares than currently in effect shall be increased by one-half of one percent (.5%).
- E. Board will provide coverage of \$30,000 Group Life Insurance and Accidental Insurance, to be paid for by the Board with the option to increase coverage by \$10,000 additional insurance with the cost of said additional to be paid one-third (1/3) by the Board and two-thirds (2/3) by the nurse receiving the additional insurance.
- F. Upon the death of a nurse, the surviving spouse has the opportunity to purchase the same health benefits that the deceased spouse would have been eligible for through the Board group plan. The surviving spouse must pay the entire cost of the premium. Dependent children may also be included until the age of twenty-six (26) years, or greater as allowed by law.
- G. Retirees: In order to qualify for retiree health insurance benefits, a retiree must be able to collect a pension from Manchester Board of Education
- A. An employee hired prior to July 1, 1995, and who retires after June 30, 2001:

- (1) Until the retiree reaches the age at which he/she qualifies for Medicare, must contribute the same co-pay amount as contributed by active employees. Current retirees will be provided the same health insurance options as active members.
 - (2) At the time that the retiree, or the retiree's spouse, reaches Medicare eligibility age, the retiree, or the retiree's spouse, must leave the Board's current insurance programs and enroll in Medicare. The retiree, or the retiree's spouse, may additionally choose to enroll in Board's supplemental Medicare plans through INSURANCE PROGRAMMERS INC. (I.P.I.) and pay 25% of the premiums.
- B. An employee hired on or after July 1, 1995 but prior to July 1, 1998, and who retires after June 30, 2001:
- (1) If the employee has at least ten years experience with the Board:
 - (a) Until the retiree, or the retiree's spouse, reaches the age at which he/she qualifies for Medicare, must contribute 25% of the health insurance premium.
 - (b) At the time that the retiree, or the retiree's spouse, reaches Medicare eligibility age, the retiree, or the retiree's spouse, must leave the Board's current insurance programs and enroll in Medicare. The retiree, or the retiree's spouse, may additionally choose to enroll in the Board's supplemental Medicare plans through Anthem INSURANCE PROGRAMMERS INC. (I.P.I.) and pay 25% of the premiums.
 - (2) If the employee has less than ten years experience with the Board:
 - (a) Until the retiree reaches the age at which he/she qualifies for Medicare, he/she must contribute 100% of the health insurance premium.
 - (b) At the time that the retiree, or the retiree's spouse, reaches Medicare eligibility age, the retiree, or the retiree's spouse, must leave the Board's current insurance programs and enroll in Medicare. The retiree, or the retiree's spouse, may additionally choose to enroll in the Board's supplemental Medicare plans through INSURANCE PROGRAMMERS INC. (I.P.I.) and pay 50% of the premiums.
- C. For employees hired on after July 1, 1998 and who retire after June 30, 2001:
- (1) Until the employee reaches the age at which he/she qualifies for Medicare, he/she must contribute 100% of the health insurance premium.
 - (2) At the time that the retiree, or the retiree's spouse, reaches Medicare eligibility age, the retiree, or the retiree's spouse, must leave the Board's current insurance programs and enroll in Medicare. The retiree, or the retiree's spouse, may additionally choose to enroll in the Board's supplemental Medicare plans through INSURANCE PROGRAMMERS INC. (I.P.I.) and pay 50% of the premiums.
- D. For employees hired on/after ratification:
- (1) Until the retiree reaches the age at which he/she qualifies for Medicare, he/she must contribute 100% of the health insurance premium.
 - (2) At the time that the retiree, or the retiree's spouse, reaches the Medicare eligibility age, the retiree, or the retiree's spouse, must leave the Board's current insurance programs and enroll in Medicare. The retiree, or the retiree's spouse, may additionally choose to enroll in the Board's supplemental Medicare plan Insurance Programmers Inc., and pay 100% of the premiums.

- H. All eligible members of this bargaining unit may become members of the Manchester Town Plan for Retirement and will be subject to provisions of the Town Plan. Members of the bargaining unit shall be covered under the "Rule of 80" under the Town Pension Plan. Any employee hired on or after ratification, shall have the option of becoming a member of the Town's defined benefit pension plan as described herein, or the Town's defined contribution plan.
- I. All retirees will receive a \$4,000 life insurance policy.
- J. The Board agrees to reimburse bargaining unit members for the cost of individual malpractice insurance for a policy covering each member of the Union in the amount of or up to \$1,000,000/\$3,000,000 per year.
 - (1) The board agrees to reimburse bargaining unit members for any costs related to renewal of the employee's nursing license.
- K. The Board shall establish a Flexible Spending Account in accordance with relevant IRS regulations.

ARTICLE XI - GRIEVANCE PROCEDURE

1. A grievance shall mean a complaint by a nurse that his/her rights under the specific language of this Agreement have been violated, or that there is a misinterpretation or misapplication of the specific provisions of this Agreement. As used in this Agreement the term "nurse" shall mean either (1) an individual or (2) a group of nurses having the same grievance.
2. Grievances shall be processed in the following manner:

Informal Solution: Any employee considering himself or herself aggrieved, and the employee's Union representative, may first discuss the matter informally with the Coordinator of School Health with the objective of resolving the matter informally.

STEP 1: If the grievance is not resolved by the informal discussion described above, then within fifteen days of the decision of the Coordinator of School Health, the grievant, and her/his Union representative, shall present the employee's grievance in writing to the Coordinator of School Health. The written statement of a nurse's grievance shall contain a statement of facts, the remedy requested, and a reference to that provision of this Agreement, if any, which the nurse claims has been violated. The Coordinator of School Health shall meet with the nurse and the Union representative prior to making a decision but, in any event, must render a decision in writing with copies to the nurse and the Union within five (5) school days of the submission of the nurse's written statement of grievance.

STEP 2: If the grievance is not settled in Step 1 within the required time, it may be appealed in writing to the Superintendent or his/her designee. Such appeal shall be sent to the Superintendent within ten school days of receipt of the answer in Step 1, or within ten school days of the due date of the written response. The Superintendent or his/her designee shall meet with the nurse and Union representative and may include at such meeting any other individuals concerned. Such meeting shall be held within five (5) school days of the

receipt by the Superintendent or designee of the nurse's appeal. The Superintendent or designee shall give written answer to the nurse and the Union within five (5) school days of the conclusion of such meeting.

STEP 3: If the grievance is not settled by Step 2 within the required time, the Union may submit such grievance to the Board of Education. Such submission must be in writing and received by the Board within ten (10) school days from receipt of the Superintendent/designee's decision. The Board of Education will hear the grievance at the next regularly scheduled meeting which is at least five (5) days after the Board receives the written grievance and will render a written decision within ten (10) school days.

STEP 4: If the grievance is not settled by Step 3 within the required time, the Union may submit such grievance to arbitration. Notice of intention to submit such grievance to arbitration must be made in writing, addressed to the Superintendent of Schools and submission to the State of Connecticut Board of Mediation & Arbitration (SBMA). Said notification must be made no later than thirty (30) school days following receipt of the decision of the Board of Education, or the expiration of the time limits for making such decision, whichever shall first occur.

The arbitration shall be conducted under the rules and regulations of the SBMA.

3. Meetings held under this procedure shall be conducted at a time and place which will afford a fair and reasonable opportunity to attend for all persons proper to be present. When such meetings are held during school hours, all persons who participate shall be excused without loss of pay for that purpose.
4. Each Union representative shall be permitted the necessary time without loss of pay to investigate and process grievances within his/her area of representation, provided he/she has informed his/her immediate supervisor of where he/she is going and why he/she has left his/her school building and received permission therefore, which permission shall not be unreasonably withheld.
5. If in the judgment of the President of the Union, a grievance affects a group or class of nurses, such grievances may be submitted in the name of the President of the Union.
6. Failure of a nurse or the Union to file a grievance within the time limits specified in the grievance procedure does not establish a precedent for settlement of any future grievance.
7. No grievance may be filed more than thirty (30) days after the occurrence of the latest of the following events:
 - a. The knowledge of the occurrence of the condition giving rise to the grievance.
 - b. Written notice of said condition to the employee(s) involved.

ARTICLE XII - PROTECTIONS

1. Nurses shall immediately report to their superior orally, to be followed by a written report, all cases of assault suffered by them in connection with their employment.

2. Such report shall be forwarded to the Superintendent and the Board which shall comply with any reasonable request from the nurse for information in its possession not privileged under the law which relates to the incident or the persons involved.
3. (a) The employer shall prepare a list of all employees covered under this Agreement showing their seniority and length of service with the employer, and deliver the same to the Union annually.

(b) The employee shall acquire seniority commencing on the most recent date of hire with the Board of Education.

(c) Seniority shall not accrue during unpaid leaves of absence. Seniority shall continue for any employee upon promotion or transfer to a new position.
4. Annually, and at the request of the Union's local president or a Union staff representative, a complete list of all personnel in the bargaining unit shall be provided to both the CSEA, Inc. offices and the local chapter. This list shall be by seniority, highest to lowest in seniority, and include the anniversary date of employment.
5. In the event that layoffs become necessary, the affected employee(s) shall receive 60 days notice. If the layoff is to be effective at the end of the school year, the employee shall be notified within a week of the final adoption by the Board of Education of the following year's budget that the employee will not be continued for the coming year.

The employee with the least seniority in the classification shall be laid off first. In the event that the position affected by the initial reduction in force is not encumbered by the least senior employee, as, for example, in a school closing, then the affected employee may bump the least senior, junior employee. The employee displaced as a result of bumping shall be able to exercise his/her seniority rights to bump the least senior, junior part-time employee. The name of any employee who has been laid off shall be placed upon a reappointment list and remain on such list for two (2) years, provided such employee does not refuse a reappointment to a comparable, permanent assignment. Failure to accept a comparable position as provided in this subsection shall automatically remove such employee's name from the reappointment list. When employees are to be recalled, the first to be recalled shall be the employee on the reappointment list with the greatest seniority.

ARTICLE XIII - SAVING CLAUSE

It is agreed that if any section, clause or phrase of this Agreement is found to be illegal, then such findings will have no effect on any of the remaining portions or provisions of the Agreement.

ARTICLE XIV - REOPENERS

1. No individual in the bargaining unit or representative, agent, or employee of the Board may enter into any separate agreement or understanding which will be inconsistent with the terms of this Agreement. Any such separate inconsistent agreement will not be binding upon the parties hereto, unless expressly adopted in writing and mutually agreed upon between the Board and the Union.
2. This Agreement may be altered or modified only by mutual agreement of the parties hereto.

3. This Agreement shall be binding upon the Board and the Union from the first day of July, 2007, and shall continue in full force and effect until midnight of the thirtieth day of June 2010, when it shall expire, provided that if neither party gives the notice provided for in Section 4, this Agreement shall automatically renew itself for a term of one (1) year and all provisions shall remain in effect with the same force as during the original term thereof.
4. Negotiations for the successor agreement for this collective bargaining unit will commence according to the Municipal Employee Relations Act (MERA).

ARTICLE XV - DISCIPLINE

All disciplinary action will be for just cause and subject to the grievance procedure. Notice of intent to dismiss shall be in the form of a written statement from the Director of Human Resources and under normal circumstances will provide for two (2) weeks notice.

All disciplinary actions shall be applied in a fair manner and shall not be inconsistent with the infraction for which the disciplinary action is being taken.

Disciplinary actions shall include and follow this order:

- (1) A verbal warning
- (2) A written warning
- (3) Suspension without pay for a period not to exceed five (5) days
- (4) Discharge

The Administration reserves the right to deviate from the above procedure in extreme cases.

The Administration shall, at the time disciplinary action is taken (except verbal warning), furnish the employee and the President of the Union a written statement of reasons for such action and the period of time for which any suspension is to be in effect.

ARTICLE XVI – DRESS CODE

The Board and the Association agree that student performance, achievement, and preparation for lifetime success are positively affected by the professional appearance of the Board's staff. The Board and the Association further agree that employees should wear clothing that demonstrates their high regard for education and presents an image consistent with their job responsibilities. Therefore, the Board and the Association agree that during the work day and anytime employees attend work-related activities or functions (for example, PTO/PTA meetings, meetings or conferences with parents, school plays or concerts, student competitions, educational or other professional conferences), employees shall appear in professionally appropriate attire.

1. Dress should reflect the professional position of the employee, and employees should not dress in ways that would reduce their professional standing or diminish their professional stature as exemplars and role models.
2. Attire should be worn that is commonly accepted as appropriate for the professional community. Employees are not permitted to wear any clothing, paraphernalia, grooming, jewelry, accessories or body adornments that are not professionally appropriate. Such inappropriate items include the following:
 - denim pants (jeans);
 - torn, dirty or wrinkled clothing;
 - flip-flops or any other footwear that is a safety hazard;
 - t-shirts;
 - shorts;
 - unduly revealing clothing;
 - sweatshirts, sweat pants or sweat suits (except as appropriate for physical education teachers)
 - any other clothing deemed inappropriate by the school principal.
3. Exceptions to the above may be permitted with prior approval of the school principal. For example, exceptions for denim pants may be made for particular field trips or for dress-down days.

ARTICLE XVII - DURATION

The provisions of this Agreement shall be effective as of the 1st day of July, 2013 and shall remain in full force and effect until the 30th day of June, 2016.

IN WITNESS WHEREOF, the parties hereunto set their hands and seals this 31st day of January, 2014.

MANCHESTER BOARD OF EDUCATION



Patricia F. Brooks
Assistant to the Superintendent Finance and Management

1/31/2014

Dated:

THE MANCHESTER SCHOOL NURSES ASSOCIATION
CSEA, Local 2001, SEIU



Marian Ritter
President: Manchester School Nurses Association

1/31/14

Dated:

APPENDIX A
CONDITIONS CONCERNING SALARIES

1. All new employees will be placed on the appropriate step based on his/her years of full-time nursing experience in the following areas:
 - A. Tertiary hospital nursing
 - B. Clinic or physician's office
 - C. Public health/community health agency nursing
 - D. School nursing

Years of Experience	Acceptable	Step Placement
1		1
2		2
3		3
4-8		4
10		5
12+		6

2. Long-term substitutes employed for greater than six (6) months and subsequently employed full time in the Manchester school system shall be credited with one (1) full year of experience.

APPENDIX B
SALARY SCHEDULE

7/1/2013		2.00%	
<u>STEP</u>	<u>R.N.</u>		<u>B.S.N.</u>
	1	41,257	42,379
	2	41,936	44,289
	3	44,311	45,852
	4	45,672	47,134
	5	48,510	49,965
	6	51,384	52,898

7/1/2014		2.00%	
<u>STEP</u>	<u>R.N.</u>		<u>B.S.N.</u>
	1	42,082	43,227
	2	42,775	45,175
	3	45,197	46,769
	4	46,585	48,077
	5	49,480	50,964
	6	52,411	53,956

7/1/2015		2.00%	
<u>STEP</u>	<u>R.N.</u>		<u>B.S.N.</u>
	1	42,924	44,091
	2	43,631	46,079
	3	46,101	47,704
	4	47,517	49,038
	5	50,470	51,983
	6	53,459	55,035

Manchester Board of Education 2013 OAP \$15 versus OAP \$20 Benefit Highlights

"In-Network" Summary of Benefits	OAP \$15 Copay Plan (Nurses) Open Access Plus Network	OAP \$20 Copay Plan (Nurses) Open Access Plus Network
Preventive Services Coverage	No charge Covered in Full	No charge Covered in Full
Primary Care / Specialist	\$15 co-pay / \$15 co-pay	\$20 co-pay / \$20 co-pay
Inpatient / Outpatient Hospital	\$150 per admission / \$75 per visit	\$200 per admission / \$100 per visit
Emergency / Urgent Care (Co-pay waived if admitted)	\$50 per visit / \$25 per visit	\$75 per visit / \$50 per visit
Diagnostic Test (x-ray, blood work) Imaging (CT/PET Scans, MRIs)	No charge	No charge
Eye Exam	\$15 co-pay (one exam every 24 months)	\$20 co-pay (one exam every 2 calendar years)
"Out-of-Network" Summary of Benefits		
Annual Deductible – Individual/Family	\$200 / \$500	\$200 / \$500
Medical Coinsurance - After deductible is met	80% / 20%	80% / 20%
Out-of-Pocket Maximum – Individual/Family Includes Deductible amount	\$1,000 / \$2,000	\$1,200 / \$2,500
Eye Exam	\$15 co-pay (one exam every 24 months)	\$20 co-pay (one exam every 2 calendar years)

HIGH DEDUCTIBLE/HSA HEALTH INSURANCE PLAN

Effective January 1, 2008

The high deductible/ HSA plan shall contain the following elements:

High Deductible Health Plan with H.S.A		
	Combined In and Out of Network Deductible, all services subject to deductible, then covered at 100% In-Network	Combined In and Out of Network Deductible, all services subject to deductible, then covered at 80% Out-of-Network
Combined In and Out of Network Deductible \$1,500/\$3,000 (agg Family)		
Combined In and Out of Network out of pocket maximum \$3,000/\$6,000		
Benefit Provisions		
Preventive Care	Covered according to an age based schedule no charge deductible waived	80% after deductible
Medical Office Visits	100% after deductible	80% after deductible
Laboratory	100% after deductible	80% after deductible
High Cost Diagnostic	100% after deductible	80% after deductible
Hospital Care		
Semi Private Room	100% after deductible	80% after deductible
Outpatient	100% after deductible	80% after deductible
Emergency Room	100% after deductible	80% after deductible
Prescription Drugs		
Retail Pharmacy	100% after deductible	80% after deductible
Mail Order	100% after deductible	80% after deductible

For each eligible full-time nurse, the Board will fund fifty percent (50%) of the applicable deductible amount. The Board's contribution toward the deductible will be deposited into the HSA accounts throughout the course of the year, on the Board's payroll dates. The Board's contribution toward the funding of the deductible shall not be deemed an element of the underlying insurance plan. Rather, the Board's contribution toward the funding of the deductible shall relate solely to the manner in which the deductible shall be funded for actively employed nurses. The Board shall have no obligation to fund any portion of the deductible for retirees or other individuals upon their separation from employment.

Open Access Plus: Manchester Town and Board of Education

Coverage Period: 07/01/2013 - 06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Individual + Family | Plan Type: OAP



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.myCigna.com or by calling 1-800-Cigna24

Important Questions	Answers	Why this Matters
What is the overall deductible?	For in-network providers \$0 person / \$0 family For out-of-network providers \$200 person / \$500 family Does not apply to in-network preventive care, in-network office visits Co-payments don't count toward the deductible.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. For in-network providers \$0 person / \$0 family / For out-of-network providers \$1,200 person / \$2,500 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premium, balance-billed charges, co-payments, penalties for no pre-authorization, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of participating providers, see www.myCigna.com or call 1-800-Cigna24	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services.

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.



- Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Co-insurance is your share of the costs of a covered service, calculated as a percent of the allowed amount of the service. For example, if the health plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charge is \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called balance billing.)
- This plan may encourage you to use in-network providers by charging you lower deductibles, co-payments and co-insurance amounts.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 co-pay/visit	20% co-insurance	————none————
	Specialist visit	\$20 co-pay/visit	20% co-insurance	————none————
	Other practitioner office visit	\$20 co-pay/visit for chiropractor	20% co-insurance	Coverage for Chiropractic and Rehabilitation services is limited to 60 days annual max.
	Preventive care/screening/immunization	No charge	20% co-insurance	————none————
If you have a test	Diagnostic test (x-ray, blood work)	No charge	20% co-insurance	Deductible is waived
	Imaging (CT/PET scans, MRIs)	No charge	20% co-insurance	————none————
If you need drugs to treat your illness or condition				
More information about prescription drug coverage is available at www.myCigna.com	Prescription drug cost	20% co-insurance/prescription (retail)	20% co-insurance	Home delivery is not covered

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 co-pay/visit	20% co-insurance	In-network per visit co-pay is waived for non-surgical procedures
	Physician/surgeon fees	No charge	20% co-insurance	-----none-----
If you need immediate medical attention	Emergency room services	\$75 co-pay/visit	\$75 co-pay/visit	Per visit co-pay is waived if admitted
	Emergency medical transportation	No charge	No charge	-----none-----
	Urgent care	\$50 co-pay/visit	\$50 co-pay/visit	Per visit co-pay is waived if admitted
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200 co-pay/admission	20% co-insurance	-----none-----
	Physician/surgeon fees	No charge	20% co-insurance	-----none-----
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20 co-pay/visit	20% co-insurance	-----none-----
	Mental/Behavioral health inpatient services	\$200 co-pay/admission	20% co-insurance	-----none-----
	Substance use disorder outpatient services	\$20 co-pay/visit	20% co-insurance	-----none-----
	Substance use disorder inpatient services	\$200 co-pay/admission	20% co-insurance	-----none-----
If you are pregnant	Prenatal and postnatal care	No charge	20% co-insurance	-----none-----
	Delivery and all inpatient services	\$200 co-pay/admission	20% co-insurance	-----none-----

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need help recovering or have other special health needs	Home health care	No charge	20% co-insurance	-----none-----
	Rehabilitation services	No charge	20% co-insurance	Coverage for Rehabilitation services is limited to 60 days annual max. Cardiac Rehabilitation services are limited to 36 days annual max subject to a \$20 co-pay/visit in-network.
	Habilitation services	Not Covered	Not Covered	-----none-----
	Skilled nursing care	No charge	20% co-insurance	Coverage is limited to 180 days annual max
	Durable medical equipment	No charge	20% co-insurance	-----none-----
	Hospice services	No charge	20% co-insurance	-----none-----
If your child needs dental or eye care	Eye Exam	\$20 co-pay/visit	\$20 co-pay/visit	Eye exam every 2 calendar years. Refraction exams do not apply to the vision exam maximum.
	Glasses	Not Covered	Not Covered	-----none-----
	Dental check-up	Not Covered	Not Covered	-----none-----

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Excluded Services & Other Covered Services

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Habilitation services 	<ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine foot care • Weight loss programs 	
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care • Hearing aids • Infertility treatment 		

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.ccio.cms.gov or call 1-800-Cigna24 to request a copy.

Your Rights to Continue Coverage

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-Cigna24. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. 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 the program for this plan's situs state: Connecticut Office of the Healthcare Advocate at 866-466-4446. However, for information regarding your own state's consumer assistance program refer to www.healthcare.gov.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

-----*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*-----

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Coverage Examples

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Note: These numbers assume enrollment in individual-only coverage.

Having a baby (normal delivery)

- **Amount owed to providers: \$7,540**
- **Plan pays: \$6,960**
- **Patient pays: \$580**

Sample care costs:

Hospital charges (mother)	\$2,700
Routine Obstetric Care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductible	\$0
Co-pays	\$440
Co-insurance	\$110
Limits or exclusions	\$30
Total	\$580

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers: \$5,400**
- **Plan pays: \$1,530**
- **Patient pays: \$3,870**

Sample care costs:

Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office visits & procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductible	\$0
Co-pays	\$320
Co-insurance	\$3,230
Limits or exclusions	\$320
Total	\$3,870

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or pre existing condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ No. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You also should consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Plan ID: 71652

Plan Name: Manchester BOE OAP \$20 Plan - Teachers

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Open Access Plus: Manchester Town and Board of Education

Coverage Period: 07/01/2013 - 06/30/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Individual + Family | Plan Type: OAP

 **This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.myCigna.com or by calling 1-800-Cigna24

Important Questions	Answers	Why this Matters
What is the overall deductible?	For in-network providers \$0 person / \$0 family For out-of-network providers \$250 person / \$750 family Does not apply to in-network preventive care, in-network office visits Co-payments don't count toward the deductible.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. For in-network providers \$0 person / \$0 family / For out-of-network providers \$1,250 person / \$3,250 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premium, balance-billed charges, co-payments, penalties for no pre-authorization, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of participating providers, see www.myCigna.com or call 1-800-Cigna24	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services.

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- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is your share of the costs of a covered service, calculated as a percent of the allowed amount of the service. For example, if the health plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charge is \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **in-network providers** by charging you lower deductibles, co-payments and co-insurance amounts.

Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 co-pay/visit	20% co-insurance	-----none-----
	Specialist visit	\$30 co-pay/visit	20% co-insurance	-----none-----
	Other practitioner office visit	\$30 co-pay/visit for chiropractor	20% co-insurance	Coverage for Chiropractic services is limited to 60 days annual max.
	Preventive care/screening/immunization	No charge	20% co-insurance	-----none-----
If you have a test	Diagnostic test (x-ray, blood work)	No charge	20% co-insurance	Deductible is waived
	Imaging (CT/PET scans, MRIs)	No charge	20% co-insurance	-----none-----
If you need drugs to treat your illness or condition	Prescription drug cost	20% co-insurance/prescription (retail)	20% co-insurance	Home delivery is not covered
More information about prescription drug coverage is available at www.myCigna.com				

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Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$200 co-pay/visit	20% co-insurance	In-network per visit co-pay is waived for non-surgical procedures
	Physician/surgeon fees	No charge	20% co-insurance	-----none-----
If you need immediate medical attention	Emergency room services	\$75 co-pay/visit	\$75 co-pay/visit	Per visit co-pay is waived if admitted
	Emergency medical transportation	No charge	No charge	-----none-----
	Urgent care	\$75 co-pay/visit	\$75 co-pay/visit	Per visit co-pay is waived if admitted
If you have a hospital stay	Facility fee (e.g., hospital room)	\$400 co-pay/admission	20% co-insurance	-----none-----
	Physician/surgeon fees	No charge	20% co-insurance	-----none-----
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$30 co-pay/visit	20% co-insurance	-----none-----
	Mental/Behavioral health inpatient services	\$400 co-pay/admission	20% co-insurance	-----none-----
	Substance use disorder outpatient services	\$30 co-pay/visit	20% co-insurance	-----none-----
	Substance use disorder inpatient services	\$400 co-pay/admission	20% co-insurance	-----none-----
If you are pregnant	Prenatal and postnatal care	No charge	20% co-insurance	-----none-----
	Delivery and all inpatient services	\$400 co-pay/admission	20% co-insurance	-----none-----

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Common Medical Event	Services You May Need	Your Cost if you use an		Limitations & Exceptions
		In-Network Provider	Out-of-Network Provider	
If you need help recovering or have other special health needs	Home health care	No charge	20% co-insurance	Coverage is limited to 200 days annual max. Maximums cross-accumulate.
	Rehabilitation services	No charge	20% co-insurance	Coverage for Rehabilitation services is limited to 60 days annual max. Cardiac Rehabilitation services are limited to 36 days annual max subject to a \$30 co-pay/visit in-network.
	Habilitation services	Not Covered	Not Covered	-----none-----
	Skilled nursing care	No charge	20% co-insurance	Coverage is limited to 180 days annual max
	Durable medical equipment	No charge	20% co-insurance	-----none-----
	Hospice services	No charge	20% co-insurance	-----none-----
If your child needs dental or eye care	Eye Exam	\$30 co-pay/visit	\$30 co-pay/visit	Eye exam every 2 calendar years. Refraction exams do not apply to the vision exam maximum.
	Glasses	Not Covered	Not Covered	-----none-----
	Dental check-up	Not Covered	Not Covered	-----none-----

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Excluded Services & Other Covered Services

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Habilitation services 	<ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine foot care • Weight loss programs 	
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care • Hearing aids • Infertility treatment 		

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Your Rights to Continue Coverage

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-Cigna24. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. 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 the program for this plan's situs state: Connecticut Office of the Healthcare Advocate at 866-466-4446. However, for information regarding your own state's consumer assistance program refer to www.healthcare.gov.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next page.-----

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Coverage Examples

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Note: These numbers assume enrollment in individual-only coverage.

Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays:** \$6,540
- **Patient pays:** \$1,000

Sample care costs:

Hospital charges (mother)	\$2,700
Routine Obstetric Care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductible	\$0
Co-pays	\$860
Co-insurance	\$110
Limits or exclusions	\$30
Total	\$1,000

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays:** \$1,370
- **Patient pays:** \$4,030

Sample care costs:

Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office visits & procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductible	\$0
Co-pays	\$480
Co-insurance	\$3,230
Limits or exclusions	\$320
Total	\$4,030

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or pre existing condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ No. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You also should consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Plan ID: 71659

Plan Name: Manchester BOE OAP \$30 Plan - Teachers

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

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