

AGREEMENT

BETWEEN

PUBLIC HEALTH NURSES, UNIT #8

CONNECTICUT HEALTHCARE ASSOCIATES

NATIONAL UNION OF HOSPITAL

AND HEALTH CARE EMPLOYEES

AFSCME, AFL-CIO

AND

THE CITY OF MERIDEN, CONNECTICUT

JULY 1, 2022 - JUNE 30, 2025

TABLE OF CONTENTS

PREAMBLE	.....	1
ARTICLE I	RECOGNITION.....	1
ARTICLE II	RIGHTS OF EMPLOYER.....	1
ARTICLE III	DEFINITIONS	2
ARTICLE IV	SENIORITY	4
ARTICLE V	HOURS OF WORK	7
ARTICLE VI	CONDITIONS OF EMPLOYMENT.....	10
ARTICLE VII	SAFETY AND HEALTH	12
ARTICLE VIII	HOLIDAYS.....	13
ARTICLE IX	VACATIONS.....	14
ARTICLE X	SICK LEAVE.....	15
ARTICLE XI	INJURY LEAVE.....	18
ARTICLE XII	BEREAVEMENT LEAVE	19
ARTICLE XIII	FAMILY AND MEDICAL LEAVE.....	20
ARTICLE XIV	MILITARY LEAVE AND JURY DUTY.....	21
ARTICLE XV	LEAVES OF ABSENCE	21
ARTICLE XVI	ALLOWANCES	21
ARTICLE XVII	NON-DISCRIMINATION.....	22
ARTICLE XVIII	NEGOTIATIONS	22
ARTICLE XIX	GRIEVANCE PROCEDURE	22
ARTICLE XX	PENSIONS.....	24
ARTICLE XXI	TUITION REIMBURSEMENT.....	24
ARTICLE XXII	INSURANCE	26
ARTICLE XXIII	UNION ACTIVITIES	27
ARTICLE XXIV	LONGEVITY	27
ARTICLE XXV	COPIES OF AGREEMENT.....	28

ARTICLE XXVI	DUES DEDUCTION	28
ARTICLE XXVII	WAGES.....	29
ARTICLE XXVIII	PROTECTION	29
ARTICLE XXIX	NO STRIKES OR LOCKOUTS	29
ARTICLE XXX	DISCIPLINE	30
ARTICLE XXXI	DURATION	31
SIGNATURE PAGE	.....	32
APPENDIX A	.....	33
APPENDIX B	.....	36
APPENDIX C	WAGE SCALES	49
EARNED DAY CONFIRMATION REQUEST AND CHECK LIST	.....	52

PREAMBLE

WHEREAS, Public Health Nursing and School Nursing are fields of specialization within the nursing profession; and

WHEREAS, the City of Meriden is conscious of the need to maintain professional public health nursing and school nursing services for the community; and

WHEREAS, the Registered Nurses employed by the City of Meriden have elected a professional association to assist them in obtaining their professional as well as economic employment goals; and

WHEREAS, the City of Meriden recognizes that the efficient economic operation of the Meriden Department of Health and Human Services demands recognition of the legitimate economic and working condition aspirations of its Registered Nurses.

NOW THEREFORE, THIS AGREEMENT is effective by and between the CITY OF MERIDEN (hereinafter referred to as the CITY) and the MERIDEN PUBLIC HEALTH NURSES, CONNECTICUT HEALTH CARE ASSOCIATES, UNIT #8, NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES, AFSCME, AFL-CIO (hereinafter referred to as the UNION).

ARTICLE I RECOGNITION

The City hereby recognizes Unit #8, Connecticut Health Care Associates, National Union of Hospital and Health Care Associates, AFSCME, AFL-CIO, as the sole representative of all Registered Professional Nurses employed by the City of Meriden, excluding the Sanitarian and Program Coordinators as set forth in the Certification of Representative issued by the Connecticut State Board of Labor Relations in Case No. ME-4376 and the Recognition Agreement issued by the Connecticut State Board of Labor Relations in Case No. ME-18,933 for the purpose of bargaining as to wages, hours of work and conditions of employment.

ARTICLE II RIGHTS OF EMPLOYER

Except to the extent relinquished, abridged, modified or limited by the provisions of this Agreement, the City reserves and retains solely and exclusively the right, authority and responsibility to manage the affairs of the City and the direction of the employees. Such rights shall include, but are not limited to, the following:

1. To recruit, assign, transfer or promote members to positions within the Department.

2. To suspend, demote, discharge or take other disciplinary actions against members for just cause.
3. To determine methods, means, and personnel necessary for Department operations.
4. To control the Department's budget.
5. To take whatever actions are necessary in emergencies in order to assure the proper functions of the Department.
6. To discontinue work processes or operations or to discontinue their performance by employees.
7. To select and to determine the number and types of employees required to perform the City's operations.
8. To establish contracts and subcontracts for municipal operations provided that the right shall not be used for the purpose or intention of undermining the Union or discriminating against its members.
9. To make reasonable rules and regulations relating to personnel policy, procedures, and practices and matters of working conditions, as permitted and required by the obligations imposed by law as well as the responsibilities set forth in this agreement.

These rights shall not be used for the purpose or intention of undermining the Union or discriminating against its members pursuant to the provisions of the State and Federal Laws on discrimination.

ARTICLE III **DEFINITIONS**

As used in this Agreement, masculine or feminine pronouns shall include reference to either gender.

There shall be two classes of Registered Professional Nurses in the Classification System of the City of Meriden:

A. Public Health Nurse I

Performs varied nursing duties in the community including clinics, schools and Day Care Centers; participates in operations of public health clinics, interviews patients, performs specified diagnostic tests, gives prescribed treatments,

records data, makes necessary referrals and follow-up home visits, participates in epidemiological investigations in the home, school or community; serves as a health consultant to pupils, parents and school personnel and others in regard to health needs; serves as a resource person to classroom teachers and others pertaining to health instruction; plans and participates in matters pertaining to health appraisals; participates in first aid care of emergencies; participates in school faculty, nursing staff and some community meetings as approved by the Director of Health and Human Services or her designee; maintains up-to date records; completes surveys and statistical information as required by programs and the department. Possession of a license as a Registered Nurse issued by the State of Connecticut is necessary. Desirable experience and training includes graduation from a recognized college or university with a degree in nursing or a related field, following a course of study including approved programs in public health nursing.

B. Public Health Nurse II

This is a professional public health position with a broad scope of public health nursing responsibilities in the community including, but not limited to, infectious disease control, immunizations, chronic disease control, maternal and child health, elderly health, environmental health, health education and occupational health.

Work involves responsibility for achieving and maintaining safe and healthy conditions through the application of professional knowledge, skills and abilities in public health nursing. The position carries out legal responsibility for the investigation and application of control measures for communicable diseases in Meriden. The work involves a wide array of preventive health and health promotion programs aimed at increasing the healthy lifespan of all Meriden residents.

These synopsis job descriptions shall defer to the fully spelled out duties and responsibilities as explained in the official job descriptions of the City Classified System as approved by the City Council.

There shall be three classes of Bargaining Unit Employees, as follows:

A. Full-time 12 Month Nurse

Any bargaining unit member who works as a nurse for the City for twelve (12) months of the year and works no less than thirty-five (35) hours per week.

B. Full-time 10 Month Nurse

Any bargaining unit member who works as a nurse for the City for ten (10) months of the year and works no less than thirty-five (35) hours per week.

C. Part-time Under Twenty (20) Hour Nurse

Any bargaining unit member who works as a nurse for the City for less than twenty (20) hours per week.

ARTICLE IV
SENIORITY

Section 1.

Seniority as used in this Agreement shall be defined as follows:

- A. Seniority for all nurses shall start with the most recent date of hire as a Registered Nurse in the Department of Health and Human Services.
- B. For the purposes of layoff or job openings, seniority shall be as established in Section IA above, one (1) year for each year of employment regardless of full-time or part-time status.
- C. Seniority for all nurses for the purposes of benefit accrual shall be based on one year credit for one year of service.
- D. Seniority shall have no effect on the service requirements for the purposes of pension qualification. Pension qualification shall be governed by the pension plan adopted by the city of Meriden Pension Board. For employees hired into a qualifying pension position prior to July 1, 2011, their pension shall be governed by the City of Meriden Defined Benefit Pension Plan. For employees hired on or after July 1, 2011 into a qualifying pension position, their pension shall be governed by the City of Meriden 401(a) Defined Contribution Pension Plan.

Section 2.

- A. The Department of Human Resources and/or the Department of Health and Human Services shall provide annually (in March) two (2) lists of Registered Nurses in the Department of Health and Human Services covered by this Agreement showing their seniority.
- B. Any Registered Nurse who feels there is an error in his/her seniority date as shown must present the facts substantiating his/her position to the Director of

Human Resources. A copy of the lists shall be submitted to the Chairman of Unit #8. Sick, military, jury and vacations shall be included as in-service time.

- C. When it is necessary to layoff employees within the bargaining unit, the city shall determine the position and/or positions to be eliminated. A reduction in hours will effectively eliminate a position and may create a new part-time position.* Layoffs will then take place as follows:
 - a. Employees receiving a City pension
 - b. Employees on probation
 - c. Employees in designated position and/or positions.
- D. Any employee to be laid off shall be given two (2) weeks written notice of such layoff or pay in lieu thereof.
- E. Bumping process:
 - a. Full time, twelve (12) month employee may bump:
 - 1. the least senior full time twelve (12) month employee; or
 - 2. the least senior full time ten (10) month employee; or
 - 3. the part time employee with the most hours; or
 - 4. a vacant position
 - b. Full time ten (10) month employee may bump:
 - 1. the least senior full time ten (10) month employee; or
 - 2. the part time employee with the most hours; or
 - 3. a vacant position
 - c. Part time employee may bump:
 - 1. the least senior part time employee; or
 - 2. a vacant position.
- F. Any employee laid off or impacted by loss of hours or benefits shall have the employee's name placed on a recall list, in order starting with the most senior, for a period of one year.

* In this situation the Director of Health and Human Services will, before a lay off takes place, meet with the Union to discuss the impact of layoffs and use of the remaining hours.

Section 3.

A. Vacancies and New Positions

When a vacancy of an existing position occurs or a new position is created within the Health and Human Services Department, a notice from the Department of Human Resources shall be posted

on the City's website for a period of seven (7) working days so that nurses within the bargaining unit may apply. The City agrees that before filling said vacancy or new position with an individual outside the bargaining unit, it will consider the application of a qualified nurse or nurses from within the bargaining unit.

B. End of the Year Transfer Requests Between Schools

Transfer Requests may be honored based on the needs of the school, the position, and whether a vacancy exists. Transfer requests are not intended to displace existing employees and the requests may not always be honored at the time of the request. Transfer requests will be considered at the end of each academic year, to be considered for the following academic year.

Section 4.

Newly employed Registered Nurses in the Department of Health and Human Services serve a probationary period of one (1) year. Step movement will not occur until anniversary date of the PHRN's hire. During the probationary period nurses shall have no seniority rights but shall be subject to all clauses in this Agreement. Upon successful completion of the probationary period, seniority shall date from the original date of hire. Beginning July 1, 2000, the original date of hire shall also be a nurse's anniversary date. A PHRN shall move up on the step schedule on her anniversary date.

Effective 7/1/10, a nurse with at least one year of employment with the city moving into a higher level position than she currently holds, will move to the step closest to but not below her current step placement. She will serve a 6 month probationary period in the new position and then will move to the next step on the scale. If there are additional steps, she will move again on the next step date.

Newly employed Registered Nurses after February 3, 2020, shall serve a probationary period of one (1) year.

Section 5.

No member of the bargaining unit shall be laid off or have her hours reduced while any non-bargaining unit nurses are working any amount of time in the Department of Health and Human Services of the City of Meriden except by mutual consent. When unusual circumstances occur making it necessary to have flexibility, the Union agrees that it will not unreasonably withhold consent.

Section 6.

The City agrees that it will not arbitrarily float nurses. (A) The assignment and transfer of nurses is the responsibility of the Supervisor, under guidance of the Director of Health and Human Services, who will make reasonable effort to satisfy the reasonable requests and desires of nurses concerned. (B) Nurses employed by the City shall receive notification of their

programs and assignments for the ensuing school year from the Supervisor at least one (1) month prior to the start of the school year.

In the event of a change in circumstances or conditions, nursing assignments may be changed only as required thereby with prompt notice in writing to the nurse.

Section 7.

Seniority will be lost and continuous employment terminated by:

1. Resignation
2. Discharge or other involuntary termination of employment;
3. Disability which continues for more than one (1) year;
4. Job related disability which continues for more than two (2) years;
5. A failure to return to work upon the expiration of an authorized leave of absence.

The Director of Human Resources will be entitled to receive a physician's update on the status of an employee every three (3) months, which articulates in sufficient detail the medical status of the employee, and contains reasonable assurances that the employee will return to work in order for the position to remain open.

ARTICLE V **HOURS OF WORK**

The workweek for a full time twelve (12) month and full time ten (10) month employee shall be thirty-five (35) hours per week exclusive of lunch. The workweek schedule for full time twelve (12) month and full time ten (10) month shall be seven (7) hours per day, Monday through Friday, depending on assignment. Each nurse shall be entitled to a one half-hour duty free lunch period. Nurses assigned to a school may not leave the building for a duty free lunch period while school is in session; therefore their seven (7) hour workday shall be inclusive of lunch. The workweek for the part time nurses shall consist of less than twenty (20) hours per week.

- A. The normal work hours for a nurse in the Department of Health and Human Services shall be based on assignment.
- B. Any hours worked during school breaks shall normally be filled by nurses and other available work shall be offered on a seniority basis. Whenever possible, during breaks or school closures requiring additional hours and/or hours created by vacation and/or vacancies shall be offered to present staff members on a seniority basis.

PHRN's working 10 months, but paid over 12 months, who cover summer school shall be paid their regular rate of pay for such hours in addition to their normal paycheck.

If a bargaining unit nurse is scheduled or called in to work additional hours during the summer period and does not work the hours called in for, due to the City's cancellation, she shall be paid a minimum of two (2) hours at the employee's applicable rate.

- C. Modification of the above schedules may be made by the Department Head and the Director of Human Resources after weighing the benefits to be derived by the nurse and the City.
- D. The school year for full time ten (10) and twelve (12) month nurses shall include a maximum of eight (8) days prior to the student first day of school and a maximum of three (3) days after the close of school. The school year for part time nurses shall include a maximum of five (5) days prior to the student first day of school and a maximum of one (1) days after the close of school.

In all cases the Department Head shall notify bargaining unit employees on or before the last day of one school year of the start date of the next school year.

- E. In the event a full time twelve (12) month or ten (10) month nurse works on Saturday, the employee shall be paid at the rate of time and one half for all hours worked.

In the event a full time twelve (12) month or ten (10) month nurse works on Sunday, the employee shall be paid at the rate of two times the base rate for all hours worked.

All bargaining unit members who have actually worked over thirty-five (35) hours per week (Monday - Friday) shall be given compensatory time up to forty (40) hours per week.

For hours actually worked over forty (40), overtime will be paid at time and one-half for each hour worked.

The term "actually worked" means that the employee was compensated for time at work which does not include paid leave time.

In the event of an after school program (compensated by the BOE, not the City) overtime pay will be paid, not comp time.

- F. Inclement Weather Policy.

1. In cases of inclement weather when school opens late nurses will be paid for the full day. Nurses shall work their designated hours unless they choose to use their own time to leave on early dismissal.
2. School nurses are not charged leave time for full snow days. The BOE will reschedule snow days at which time the employees are expected to work and no additional pay is received. In the event school is closed for a full day due to inclement weather, any 12 month nurse who was temporarily assigned to cover a school health office for that day will report to the clinic office. The employee may also request to use accrued time off during the school closure.

In the event of a day when school(s) are closed early, all nurses shall work their scheduled hours at a school or the Health Department. When an employee has accumulated personal and/or earned days, such days may be used if the employee requests to be allowed time off. All such absences must be cleared following Health Department policies and procedures as outlined by the Director of Health and Human Services.

- G. All Public Health Nurses assigned to the schools are required to attend scheduled monthly staff meetings during work time. All Public Health Nurses assigned to the schools are required to attend staff meetings scheduled outside their normal work hours with at least fourteen (14) calendar days' notice. Public Health Nurses attending staff meetings will be paid at a minimum an additional one (1) hour (more if the meeting exceeds one hour in length) of pay at their regular rate of pay. The Director of Health and Human Services may cancel regularly scheduled meetings in their sole discretion and nurses shall not be paid the one (1) hour additional pay in the event of a cancelled meeting. A minimum of forty-eight (48) hours will be given if a staff meeting is to be cancelled.

Absences will only be allowed due to extenuating circumstances. The Nursing Supervisor must be notified of an absence from a staff meeting two (2) hours prior to the scheduled time (except in true emergencies). Every attempt will be made to put out a schedule of staff meetings at the beginning of each school year, and to stick to this schedule unless illness or weather conditions prevent it.

- H. The city may at its discretion keep the clinic open 1 Tuesday per month until 6:30 p.m.

Employees will be asked to flex their time during the two week pay period to accommodate the late opening. (i.e. employees who normally leave at 4:30 stay until 6:30 and are able to leave Friday at 2:30.)

ARTICLE VI
CONDITIONS OF EMPLOYMENT

Section 1.

Confirmation of appointment, job description and salary shall be in writing and given to each newly hired Registered Nurse.

Section 2.

A copy of the contract shall be available on the City's website.

Section 3. Evaluation

- A. Evaluation and recording of a nurse's performance and experience shall be done at the end of the probationary period and annually thereafter on their anniversary date. A nurse may be evaluated upon their request, but not more than two times per year.
- B. The Employer may evaluate a nurse on an as needed basis, when in the Employer's sole judgment an off-cycle evaluation is required.
- C. A copy signed by the Supervisor, Director of Health and Human Services, Director of Human Resources and the nurse shall be made available to the nurse.
- D. Each nurse shall be given the opportunity to make comments in writing on any evaluation and to discuss her professional growth and accomplishments with the employee's Supervisor.

Section 4.

Time for participation in educational institutes, workshops, seminars or meetings which will improve the individual's on-the-job performance may be granted by the Director of Health and Human Services for up to four (4) days per nurse per year. The City will pay the cost of registration fees which may include meals. Each nurse shall participate in all in-service programs made available by the Department of Health and Human Services for Public Health Nurses. In the event any of the educational programs described in this section extend beyond the normal workday and a nurse is required to attend by the employee's Supervisor, the employee shall receive compensatory time off in the amount equal to the time spent in the educational program beyond the normal workday.

Section 5.

The name and address of each newly hired nurse shall be forwarded to the Union by the Department of Human Resources no later than ten (10) days after such employee is hired or the first pay period of the month following the hiring of such employee, whichever is earlier.

Bimonthly the employer will submit information on employees represented by the bargaining unit in the format of an excel spreadsheet to the union. The spreadsheet will contain the following information for all employees represented by the bargaining unit: Last name, First name, Middle initial, job title, shift, work site location, home address, and work email.

The employer will also submit the following information, if disclosure of which is authorized in writing to the Union by the employee: home telephone number, personal cellular mobile telephone number and personal electronic mail address if on file with the City.

Section 6. Termination of Employment

- A. A thirty (30) calendar day written notice of resignation shall be given by the nurse. Failure to do so will result in a deduction of any vacation time payout based on the difference between 30 calendar days notice and the notice actually provided as well as the forfeiture of any unused sick time payout pursuant to Article X, Section 5A.
- B. A two (2) week written notice of termination of employment with reasons stated, or salary in lieu thereof, shall be given to the nurse by the employer except for unusual circumstances where there is just cause for immediate termination.
- C. There shall be an exit interview with the Director of Health and Human Services and the Director of Human Resources if requested by either party.

Section 7.

No nurse shall be disciplined or discharged except for just cause.

Section 8.

Each year, an employee working thirty-five (35) hours or more who has or who obtains a Bachelor of Science degree in Nursing or in a related field determined by the Director of Health and Human Services and who has been employed for at least one year on January 1 shall receive a stipend as follows:

2022-23	\$500.00
2023-24	\$600.00
2024-25	\$750.00

Each year, an employee working thirty-five (35) hours or more who has or who obtains a Master's degree in Nursing or in a related field determined by the Director of Health and Human Services and who is employed for at least one year on January 1 shall receive a stipend as follows:

2022-23	\$1,000.00
2023-24	\$1,100.00
2024-25	\$1,250.00

Maximum payment for the above shall be \$1,250.00.

Employees must submit a copy of the appropriate degree to the Department of Human Resources no later than December 15th.

Payment for the above stipends will be in the last pay period in January.

ARTICLE VII
SAFETY AND HEALTH

Section 1.

Both parties to this Agreement hold themselves responsible for mutual cooperative enforcement of safety rules and regulations which are commonly accepted in the nursing profession.

Section 2.

When possible, management should be informed first of any unsafe or unhealthy conditions in the workplace. After presenting their complaint to management and it is not addressed satisfactory, an employee may file a complaint in accordance with the grievance procedures of this Agreement.

The above shall not preclude an employee from notifying the authorities of unsafe or unhealthy conditions of an immediate threatening nature.

Section 3.

Each new employee shall receive a proper orientation.

Section 4.

- A. No nurse shall be compelled to perform any specialized procedure for which there has not been recent training.
- B. There shall be available to the nurses' standing orders issued by the Department of Health and Human Services annually.
- C. Beginning July 1, 2000, CPR certification (adult, child and infant) shall be required every two (2) years as a condition of employment and provided by the City of Meriden from the Department's training account.

ARTICLE VIII
HOLIDAYS

For full time twelve (12) month employees, the following shall be observed as days off with pay:

New Year's Day	Labor Day
Martin Luther King's Birthday	Veteran's Day
Good Friday	Thanksgiving Day
Memorial Day	Christmas Day
Juneteenth	Columbus Day
Independence Day	
President's Day	

For full time ten (10) month employees, the following shall be observed as days off with pay:

New Year's Day	Labor Day
Martin Luther King's Birthday	Columbus Day
President's Day	Veteran's Day
Good Friday	Thanksgiving Day
Memorial Day	Christmas Day
Juneteenth*	

*In the event the school year includes June 19, it will be considered a paid holiday with the understanding such a day will constitute one of the two-hundred and three (203) work days.

In addition to the foregoing list, each employee shall receive additional "floating" holiday(s) which may be taken at said employee's convenience and with the approval of the Supervisor.

- Full time 10 month nurses shall receive one (1) floating holiday.
- Full time 12 month nurses shall receive two (2) floating holidays.
- Part time employees (10 or 12 months) do not receive floating holidays.

Float time must be used in the calendar year it is earned. Any employee hired September 1 through December 31 will not receive floating holidays for that calendar year until January 1 of the following year (employee will not be eligible to take time off). For new hires on or after July 1, 2019, unused float time will not be paid out at separation.

Part time under twenty (20) hour per week nurses shall not be entitled to holiday pay. In lieu of holiday pay, the employee will have the option to flex their time to make up the hours during the pay period in which the holiday occurs. Nurses wishing to flex their time in this manner will need to request and obtain approval from the Director.

If a holiday falls on a Sunday, the following Monday shall be considered the holiday. If a holiday falls on a Saturday, the preceding Friday shall be considered the holiday.

If a holiday occurs during a nurse's vacation or bona fide sick time, that holiday shall not be charged to vacation or sick time.

In the event of an unforeseen national or state holiday and it is declared as such and is in fact celebrated by the municipality, each employee shall receive an additional holiday.

The City (no later than September 1 of the preceding year) may designate one or both of the floating holidays as specific days off.

For example: If a holiday falls on a Tuesday or Thursday and the City wants to close the Monday or Friday to save energy etc., it may designate that day as the floating holiday.

Anyone called into work that day would simply be paid straight time and be given hours off to use at a later date.

ARTICLE IX **VACATIONS**

Section 1.

- A. Each full time twelve (12) month nurse shall earn vacation leave at the rate of five-sixths of a working day for each full month of service for the first five years of service.
- B. Each full time twelve (12) month nurse who has completed six (6) months of service but less than one (1) year shall be entitled to a vacation with pay of one (1) week (five working days).
- C. Full time twelve (12) month nurses who have completed one (1) year of service shall be entitled to two (2) weeks vacation annually (10 working days).
- D. After the fifth through the tenth year of employment, full time twelve (12) month nurses shall earn one and one-fourth days of vacation time for each month of service and be entitled to three (3) weeks vacation annually (15 working days).
- E. After the tenth year of service full time twelve (12) month nurses shall earn one and two-thirds days of vacation time for each month of service and be entitled to four (4) weeks vacation annually (20 working days).
- F. Effective December 2009, except in extraordinary circumstances (such as inability to use time due to a bona fide illness or injury and with written permission of the Director of Human Resources), an employee may not carry over more than one and one half (1½) their annual allotment of vacation time. Upon retirement or resignation, an employee may only be paid for one and one half time their vacation allotment.

- G. Nurses will be granted vacation pay in advance upon written request at least two weeks prior to the granted vacation.
- H. Full time ten (10) month bargaining unit nurses are not eligible to receive the vacation benefits outlined in this Article.
- I. Part time bargaining unit nurses who work less than twenty (20) hours per week are not eligible to receive the vacation benefits outlined in this Article.
- J. All employees assigned to a school should attempt to schedule vacation while school is not in session.
- K. An employee shall notify their immediate Supervisor at least twenty-four (24) hours in advance for a vacation leave of one (1) day, and at least five (5) working days in advance for a vacation leave of two (2) days or more.

Section 2.

If a full time 12 month nurse becomes seriously ill or injured or when the serious illness of the nurse's immediate family (parents, spouse, child, step child, domestic partner or relative domiciled in the home, requires the employee's personal attendance during a scheduled vacation or is on vacation the employee shall have the opportunity to change the vacation schedule. Sufficient evidence by way of a physician's certificate attesting to the bona-fide illness must be furnished to the Department Head.

If a nurse experiences a death covered by Article XII Bereavement, while on vacation leave, the employee may request to change vacation days to bereavement time as appropriate and with written notice to the Department Head.

Section 3.

In the event of the death of a bargaining unit member, the estate of the employee shall receive any vacation pay due to such member. This benefit shall not apply to those employees hired on or after July 1, 2022.

ARTICLE X **SICK LEAVE**

Section 1.

Sick leave shall be considered to be the absence from duty with pay of a nurse for the following reasons:

- A. Bona fide illness or injury, pregnancy or the necessity for medical or dental immediate care.

- B. Where exposure to a contagious disease endangers the health of other nurses and/or patients as determined by the Director of Health and Human Services.
- C. When the serious illness of a member of the nurse's immediate family (parents' spouse, children, step children or domestic partner or relative domiciled in the home) requires personal attendance the employee may use sick leave for such purpose.

Section 2.

Full time ten (10) or twelve (12) month nurses shall receive sick leave at the rate of one and one-quarter (1 1/4) days per month actually worked, fifteen (15) days per year with a maximum accumulation from year to year to 120 days.

The 120 days accumulation shall be determined as of the fourth (4th) payroll of the month. No employee who, as of the last payroll of the month, has accumulated one hundred twenty (120) days shall accumulate any additional sick leave for that month even if the employee uses sick leave subsequently which results in the employee having less than one hundred twenty (120) accumulated sick days. A nurse with more than 118 3/4 days but less than one hundred twenty (120), shall only be entitled to accumulate a maximum of one hundred twenty (120) sick days.

Part time under 20 hour per week nurses shall be ineligible for paid sick leave benefits.

Section 3.

Sick leave shall not accrue during any period of a leave of absence without pay. Sick leave shall continue to accumulate during leaves of absence with pay and during the time the nurse is on authorized sick leave, vacation time or donated leave time.

Section 4.

Additional sick leave with pay may be granted as warranted by the Director of Human Resources when applied for by an employee in writing to the Director of Human Resources stating the reason for the additional special leave in accordance with the FMLA policy herein.

Section 5. A

A nurse, upon retirement under terms of the Meriden Employee Retirement Plan, defined as when the employee actually files for retirement pursuant to the City of Meriden Pension Plan procedures, layoff, termination without cause, resignation, or death, shall be entitled to full compensation in a lump sum for that portion of unused sick leave which has been accumulated, not to exceed 90 days. The employee will give thirty (30) days notice to the Supervisor in order to qualify for pay out, (this provision may be waived by the Director of Human Resources in unusual circumstances).

The sick time payout shall be the payout of up to fifteen (15) days per year in excess of one hundred twenty (120)-accumulated days. Payout for the unused sick leave shall be made in one lump sum in July of the fiscal year following that year in which the unused sick leave was earned.

Section 5. B

For nurses hired after 7/1/10 or transferring from an under 20 hour position:

A nurse, upon retirement under terms of the Meriden Employee Retirement Plan, defined as when the employee actually files for retirement pursuant to the City of Meriden Pension Plan procedures, layoff, termination without cause, resignation, or death, shall be entitled to full compensation in a lump sum for that portion of unused sick leave which has been accumulated, not to exceed 45 days. In the case of resignation or retirement, the employee will give thirty (30) days notice to the Supervisor in order to qualify for pay out, (this provision may be waived by the Director of Human Resources in unusual circumstances).

Sick time payout for full time 10/12-month nurses hired after July 1, 2010 or transferring to a full time position from an under 20 hour position after July 1, 2010 will begin in July 1, 2011.

The sick time payout for full time 10/12 month nurses, shall be one-half of any days accumulated over 120 days (up to 7½ days) which will erase all accumulations for that year. Payout for the unused sick leave shall be made in one lump sum in July of the fiscal year following that year in which the unused sick leave was earned.

Section 6.

There shall be maintained by the City a record for each nurse of all sick leave taken or accumulated. A quarterly list of sick leave used and accumulated shall be furnished when this information is available from Human Resources.

Section 7.

In the event of sickness of more than three (3) continuous work days, or if an employee is absent from work based on sickness for more than six (6) days in any ninety (90) calendar day period, a statement from the attending physician may be required by the Director of Health and Human Services and/or the Director of Human Resources, in the event a pattern of absences occur that would suggest sick time abuse.

Section 8.

If a nurse is excused from work early due to illness, the employee shall be paid sick leave for whatever time is missed computed to the nearest hour.

Section 9.

A bargaining unit member shall be granted one day of earned time for each three months period of perfect attendance. For ten-month nurses, the count will be suspended over the summer vacation period and resumed when they return to work. Vacations or holiday periods will count towards the month's time. A bargaining unit member hired on or after January 1, 2020, shall be granted one day of earned time for each six (6) months period of perfect attendance. Earned Day Off Form will be attached to the back of this Agreement.

ARTICLE XI
INJURY LEAVE

An employee absent from duty because of a Workers' Compensation occupational injury or disease shall have injury leave coded for his/her absence..

- A. Injury leave shall mean paid leave given to an employee due to a compensable occupational injury and/or disease arising out of and in the course of his/her employment with the City. Employees of the City are covered by the Connecticut Workers' Compensation Act, being Chapter 568 of the General Statutes. The City, in case of a compensable occupational injury and/or disease, shall continue the employee's full normal base pay, during his/her absence, up to six (6) months if necessary in duration for each compensable occupational injury and/or disease. Thereafter the employee shall receive his/her workers' compensation rate for the duration of his/her compensable occupational injury and/or disease as determined by the Workers' Compensation Act, Section 31-307.
- B. Employees sustaining a compensable injury and/or disease requiring medical attention shall report to the competent physician, surgeon, clinic or hospital, within the City's Third Party Administrator's approved Medical Care Plan Network. All City Departments have access to this network.
- C. Employees whose injury and disease are being contested (form 43-67) by the City shall be coded UC (unapproved comp) for his or her absence. UC means the employee receives his or her full normal base pay and a "UC" shall appear on his or her payroll sheet for his or her absence. UC is coded for a contested injury and/or disease when the City has inadequate time or information to determine compensability or when the injury and/or disease is not compensable under the Workers' Compensation Act. UC shall continue during his or her absence up to 90 days if necessary. After 90 days the employee shall be coded sick time or other paid or unpaid leave.
- D. Employee injuries and/or diseases that are contested (form 43-67) by the City shall have thirty (30) days in which to file a request for an informal hearing with the Workers' Compensation Commissioner having jurisdiction. Employees who

file said request shall be coded Q-time until the compensability of the injury and/or disease is determined by the Commissioner, however the Q-time shall never exceed more than six (6) months. Thereafter sick time or other paid or unpaid leave shall be charged to his or her absence. Sick time or other paid or unpaid leave shall be coded if an employee fails to file the aforementioned request within the thirty (30) days stated above. Q-time shall be changed to sick time or other paid or unpaid leave if the City prevails at the aforesaid Workers' Compensation hearing. If the employee prevails at the aforesaid hearing, the Q-time shall be changed to injury leave, not to exceed the six (6) months maximum stated above.

- E. An employee having a compensable occupational injury and/or disease, who has been released to return to work by her physician in a limited, modified or restricted capacity, shall be provided, if available, as determined by the City, limited, modified and/or restricted duty assignments as devised by her department/division head. All such assignments shall be within the employee's physical restrictions set forth by the employee's treating physician prior to returning to work. All such assignments shall be temporary in nature, subject to change, and shall not constitute a permanent condition. An employee who has reached maximum medical improvement, and is permanently and physically unable to return to his/her regular duties and essential functions as a result of a compensable occupational injury and/or disease, shall be terminated and may pursue his/her rights to a disability pension.
- F. An employee who has a compensable occupational injury and/or disease shall comply with all sections of the Workers' Compensation Act, being Chapter 568 of the General Statutes.

ARTICLE XII

BEREAVEMENT LEAVE

Section 1.

Nurses shall be granted leave with pay not to exceed five (5) working days in the event of a death of an immediate relative. For purposes of this section, immediate relatives shall include parents, spouse, children, step-children, domestic partners, siblings, grandparents and grandchildren. This leave is for the purpose of attending to and/or arranging for funeral services.

Section 2.

Nurses shall be granted leave with pay not to exceed three (3) working days in the event of the death of parents-in-law. This leave is for the purpose of attending to and/or arranging for funeral arrangements.

Section 3.

Nurses shall be granted one (1) day's leave with pay in the event of the death of other relatives.

Section 4.

The aforementioned days may be extended for extenuating circumstances when requested by the employee and approved by the Department Head and Director of Human Resources. Said request and approvals shall be in writing.

ARTICLE XIII
FAMILY AND MEDICAL LEAVE

An employee who is an "eligible employee"* as defined under the Federal Family and Medical Leave Act ("FMLA") U.S.C. §1601, et seq., shall be granted up to twelve (12) weeks of FMLA leave during a twelve month period in accordance with the Act. The twelve (12) month period shall be defined as July 1 through June 30.

Any accumulated paid sick leave time must be exhausted first in situations where the leave being taken by the employee is covered by the Act, and said paid sick leave shall be included in (and shall not be in addition to) the aforementioned twelve (12) weeks of allowable leave. A medical certificate acceptable to the City shall be required for FMLA leave situations involving the health of the employee or family member. Employees on leave without pay shall not continue to accumulate sick leave or vacation; however, the continuity of employment shall be preserved for purposes of seniority.

Employees on FMLA leave shall have their health insurance coverage maintained during such leave on the same terms as if the employees had continued to work; provided if the employee fails to return to work, the employee shall be liable for the retroactive premium payments at the COBRA rate in accordance with the FMLA.

An additional three (3) month unpaid leave for child rearing, shall be granted in addition to the twelve (12) week FMLA leave with thirty (30) days of advance notice to the department head if such leave begins within twelve (12) weeks of the birth or adoption.

Any temporary help hired to fill maternity leave will not become bargaining unit members unless they stay one hundred twenty (120) days beyond the termination of a maternity leave.

*All nurses working twenty (20) hours or more per week who do not meet the federal definition shall be entitled to six (6) months of unpaid leave for birth or adoption without loss of position or seniority.

ARTICLE XIV
MILITARY LEAVE AND JURY DUTY

Section 1. Military Leave

A nurse who is a member of the Reserve Corps of the Armed Forces of the United States shall be entitled to a leave of absence for Reserve Corps field training as provided by Section 7-461, Chapter 13 of the Connecticut Statutes.

Section 2. Jury Duty

Nurses required to serve on Jury Duty shall be entitled to their normal full weekly pay. The difference between that which is received for pay for Jury Duty daily and their normal daily pay shall be paid by the City.

ARTICLE XV
LEAVES OF ABSENCE

Section 1.

In addition to vacation, military, or sick leave allowances, full time ten (10) or twelve (12) month employees may be allowed to be absent from duty without pay for a period not to exceed three months on the basis of application for leave without pay approved by the Director of Health and Human Services and the Director of Human Resources. Leave may be extended beyond three months only with the approval of the Director of Human Resources. Such leave shall be granted at the discretion of the City.

Section 2.

No employee shall be granted any leave of absence, other than FMLA or child rearing leave as described in this agreement and by law except in cases of extreme emergency or extenuating circumstances as approved by the Director of Health and Human Services, in conjunction with the Director of Human Resources.

ARTICLE XVI
ALLOWANCES

Section 1. – Transportation Allowance

Transportation allowance for all nurses using their own cars for professional purposes as approved by the Director of Health and Human Services shall be at the Internal Revenue Service's standard mileage reimbursement rate in effect at the time the employee uses a personal vehicle for professional purposes. The nurse shall not transport any student or patient in her own car.

Section 2. – Uniform Allowance

The City shall give each non-probationary employee \$200 per year for usual and customary nursing clothing including lab coats, and white shoes or sneakers (for on the job use) in the first pay period after September 30th. Appropriate nursing clothing and issued ID must be worn at work. If a nurse is attending an off-site event, a white lab coat must be worn.

Section 3. – Licensing Allowance

Commencing in 2023-24, the City shall reimburse Public Health Registered Nurses for their yearly license renewal at the time the other allowances are reimbursed. Nurses shall be required to furnish a receipt showing the renewal fee has been paid. If the license renewal increases during the length of this contract the amount reimburses will be increased.

ARTICLE XVII
NON-DISCRIMINATION

The City and the Union agree that no applicant, employee or member shall be discriminated against in violation of any applicable Federal or State Equal Employment Opportunities law or the exercise of their rights under the Municipal Employees Relations Act.

ARTICLE XVIII
NEGOTIATIONS

Section 1.

The employer agrees that the Union members engaged during a normal work day in negotiations with the City shall be entitled to release time within reason without loss of salary upon prior notification to the Supervisor.

Section 2.

No more than three (3) nurses representing the Union, with no more than one (1) nurse per school, shall be released at the same time.

ARTICLE XIX
GRIEVANCE PROCEDURE

Section 1.

The primary purpose of the Grievance Procedure is to secure at the earliest step possible equitable solutions to complaints or grievances of nurses or groups of nurses. Both parties agree that the proceedings under this article shall be kept as informal and confidential as may be appropriate. The employer shall afford every nurse the opportunity to have unobstructed use of this Grievance Procedure without fear of reprisal or without prejudice to her professional status.

Section 2.

Any grievance or dispute which may arise between the parties concerning the application, meaning or interpretation of the agreement, shall be settled in the following manner:

Section 3.

Nurses within the bargaining unit may be represented by one (1) grievance committee person. The Union shall furnish the City with the name of the grievance committee person. Alternate grievance committee persons may be appointed by the Unit #8 Chairperson to serve in the absence of the regular committee person and the City shall be so notified in advance.

When required by an aggrieved nurse, the committee person and/or the Union representative may investigate any alleged or actual grievance in their assigned work area and assist in its presentation. The employee shall be allowed reasonable time, therefore, during working hours, without loss of time or pay, upon notification to their immediate Supervisor.

Section 4. Procedure

- STEP 1. The grievance or dispute shall be presented to the Supervisor within thirty (30) days of the event which gave rise to the grievance or knowledge of the event which with reasonable diligence could have been ascertained. The Supervisor shall give an answer within five (5) business days after the presentation of the grievance or dispute.
- STEP 2. If no satisfactory settlement is reached at STEP ONE within three (3) business days after the answer of the Supervisor is given, the matter may be referred in writing within three (3) business days thereafter to the Director of Health and Human Services. The Director of Health and Human Services shall render a decision within ten (10) days.
- STEP 3. If no satisfactory settlement is reached at STEP TWO within five (5) business days after the answer of the Director of Health and Human Services is given, the matter shall be referred to the Director of Human Resources. The Director of Human Resources shall render a written decision within ten (10) business days of referral.
- STEP 4. If the grievance cannot be settled within an additional ten (10) business days, such controversy shall be referred to the State Board of Mediation and Arbitration for final and binding decision.
 - a. Any grievance or dispute may be withdrawn at any step in the procedure by mutual agreement, without prejudice to the nurse, the City or the Association.

- b. Exceptions to the time limits above may be made by mutual agreement between the parties.
- c. Saturdays, Sundays and holidays shall be excluded from the computation of the time limits.
- d. Any grievance or dispute which concerns more than one nurse may be filed at STEP 2 of the above procedure.
- e. At STEP 2 of the above procedure, members of the Grievance Committee and a representative of the Association may be present from STEP 2 to STEP 4.

Section 5.

When a grievance is submitted to the State Board of Mediation and Arbitration, the said Board shall hear and act on such dispute in accordance with its rules and render a decision which shall be final and binding on all parties. In the event such dispute involves disciplinary action, the Board of Mediation and Arbitration will have the power to uphold the action of the City or rescind or modify such action, and such powers shall include, but shall not be limited to, the right to reinstate a suspended or discharged employee with full back pay. Said Board shall be limited to the express terms of this Agreement and shall not have the power to modify, amend, or delete said terms.

ARTICLE XX
PENSIONS

The City of Meriden Retirement Plan (including post retirement health benefits) shall become part of this Agreement as amended from time to time by the parties.

ARTICLE XXI
TUITION REIMBURSEMENT

The Tuition Reimbursement plan is designed to encourage the development of the employee by sharing the cost of educational programs directly related to the employee's work, and to assist the employee in preparing for future advancement with the City of Meriden.

Section 1.

The following provisions are established to govern the administration of the City's Tuition Reimbursement Plan:

- A. Application for reimbursement will only be considered for full-time employees.

- B. Applications will be approved only for course work related to the employee's present position or for a position to which he/she may be promoted.
- C. Reimbursement shall be made only for course work completed at accredited public, business, trade schools, college, universities, and for courses completed through accredited correspondence schools.
- D. Applications will not be considered if the employee is receiving funds for the same course from any other source.
- E. Applications will not be considered if the course work is available to the employee through in-service training conducted by the City.
- F. Full-time Nurses: Tuition costs of \$50.00 or less are eligible for 100% reimbursement. Tuition costs of more than \$50.00 will be paid at the rate of 100% for the first \$50.00 plus 50% of the amount in excess of \$50.00. The maximum amount of reimbursement July 1, 1994 shall be \$600.00. Beginning July 1, 2000, a maximum of \$700.00 per year for undergraduate courses, \$1,100.00 per fiscal year for graduate courses.

Effective July 1, 2007 a maximum reimbursement of \$850.00 per year for undergraduate courses and \$1,250 per year for graduate courses.

Effective July 1, 2008 a maximum reimbursement of \$1,000 per year for undergraduate courses and \$1,500 per year for graduate courses.

The applicant must present an official school receipt indicating the cost of tuition course.

- G. Reimbursement shall be made only for course work in which the applicant received a grade "C", its numerical equivalent, or better. Employees must present an official school transcript showing final grade received within one (1) week of receipt of grade by employee.

Section 2.

The following procedure permits the employee to know in advance whether or not the course(s) will be approved for tuition reimbursement, assuming the course is completed with a satisfactory grade.

- A. Employee obtains a "Tuition Reimbursement Application" form from the Department of Human Resources.
- B. The employee forwards the forms to the Supervisor for his/her respective department and then to the Director of Health and Human Services for his/her

recommendation. Courses eligible for tuition reimbursement must be directly related to employees work with the City of Meriden.

- C. The Department of Human Resources reviews the application. One copy is returned to the employee. The other copy is retained by Department of Human Resources.
- D. Within one week after the employee has completed the course and has received their final grade, the employee submits their copy of the approved request form to the Director of Human Resources along with their grade and tuition receipt.
- E. Upon receipt of the completed application form the Director of Human Resources will prepare a service voucher to pay the employee for the amount of the tuition reimbursement.

ARTICLE XXII **INSURANCE**

Section 1.

The City shall provide and pay for the following insurance for all full-time nurses of the bargaining unit and their enrolled dependents:

- A. A Preferred Provider Organization Plan (PPO) or High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) in accordance with the terms of the Coalition Health Insurance Agreement dated 7/1/20 through 6/30/23 (attached hereto as Appendix A) subject to any subsequent changes negotiated between the City and the Unions participating in the Coalition Health Insurance.
- B. The summary of plan benefits, as may be amended from time to time by the provider, is attached to this Agreement for reference as Appendix __.
- C. The current life insurance benefit is equal to one times the annual salary rounded off to the lowest thousand. Life insurance is provided for the employee only, not dependents.
- D. CIGNA Dental PPO as provided in Appendix B.
- E. If the City can provide the equivalent of service and benefits of all insurance coverage as presently provided for in this Article through another insurance carrier, the City shall have the right to substitute insurance carriers. The change of insurance carriers by the City shall not cause any employee to suffer any loss of present service nor shall any of the present benefits be reduced in any manner. If the Union determines as the result of the change in insurance carrier by the City that any employee has suffered any loss of service or benefits in any manner than

those previously provided, the Union shall notify the City of such loss. The City shall upon receipt of such notice immediately reimburse said employee for the loss of service or benefits. If the City fails to or refuses to immediately reimburse said employee(s) for the loss of service or benefits within seven (7) calendar days, the City shall then immediately reinstate the insurance programs provided for in this Article. The City shall be required to make employees whole for any loss in service or benefits during this period of time.

Section 2.

An IRC 125 plan will be set up for employees to use pre-tax dollars for health care costs.

Section 3.

If any changes to insurance plan design are developed through coalition bargaining throughout the City, they shall be attached to this Agreement under separate memorandum.

ARTICLE XXIII
UNION ACTIVITIES

One Union Officer shall be allowed to attend official Union conferences not to exceed one (1) week without loss of pay for the period required to attend the function. Any period beyond one (1) week shall be at the nurse's own expense and permission for this extension shall require permission of the Director of Health and Human Services. Notification shall be given to the immediate Supervisor at least two (2) weeks in advance.

ARTICLE XXIV
LONGEVITY

Section 1.

The following longevity pay policy shall be in effect for employees hired prior to 8/1/16:

- A. Longevity: annual longevity payments for full time nurses shall be based on the following formula:

Employees who have completed 5 years of service:	\$150.00
Employees who have completed 10 years of service:	\$275.00
Employees who have completed 15 years of service	\$400.00
Employees who have completed 20 years of service	\$500.00

- B. Longevity payments shall be made in December of the fiscal year during which the necessary years of service have been attained and thereafter annually in accordance with the formula. Said payment shall be in one lump sum.

- C. Employees must have the actual years of service on December to qualify for that year's payment. Payments shall not be prorated.

ARTICLE XXV
COPIES OF AGREEMENT

The City shall, within thirty (30) days after the signing of this Agreement, post this Agreement on the City's website.

ARTICLE XXVI
DUES DEDUCTION

The Union will furnish the City with a signed statement by the employee that authorizes the City to deduct from the employee's wages weekly dues. Such deduction shall continue for the duration of the Agreement or any extension thereof.

- A. Dues deduction shall be made on a weekly basis and shall be remitted to the Connecticut Health Care Associates, 2 N. Industrial Plains Highway, Wallingford, Connecticut 06492, not later than the last day of each month.
- B. Submission of a signed authorization to deduct dues shall also authorize the City to deduct a one-time initiation fee of thirty-five (\$35.00) dollars.
- C. The monthly dues remittance to the Union will be accompanied by a list of names of employees from whose wages deductions have been made.
- D. Upon receipt of an individually signed dues authorization from a member, the City agrees to deduct monthly from the wages of employees, who on the date of the Agreement are or thereafter become members of the Union, whatever sum is established by the Union as the regular monthly dues uniformly required as a condition of retaining membership therein.

The sum, which represents such monthly dues deduction, shall be certified to the City as constituting such dues deductions by the duly authorized officer of the Union. If the sum once certified is changed, the amount deducted from the earnings of an employee who has authorized such deductions shall not be increased until thirty (30) days written notice of such change has been received by the City from a duly authorized officer of the Union.

- E. The Union agrees to hold the City harmless against any and all claims, demands, suits or proceedings arising out of or by reason of any action taken or not taken by the City in reliance upon the check-off and Union security provisions of this Agreement or on the correctness of any dues deductions or agency fee authorization furnished by the Union to the City.

ARTICLE XXVII
WAGES

Section 1.

The wages for all employees of the bargaining unit shall be as set forth in the Appendix C attached hereto. Nurses shall advance on their anniversary dates.

Section 2.

Effective July 1, 2022, nurses shall be hired at Step A and shall advance to the next Step annually on their anniversary date. Current step movement will occur on July 1 each year.

Section 3.

Salary shall be calculated by multiplying the regular rate times the days specified below, plus appropriate *vacation days and/or hours divided by fifty-two (52) weeks.

Example:	180	School Days
	2	Professional Days during the school year
	11	Days (Before and after the start of school)
	11	Holidays

Section 4.

Employees must sign up for direct deposit with the City as a condition of continued employment.

ARTICLE XXVIII
PROTECTION

It is recognized that inquiries or investigations need to be made when allegations or complaints are made regarding members of the professional staff. No conclusions will be reached or decisions made, however, until after the Public Health Nurse has had an opportunity to defend themselves.

ARTICLE XXIX
NO STRIKES OR LOCKOUTS

Section 1. No Strike

During the life of this Agreement, neither the Union nor any officers, agents, or employees will instigate, promote, sponsor, engage in, or condone any strike (including sympathy strike), slowdown, concerted stoppage of work, or any other intentional disruption of the operations of the City, regardless of the reason for doing so.

Section 2. No Lockout

During the terms of this Agreement, the City will not instigate a lockout over a dispute with the Union as long as there is no breach of Section 1.

Section 3. Union Official Responsibilities

Each employee who holds the position of officer or steward or committee person of the local union occupies a position of special trust and responsibility in maintaining and bringing about compliance with the provisions of this Article. In the event of a violation of Section 1 of this Article, the Union agrees to inform its members of their obligation under this Agreement and to direct them to return to work.

ARTICLE XXX
DISCIPLINE

Section 1.

No Public Health Nurse shall be disciplined or discharged by the City except for just cause. The City recognizes that Public Health RNs have a legal right to request Union representation during an investigatory interview that the Registered Nurse reasonably believes will result in disciplinary action. Each PHRN and the CHCA designee will receive a copy of any written report or notice of disciplinary action which is placed in her file. The Employer agrees disciplinary action shall be in a timely manner.

Section 2.

A letter of counseling may be issued prior to Corrective Discipline. In cases concerning minor flaws in work performance or infrequent tardiness, a letter of counseling may be issued prior to any corrective discipline.

Letters of counseling will be withdrawn, if there are no other reoccurring similar issues, from an employee's personnel file six (6) months from the date of issue, at the request of the PHRN.

Corrective Discipline – The Employer agrees with the tenets of progressive and corrective discipline as follows:

- A. Coaching
- B. Verbal Warning
- C. Written Warning
- D. Performance Improvement Plan
- E. Suspension
- F. Final Written Warning
- G. Separation

Once the measure of discipline is determined and imposed, the Employer shall not increase it for the particular act of misconduct. Exceptions to the tenets of progressive discipline may be made based on the seriousness of the alleged conduct.

Section 3.

- A. In the event the Employer issues a letter of warning or discipline, such letter shall be removed from the individual Personnel files, based on the request by the PHRN, after six (6) months one (1) year, provided that the PHRN remains had no additional disciplinary action taken against them for such period of time.
- B. In the event the Employer issues a performance improvement plan the PHRN will meet with the Director of Health and Human Services, Human Resources Director and a Union representative to review after four (4) months. At which time the PIP maybe, extended, modified reduced to a verbal warning, written warning or coaching, at the discretion of the Director.
- C. In the event the Employer issues a last chance agreement or suspension records of such disciplinary action will be removed from the PHRN's Personnel file after eighteen (18) months, based on the request of the PHRN, provided the PHRN remains in good standing for such period of time, and no further disciplinary action is taken against them during such period.
- D. Any grievance which may involve suspension or separation may be initiated by the Union at Step Two of the Grievance Procedure.

ARTICLE XXXI
DURATION

This Agreement shall be effective as of July 1, 2022 and shall remain in effect through June 30, 2025 and shall be automatically renewed for successive twelve (12) months period unless either party notifies the other in writing prior to March 1 that it desires to negotiate changes in this Agreement. Upon receipt of such notification, the parties shall arrange mutually convenient meetings for the purpose of consummating a new Agreement.

SIGNATURE PAGE

CITY OF MERIDEN

PUBLIC HEALTH NURSES, UNIT
#8, CONNECTICUT HEALTH
CARE ASSOCIATES, NATIONAL
UNION OF HOSPITAL AND
HEALTH CARE EMPLOYEES,
AFSCME, AFL-CIO



Director of Human Resources



President, Local #8



President, CHCA

Signed this 15th day of March 2023

SIGNATURE PAGE

CITY OF MERIDEN

PUBLIC HEALTH NURSES, UNIT
#8, CONNECTICUT HEALTH
CARE ASSOCIATES, NATIONAL
UNION OF HOSPITAL AND
HEALTH CARE EMPLOYEES,
AFSCME, AFL-CIO

Director of Human Resources

President, Local #8

President, CHCA

Signed this ____ day of _____

APPENDIX A

AGREEMENT BETWEEN THE CITY OF MERIDEN AND UNIONS PARTICIPATING IN COALITION HEALTH INSURANCE

7/1/2020 - 6/30/2023

PREFERRED PROVIDER ORGANIZATION PLAN ("PPO")

The PPO was phased out for all new employees as of 6/30/2017. Any employee in the PPO as of 6/30/2017 has the option to remain in the PPO.

Wellness Program: A description of the Wellness Program for the program year 10/1/2020 to 4/17/2021 is attached to this agreement. Note: New hires receive the best Wellness rate - Tier 2 - for the balance of the fiscal year in which they are hired.

The new PPO employee bi-weekly cost shares under this agreement are as follows:

7/1/2020: With Wellness 24% / Without Wellness 26%
7/1/2021: With Wellness 25% / Without Wellness 27%
7/1/2022: With Wellness 26% / Without Wellness 28%

An employee who will be precluded from participating in the Health Savings Account ("HSA") under the High Deductible Health Plan ("HDHP") because the individual is/will be enrolled in Medicare Part A and/or received non-preventative medical services from the Veteran's Administration in the fiscal year, will be enrolled in the PPO plan as of July 1 of that year. The PPO cost share for these employees is 3% less for each year than the current PPO cost share for those not precluded from participating in the HSA under the HDHP.

For example: For 7/1/2020 under the PPO, 21% With Wellness / 23% Without Wellness for those precluded from participating in the HDHP / HSA.

HDHP / HSA

Annual Plan Deductible

Single: \$2,000

Member + 1/ Family: \$4,000

Annual City Contribution to HSA Account*

Single: \$1,000

Member + 1 / Family: \$2,000

*The first semi-annual contribution by the City under the HDHP for those hired between January 1-June 30 and July 1-December 31, respectively, will be pro-rated based on eligibility date for the plan.

For those current employees not subject to the foregoing pro-ration, the City will fund 50% of the annual contribution in July and 50% in January.

The new HDHP / HSA employee bi-weekly cost shares under this agreement are as follows:

7/1/2020: Tier 2 Wellness 13% / Tier 1 Wellness 15% / Without Wellness 18%

7/1/2021: Tier 2 Wellness 14% / Tier 1 Wellness 16% / Without Wellness 19%

7/1/2022: Tier 2 Wellness 15% / Tier 1 Wellness 17% / Without Wellness 20%

HDHP / HSA In-Network Prescription Drug Benefits: There are post deductible in-network prescription drug employee cost shares in the amount of \$0 / \$15 / \$30. Mail order drugs: \$0 / \$30 / \$60. Benefit is unlimited. National formulary is applicable. Subject to \$4,000 / \$8,000 out-of-pocket maximums.

Tier 1 – Biometric Blood Draw**

In order to qualify for Wellness, the employee must participate in the blood draw and meet the targeted Wellness goal.

**targeted Wellness score not applicable to first year participants.

Tier 2 – Biometric and Primary Care

Employee must meet Tier 1 requirement to qualify for the additional Tier 2 incentive.

An employee can qualify for an additional Wellness incentive if the employee and spouse (if applicable) have a physical /preventative exam.


Female employees or spouses may have their qualifying preventative exam at their primary care provider or OB/GYN.

Tier 1 incentive will apply in the fiscal year immediately following the annual biometric screening (typically April of the previous fiscal year).

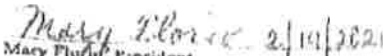
Tier 2 incentive previous physical exam is eligible for a look-back period. For the current Wellness Program year, the exam can be incurred between 12/1/2019 and 4/17/2021.


LBA contribution (along for the sick time payout need to be submitted to the Human Resources Department by June 1 or the next business day of the respective year. LBA contribution forms must be received by November 1 or the next business day of the respective year.

Dated this 18th day of February, 2021.

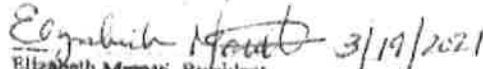

Robert V. Sculiso
Director of Human Resources
City of Madison


John Devito, Staff Representative
Council 4, AFSCME, AFL-CIO

 2/19/2021
Mary Florio, President
Connecticut Health Care Associates
NUHCE, AFSCME, AFL-CIO

 2/19/2021
Michelle Barberino, President
Public Health Nurses, Unit #8, CHCA


 2/19/2021
Josh Michalak, President
Local #595, Council 4, AFSCME, AFL-CIO

 3/19/2021
Elizabeth Marotti, President
Local #1303-405, Council 4, AFSCME,
AFL-CIO

 3/21/2021
Timothy Talento, President
Local #740, Council 4, AFSCME, AFL-CIO

APPENDIX B

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
 Coverage Period: 07/01/2022 - 06/30/2023
 Coverage for: Individual/Individual + Family | Plan Type: OAP
 Meriden City and Board of Education:
 Cigna Health and Life Insurance Co.
 HDHPQ Coalition
 Benefit Options - HD2NC/HD2FC/HD2IM/HD2FM
 Branch Codes - 103/C103/104/119/C138/C138/165/203/152/C165

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/sgp. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 1-800-Cigna24 to request a copy.	Why This Matters
Important Questions	Answers
What is the overall deductible?	For <u>in-network providers</u> : \$2,000/individual - employee only or \$4,000/family maximum For <u>out-of-network providers</u> : \$2,000/individual - employee only or \$4,000/family maximum Combined medical/behavioral and pharmacy <u>deductible</u> Deductible per individual applies when the employee is the only individual covered under the <u>plan</u> .
Are there services covered before you meet your deductible?	Yes. In-network <u>preventive care</u> & immunizations.
Are there other deductibles for specific services?	No.
What is the out-of-pocket limit for this plan?	For <u>in-network providers</u> : \$4,000/individual - employee only or \$8,000/family maximum (no more than \$4,000 per individual - within a family) For <u>out-of-network providers</u> : \$4,000/individual - employee only or \$8,000/family maximum (no more than \$4,000 per individual - within a family) Combined medical/behavioral and pharmacy <u>out-of-pocket limit</u>

Important Questions	Answers	Why This Matters
What is not included in the <u>out-of-pocket limit</u> ?	Penalties for failure to obtain <u>pre-authorization</u> for services, premiums, <u>balance-billing</u> charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.cigna.com or call 1-800-Cigna24 for a list of <u>network providers</u> .	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider in the plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider for the difference between the provider's charge and what your plan pays (balance billing)</u> . Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose <u>without a referral</u> .

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge/visit	20% coinsurance	None
	Specialist visit	No charge/visit	20% coinsurance	None
	Preventive care/ screening/ immunization	No charge/visit** No charge/screening** No charge/immunizations** **Deductible does not apply	20% coinsurance/visit 20% coinsurance/ screening 20% coinsurance/ immunizations	None None None None None You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	20% coinsurance	None
	Imaging (CT/PET scans, MRIs)	No charge	20% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at www.express-scripts.com</p>	Generic drugs (Tier 1)	\$0 <u>copay</u> /prescription (retail 30 days)	Not covered	
	Preferred brand drugs (Tier 2)	\$0 <u>copay</u> /prescription (home delivery 90 days)	Not covered	
	Non-preferred brand drugs (Tier 3)	\$15 <u>copay</u> /prescription (retail 30 days)	Not covered	Benefits provided by Express Scripts Pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <u>coinsurance</u>	None
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	No charge/visit	No charge/visit	Out-of-network services are paid at the in-network cost share and <u>deductible</u> .
	<u>Emergency medical transportation</u>	No charge	No charge	Out-of-network air ambulance services are paid at the in-network cost share and <u>deductible</u> .
	<u>Urgent care</u>	No charge/visit	No charge/visit	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% <u>coinsurance</u>	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge/office visit No charge/all other services	20% coinsurance/office visit 20% coinsurance/all other services	None
	Inpatient services	No charge	20% coinsurance	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification.
	Office visits Childbirth/delivery professional services	No charge No charge	20% coinsurance 20% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
If you are pregnant	Childbirth/delivery facility services	No charge	20% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
Common Medical Event	<u>Home health care</u>	No charge	20% <u>coinsurance</u>	Coverage is limited to 200 days annual max. 16 hour maximum per day (The limit is not applicable to mental health and substance use disorder conditions.)
	<u>Rehabilitation services</u>	No charge/visit for Cardiac and Pulmonary Rehab No charge/visit for Other therapies (days 1-50) 20% <u>coinsurance</u> /visit for Other therapies (days 51+)	20% <u>coinsurance</u> /visit	None
	<u>Habilitation services</u>	No charge/visit for Other therapies (days 1-50) 20% <u>coinsurance</u> /visit for Other therapies (days 51+)	20% <u>coinsurance</u> /visit	Services are covered when <u>Medically Necessary</u> to treat a mental health condition (e.g. autism) or a congenital abnormality.
	<u>Skilled nursing care</u>	No charge	20% <u>coinsurance</u>	Lesser of 50% of covered expenses or \$500 penalty for no out-of-network precertification. Coverage is limited to 220 days annual max.
	<u>Durable medical equipment</u>	No charge	20% <u>coinsurance</u>	None
	<u>Hospice services</u>	No charge/inpatient services No charge/outpatient services	20% <u>coinsurance</u> /inpatient services 20% <u>coinsurance</u> /outpatient services	Lesser of 50% of covered expenses or \$500 penalty for failure to precertify out-of-network inpatient <u>hospice services</u> .
	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None
	If your child needs dental or eye care			

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none">• Acupuncture• Cosmetic surgery• Dental care (Adult)• Dental care (Children)	<ul style="list-style-type: none">• Eye care (Children)• Long-term care• Non-emergency care when traveling outside the U.S.• Private-duty nursing• Routine eye care (Adult)• Routine foot care• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none">• Bariatric Surgery (if you qualify for coverage)• Chiropractic care (combined with Rehabilitation Services)	<ul style="list-style-type: none">• Hearing aids (\$1,000 maximum per 24 months, through age 12)• Infertility treatment

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccoio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-800-Cigna24. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Connecticut Office of the Health Care Advocate at (866) 466-4446.

Does this plan provide Minimum Essential Coverage? Yes

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

Does this plan meet the Minimum Value Standards? Yes

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

Language Access Services:

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): Dineke'ngoo shika at'ohwol ninisingo, kwilijigo holne' 1-800-244-6224.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



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

Peg is Having a Baby

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

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
 Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$10
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Peg would pay is	\$2,030

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
 Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$2,000
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$4,020

Mia's Simple Fracture

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

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:
 Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,000

The plan would be responsible for the other costs of these EXAMPLE covered services.
 Plan Name: HDHPQ Coalition Ben Ver. 24 Plan ID: 14585673

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



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Proficiency of Language Assistance Services

English - ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish - ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese - 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224 (聽障專線：請撥 711)。

Vietnamese - XIN LUY: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Danh cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Query số 711).

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해 주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해 주십시오.

Tagalog - PAUNAWA: Makakakuha ka ng mga serbisyo sa tuklong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: 1-dial ang 711).

Russian - ВНИМАНИЕ вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1 800 244 6224 (TTY 711)

Cigna - توجه الانتباه خدمات الترجمة المتاحة لكم لمبدأ Cigna الحاليين يرجى الاتصال بالرقم المذكور على ظهر بطاقة الترخيص، أو الاتصال ب (TTY) 1.800.244.6224.

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French Creole - ATANSYON: Gen sèvis éd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki deye kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French - ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese - ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish - UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese - 注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian - ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utente TTY: chiamare il numero 711).

German - ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

شماره یکدیگر را بکنند - توجه، خدمات کمک زبانی و صورت زبانگان به شما در دسترس است. برای مشترکان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شما درج شده است، تماس بگیرید. در غیر این صورت، لطفاً با شماره 1.800.244.6224 (شماره TTY: 711) تماس بگیرید.

Cigna Dental Benefit Summary
Meriden City and Board of Education
Plan Renewal Date: 07/01/2022



Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Cigna Dental PPO				
Network Options	In-Network:		Non-Network:	
	Total Cigna DPPO Network		See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Based on Billed Charge	
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	Unlimited		Unlimited	
Calendar Year Deductible				
Individual	\$0		\$0	
Family	\$0		\$0	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive	100%	No Charge	100%	No Charge
Oral Evaluations Prophylaxis, routine cleanings X-rays, routine X-rays, non-routine Fluoride Application Emergency Care to Relieve Pain	No Deductible		No Deductible	
Class II: Basic Restorative	100%	0%	100%	0%
Restorative: fillings Endodontics: minor and major Oral Surgery: simple extractions Oral Surgery: extractions of impacted teeth Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Relines and Adjustments Crowns: prefabricated stainless steel / resin	No Deductible	No Deductible	No Deductible	No Deductible
Class III: Major Restorative	50%	50%	50%	50%
Inlays and Onlays Prosthesis Over Implants Crowns: permanent cast and porcelain Bridges and Dentures Oral Surgery: oral surgical procedures Space Maintainers, non-orthodontic	No Deductible	No Deductible	No Deductible	No Deductible
Class IV: Orthodontia	60%	40%	60%	40%
Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: \$600	No Deductible	No Deductible	No Deductible	No Deductible
Class V: Periodontics	50%	50%	50%	50%
Periodontics: minor and major Calendar Year Benefits Maximum: \$500	No Deductible	No Deductible	No Deductible	No Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Billed Charge.			
Cross-Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			

Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
Pretreatment Review	Pretreatment reviews are available on a voluntary basis when dental work in excess of \$200 is proposed.
Oral Health Integration Program*	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.myligna.com or call customer service 24/7 at 1-800-Cigna24.
Timely Filing	Our of-network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 2 per calendar year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.
Fluoride Application	2 per calendar year for children under age 19.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19, two per lifetime.
Inlays, Crowns, Bridges, Dentures and Partials	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white tooth-colored material on molar crowns or bridges.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> • Procedures and services not included in the list of covered dental expenses; • Diagnostic: cone beam imaging; • Preventive Services: instruction for plaque control, oral hygiene and diet; • Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; • Periodontics: bite registrations; splinting; • Prosthodontic: precision or semi-precision attachments; • Implants: implants or implant related services; • Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion; • Athletic mouth guards; • Services performed primarily for cosmetic reasons; • Personalization or decoration of any dental device or dental work; • Replacement of an appliance per benefit guidelines; • Services that are deemed to be medical in nature: • Services and supplies received from a hospital; • Drugs: prescription drugs; • Sealants: per tooth; • Anesthesia: general and IV sedation; • Charges in excess of the Billed Charge. 	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

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**APPENDIX C
WAGE SCALES**

Nurses Salary Matrix 7/1/22 - 6/30/23

		Step A	Step B	Step C	Step D	Step E	Step F
36A/C	PUBLIC HEALTH NURSE 1						
	HOURLY	34.75	36.51	38.52	41.16	44.04	45.81
36A/C	52 Weeks						
	WEEKLY 35 Hrs.	1,216.25	1,277.85	1,348.20	1,440.60	1,541.40	1,603.35
	ANNUAL	63,245.00	66,448.20	70,106.40	74,911.20	80,152.80	83,374.20
36A/C	208 Days						
	WEEKLY 35 Hrs.	973.00	1,022.28	1,078.56	1,152.48	1,233.12	1,282.68
	ANNUAL	50,596.00	53,158.56	56,085.12	59,928.96	64,122.24	66,699.36
36A/C	203 Days						
	WEEKLY 35 Hrs.	949.61	997.71	1,052.63	1,124.78	1,203.48	1,251.85
	ANNUAL	49,379.75	51,880.71	54,736.92	58,488.36	62,580.84	65,096.01
36B	PUBLIC HEALTH NURSE 2 - 35 hours per week						
	HOURLY	37.59	39.69	41.29	43.69	46.81	48.65
	WEEKLY	1,315.65	1,389.15	1,445.15	1,529.15	1,638.35	1,702.75
	ANNUAL	68,413.80	72,235.80	75,147.80	79,515.80	85,194.20	88,543.00
36F	PUBLIC HEALTH NURSE 2 Coordinator - 35 hours per week						
	HOURLY	40.38	42.87	44.05	46.25	49.53	51.52
	WEEKLY	1,413.30	1,500.45	1,541.75	1,618.75	1,733.55	1,803.20
	ANNUAL	73,491.60	78,023.40	80,171.00	84,175.00	90,144.80	93,766.40

7/1/22 reflects 2.25% above 7/1/21
 Program Coordinator position removed
 Steps A, B, I and J removed
 Steps C through H renamed to Steps A through F
 Weekly 10 month = 1421 hours annually (7 hrs x 203 days)

Nurses Salary Matrix 7/1/23 - 6/30/24

		Step A	Step B	Step C	Step D	Step E	Step F
35A/C	PUBLIC HEALTH NURSE 1 HOURLY	35.51	37.31	39.37	42.07	45.01	46.82
35A/C	52 Weeks WEEKLY 35 Hrs. ANNUAL	1,242.85 64,628.20	1,305.85 67,904.20	1,377.95 71,653.40	1,472.45 76,567.40	1,575.35 81,918.20	1,638.70 85,212.40
35A/C	208 Days WEEKLY 35 Hrs. ANNUAL	994.28 51,702.56	1,044.68 54,323.36	1,102.38 57,322.72	1,177.96 61,253.92	1,260.28 65,534.56	1,310.96 68,169.92
35A/C	203 Days WEEKLY 35 Hrs. ANNUAL	970.38 50,459.71	1,019.57 53,017.51	1,075.86 55,944.77	1,149.64 59,781.47	1,229.96 63,959.21	1,279.45 66,531.22
35B	PUBLIC HEALTH NURSE 2 - 35 hours per week HOURLY	38.42	40.56	42.20	44.65	47.84	49.72
	WEEKLY	1,344.70	1,419.60	1,477.00	1,562.75	1,674.40	1,740.20
	ANNUAL	69,924.40	73,819.20	76,804.00	81,263.00	87,068.80	90,490.40
36F	PUBLIC HEALTH NURSE 2 Coordinator - 35 hours per week HOURLY	41.27	43.81	45.02	47.27	50.62	52.65
	WEEKLY	1,444.45	1,533.35	1,575.70	1,654.45	1,771.70	1,842.75
	ANNUAL	75,111.40	79,734.20	81,936.40	86,031.40	92,128.40	95,823.00

7/1/22 reflects 2.25% above 7/1/21
 Program Coordinator position removed
 Steps A, B, I and J removed
 Steps C through H renamed to Steps A through F
 Weekly 10 month = 1421 hours annually (7 hrs x 203 days)

Nurses Salary Matrix 7/1/24 - 6/30/25

	Step A	Step B	Step C	Step D	Step E	Step F
35A/C PUBLIC HEALTH NURSE 1 HOURLY	36.27	38.11	40.22	42.97	45.98	47.83
35A/C 52 Weeks WEEKLY 35 Hrs. ANNUAL	1,269.45 66,011.40	1,333.85 69,360.20	1,407.70 73,200.40	1,503.95 78,205.40	1,609.30 83,683.60	1,674.05 87,050.60
35A/C 208 Days WEEKLY 35 Hrs. ANNUAL	1,015.56 52,809.12	1,067.08 55,488.16	1,126.16 58,560.32	1,203.16 62,564.32	1,287.44 66,946.88	1,339.24 69,640.48
35A/C 203 Days WEEKLY 35 Hrs. ANNUAL	991.15 51,539.67	1,041.43 54,154.31	1,099.09 57,152.62	1,174.24 61,060.37	1,256.49 65,337.58	1,307.05 67,966.43
35B PUBLIC HEALTH NURSE 2 - 35 hours per week HOURLY	39.25	41.43	43.11	45.61	48.67	50.79
35B WEEKLY ANNUAL	1,373.75 71,435.00	1,450.05 75,402.60	1,508.85 78,460.20	1,596.35 83,010.20	1,710.45 88,943.40	1,777.65 92,437.80
36F PUBLIC HEALTH NURSE 2 Coordinator - 35 hours per week HOURLY	42.16	44.75	45.99	48.29	51.71	53.78
36F WEEKLY ANNUAL	1,475.60 76,731.20	1,566.25 81,445.00	1,609.65 83,701.80	1,680.15 87,687.60	1,809.85 94,112.20	1,882.30 97,879.60

7/1/22 reflects 2.25% above 7/1/21
 Program Coordinator position removed
 Steps A, B, I and J removed
 Steps C through H renamed to Steps A through F
 Weekly 10 month = 1421 hours annually (7 hrs x 203 days)

EARNED DAY CONFIRMATION REQUEST AND CHECK LIST

EMPLOYEE: Please enter your name and date, circle the appropriate union contract, and submit to the Health Department Finance Section.

Employee: _____ Date form submitted: _____

Per contract: MME NURSE CWA

.....
TO BE COMPLETED BY FINANCE SECTION:

_____ Print and attach copy of hours detail report for past three-four months

Date last sick leave taken _____

Date last unpaid leave taken _____

Date last earned day earned _____

Date new earned day earned _____ Number of hours _____

Signed: _____ Date: _____
 Finance - Payroll

Earned Day Confirmation Request and Checklist

EMPLOYEE: Please enter your name and date, circle the appropriate union contract, and submit to the Health Department Finance Section.

Employee: _____ Date form submitted: _____

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 Finance - Payroll