AGREEMENT

BETWEEN THE CITY OF MANCHESTER, NH

AND

LOCAL 298, AFSCME, AFL-CIO

HEALTH DEPARTMENT

2010-2013

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PREAMBLE

The purpose and intent of the City of Manchester and the Union entering into this Agreement is to promote orderly and peaceful relations among the City of Manchester, the Health Department and the organized employees in the Bargaining Unit included in the following Agreement and to provide on behalf of the citizens of Manchester approved services in an effective and efficient manner.

ARTICLE 1
RECOGNITION

1.1 The City of Manchester, NH (hereinafter referred to as the "City") hereby recognizes Local #298, AFSCME, (hereinafter referred to as the "Union") as the exclusive representative of the bargaining unit contained herein for the purpose of collective bargaining with respect to rates of pay, wages, hours and other conditions of employment, other than those managerial policies referred to in RSA 273-A:1, XI, which are the exclusive prerogative of management.

1.2 HEALTH DEPARTMENT:

The Bargaining Unit to which the Agreement is applicable shall consist of Health Department employees as follows: All regular, permanent full-time and regular, permanent part-time employees who work at least half-time in the classifications of : Accounting Technician, Administrative Assistant II, Certified Community Health Nurse, Community Health Nurse, Customer Service Representative II, Dental Hygienist, Environmental Health Specialist I and II, Licensed Practical Nurse, Medical Technician, Public Health Specialist I, Public Health Translator, School Nurse (certified) and School Nurse II.

ARTICLE 2
NON-DISCRIMINATI0N

2.1 NON-DISCRIMINATION BY THE CITY

The City and the Department covered by this Agreement agree not to discriminate against employees covered by this Agreement on account of membership in the Union.

2.2 NON-DISCRIMINATION BY THE UNION

The Union Officers and members agree not to discriminate in any way against employees who are not members of the Union, or to bar employees from joining or remaining in the Union, except for non-payment of dues.

2.3 The City, the Department covered by this Agreement and the Union agree not to discriminate in any way against employees covered by this Agreement on account of religion, race, creed, color, national origin, sex, age or physical handicap, except where age or physical condition are bona fide qualifications for employment.

ARTICLE 3
MAINTENANCE OF MEMBERSHIP

3.1 Each member of the bargaining unit who, on the effective date of this Agreement, is a member of the Union, and each employee who becomes a member of the bargaining unit and the Union after that date shall continue his/her membership in the Union during the duration of this Agreement; provided, however, that an employee may at his/her discretion and in writing, withdraw his/her membership from the Union anytime within twenty (20) calendar days prior to the anniversary date thereafter.

3.2 Any employee who is in the bargaining unit and is not a member of the Union but wishes to have the Union represent him/her in grievances, shall assume full financial responsibilities as to the actual costs of processing the grievances. Collection of such fees shall be the sole responsibility of the Union.

3.3 Should there be a dispute between an employee and the Union over the matter of an employee's Union membership, the Union agrees to hold the City harmless in any such dispute.

3.4 The Union shall post notices on departmental bulletin boards thirty (30) calendar days prior to the anniversary date.

ARTICLE 4
DUES DEDUCTION

4.1 The City agrees to authorize the deduction of Local 298 dues from each employee who has signed an authorization and send said dues along with a statement indicating who has paid dues to: The Treasurer of Local 298, AFSCME.

4.2 The Union will keep the City informed of the correct name and address of the Treasurer of Local 298, AFSCME.

4.3 This deduction of dues shall be made on a weekly basis and shall be sent monthly to the Treasurer of Local 298, AFSCME.

4.4 If any employee has no check coming to him/her, or if his/her check is not large enough to satisfy the dues then no deduction will be made from that employee. In no case will the City attempt to collect fines or assessments for the Union beyond the regular dues.

4.5 The City will notify the Treasurer of Local 298, AFSCME, in writing within two (2) working days of the cancellation of dues deduction by an employee who had previously signed an authorization for said deduction.

ARTICLE 5
SENIORITY

5.1 There shall be two types of seniority:

(a) Department Seniority
(b) Classification Seniority

Department Seniority shall relate to the time an employee has been continuously employed by the Department.

Classification Seniority shall relate to the length of time an employee has been employed in a particular grade classification.

5.2 Department Seniority shall prevail in matters concerning layoffs and rehirings. Qualified and available permanent employees shall be reinstated before new employees are hired.

5.3 Department Seniority shall be the type considered in matters concerning "promotions" and "transfers" as set forth in Article VI of this Agreement.

5.4 No employee shall have the right to replace another employee in any classification by virtue of Department Seniority alone, except that, in the event of a permanent lack of work in any classification, those employees concerned in that classification shall be assigned to the next lower classification for which they are qualified and for which they have Department Seniority. Employees shall retain their same rate of pay for a period of 12 months from the date of such reduction in classification and pay grade. After 12 months the employees will be reduced to the proper pay step in the lower pay grade.

Displaced employees in those lower classifications shall have the same rights of reassignment as referred to in this Section 5.4.

5.5 Upon receiving a promotion an employee's name shall be entered at the bottom of that particular classification seniority list to which he/she has been promoted, regardless of his/her Department seniority, and he/she shall be considered to be the junior or youngest employee in that classification regardless of the Department seniority of other employees already in that job, until such time as other promotions are made into this classification. New promotions shall be entered

ARTICLE 5 - SENIORITY (continued)

at the bottom of that particular classification seniority list concerned.

5.6 Until an employee has served the six (6) month initial probationary period, it shall be deemed that he/she has no seniority status, and he/she may be discharged or laid off with or without cause, and such discharge or layoff shall not be subject to the grievance procedure.

5.7 An employee shall not forfeit seniority during absences caused by:

(a) Illness resulting in total temporary disability due to his/her regular work with the Department involved, certified to by an affidavit from Workmen's Compensation Carrier.

(b) Illness not the result of his/her misconduct, resulting in total temporary disability, certified to by a physician's affidavit every three months.

(c) Maternity Leave will not affect the seniority of an employee.

(d) If the probation period for a school nurse is extended due to the school summer vacation, subject to Articles 7.6 and 7.7 of this Agreement, the B3 Merit step will be granted eighteen (18) months after the date of hire as a full-time employee, if the school nurse receives a satisfactory B3 evaluation.

5.8 An employee shall lose his/her seniority for, but not limited to the following reasons:

(a) If an employee is discharged and if such discharge is not overruled by an appropriate authority.

(b) If he/she resigns.

5.9 The employees' present classification seniority as of the effective date of this contract, shall be the only type of seniority considered for the purpose of establishing the classification seniority system called for in this Article. This classification seniority must have been continuous in nature to merit consideration under this section.

5.10 The preparation and maintenance of the Department and Classification Seniority Rosters shall be the responsibility of the City, approved by the Union, and is to be a part of this

ARTICLE 5 - SENIORITY (continued)

Agreement. The Department and Classification Seniority lists are to be drawn up and posted once a year in January.

5.11 Bidding for known vacancies for the forthcoming school year shall be conducted in June of each year. The school nurse with the greatest classification seniority who bids shall have the right to fill the vacancy. The Department maintains the right to temporarily assign school nurses during the school year regardless of classification seniority.

ARTICLE 6
PROMOTIONS AND TRANSFERS

6.1 The Departments reserve and shall have the right to make promotions and transfers primarily on the basis of qualifications, ability and performance of duty, but shall be governed by departmental seniority where equal qualifications, ability and performance of duty, as determined by the Department, have been demonstrated.

6.2 Jobs to be filled through promotion shall be posted on the department bulletin boards in which the vacancy occurs for a period of five (5) working days.

Management shall make a determination of the filling of such posted position no later than 30 working days after the close of the posting period.

6.3 After an award is made of a promotion the name of the person promoted shall be posted for five (5) working days following said award. Employees may file a grievance within eight (8) working days of the date posted, in accordance with the grievance procedure.

6.4 Vacancies in management positions which are excluded from the bargaining units shall be posted on the departmental bulletin boards, provided, however, that appointment to these positions shall not be subject to the grievance procedure of this contract.

6.5 Wherever possible, promotions shall be made from the ranks of regular employees who are employed by the department in which the vacancy occurs.

6.6 Employees in the Department where the vacancy occurs who are absent during the entire posting period shall be automatically placed on the list for consideration for the position(s); provided, however, that such employees may, at his/her discretion, have his/her name removed from the list within five (5) work days of returning to work.

6.7 When a question as to the proper person having been chosen to fill any job arises and it cannot be resolved it will be settled by using the grievance procedure in Article 28.

ARTICLE 6 - PROMOTIONS AND TRANSFERS (continued)

6.8 Job posting shall include job specifications, rate of pay, job location, the shift and also if the job is permanent with a permanent rating.

6.9 The above procedures shall be followed in all promotions, vacancies and transfers whether temporary or permanent.

6.10 If qualified candidates are not available or have not responded to the posting within a department where a vacancy occurs the job will then be posted throughout the City Departments. Preference will be given to City employees who meet the qualification, ability and performance of duty standards before seeking applicants outside the City service. Candidates from departments other than the department in which the vacancy occurs shall be notified by the department of the status of his/her application and the reason(s) for not being selected for the position. A candidate for positions in departments other than the department in which he/she is employed shall not have the right to file a grievance if not selected for such position(s).

6.11 An employee who meets the minimum qualifications and is promoted to a higher level position shall be placed in a probationary status for not to exceed six (6) months in the higher position. The employee shall periodically be evaluated to determine if he/she is performing the job in a satisfactory manner. If an employee is not able to satisfactorily perform the higher level duties then he/she shall be reduced in status to the same classification, pay grade and pay step as he/she had obtained prior to promotion.

6.12 **LATERAL TRANSFERS:**

An employee who has been promoted or transferred shall only be eligible for additional lateral transfers within the same pay grade after one (1) year on the job, unless the financial rewards are greater, or at the discretion of the Department Head, if he/she seeks such a lateral transfer within a shorter time period.

ARTICLE 7
WAGE RATES

7.1 Effective July 1, 2010, the Salary Schedules shall be increased by one and one half percent (1.5%). (See, salary schedule attached and made a part of this Agreement.)

(NOTE: The member's work weeks are specified in Article 8.)

7.2 Effective July 1, 2011, the Salary Schedules shall be increased by two and one half percent (2.5%).

7.3 Effective July 1, 2012, the Salary Schedules shall be increased by two and one half percent (2.5%).

7.4 Employees will receive a step increase on their anniversary date of current position. This step increase will be subject to a satisfactory performance evaluation. An incomplete evaluation will be considered a satisfactory performance evaluation. This process may be changed at any time by mutual agreement. Evaluation step increases will stop when an employee reaches Step 13 on the included pay matrix.

7.5 Outstanding performance evaluation bonus payments will cease, effective on date of ratification.

7.6 Employee appeals on their annual performance evaluation will be according to the process mutually agreed to by the Union and the City. See Appendix A.

7.7 The longevity waiting periods for employees shall be 5-10-15-20-25-30-35-40 and 45 years of service. An increase of three-percent (3%) will take effect on the employee's anniversary date of employment.

7.8 Employees being promoted from one grade to a higher grade shall be placed on the lowest step of the new grade, which will provide for a minimum of a ten-percent (10%) increase in salary.

7.9 Effective July 1, 2000, employees who have attained the requirements for the achievement grade (A-Step) associated with their positions will be placed on the corresponding step on the achievement grade in accordance with mutually agreed

ARTICLE 7 WAGE RATES (continued)

provisions which shall be attached as a side-bar letter. See Appendix B.

ARTICLE 8
HOURS OF WORK AND OVERTIME

8.1 The normal work week shall consist of any work performed up eight (8) hours of work for all employees per day, Monday through Friday at straight time pay. The normal work day for FLSA non-exempt employees shall consist of any work performed up to eight (8) hours per day.

8.2 All time worked by FLSA non-exempt employees in excess of eight (8) hours in any one day and forty hours in any one week shall be paid at the rate of time and one-half. Paid holidays occurring during the work week shall be counted as hours worked for the purpose of determining the forty (40) straight time hours.

The Health Department agrees to pay FLSA exempt employees overtime at 1 ½ times their rate of pay, or compensatory time at 1 ½ times if desired by the employees, when an employee is required to work more than forty hours a work week as a result of a public health emergency, such as a disease outbreak, as determined by the public health director. For other public health work that occurs outside of the normal work hours of staff, the management of the Health Department may request that staff adjust regular work schedules as needed and to work such assignments without extra compensation within a 40 hour week. FLSA exempt employees, other than school nurses, will be granted compensatory time at straight time for scheduled hours worked, for reasons other than a public health emergency, beyond 40 hours in a work week. FLSA exempt school nurses shall be treated in a manner consistent with the policies of the Health Department relating to FLSA exempt staff.

School Nurses and school LPNs will be allowed to eat their lunch, on the job, i.e. they will be in "on call status" while they are eating their lunch.

8.3 Any person who has left their place of employment and is recalled to work prior to the next normal shift will be paid for a minimum of three (3) hours at the rate of time and one-half; provided, further, that an employee who is called back for overtime or emergency work and who completes the required task and returns to his/her residence within the three (3) hour minimum guarantee may be called back for additional emergency or

ARTICLE 8 - HOURS OF WORK AND OVERTIME (continued)

overtime without an additional three (3) hours minimum work guarantee. It is the purpose and intent of this section to assure an employee of at least three (3) hours of pay at overtime rates for the inconvenience of being called back to work between
the normal shifts, but not to be separately paid for several callbacks within the three (3) hour minimum guarantee period.

Any employee who is called in one hour or less prior to the start of his/her normal shift shall receive such time at the overtime rate, but is excluded from the three (3) hour minimum guarantee outlined in the previous subsection of this section.

Departments may schedule employees to start their next day's shift at a time earlier than the regular time without extra compensation under the callback provision of this section, provided such change in schedule is made prior to the completion of the shift the preceding day.

8.4 The work day or work week for FLSA non-exempt employees will not be interrupted to avoid the payment of overtime.

8.5 Overtime work which is scheduled in advance or which requires employees to be called in for unscheduled work shall be assigned first on a rotating basis among all qualified employees by classification within the division of the department which normally performs the work. If the overtime situation requires additional employees to be assigned then such assignments shall be made among qualified employees on the basis of departmental seniority.

8.6 No temporary employees shall be assigned to overtime work until all regular employees shall have had the opportunity for such assignment.

ARTICLE 9
PLUS RATES

9.1 Effective upon the date of ratification of this agreement hourly paid employees in the bargaining unit will be compensated on a Plus Rate basis of one pay step (no less than 5% to the nearest whole cent) above his/her present rate or the entrance rate, whichever is higher, for working in higher level classifications for each completed hour of work in such higher level assignment.

9.2 Effective upon the date of ratification of this agreement salaried employees in the bargaining unit will be compensated on a Plus Rate as stated above for each completed work day of assignment in higher level classifications.

9.3 An employee may be temporarily assigned for a period not to exceed thirty (30) calendar days to the work of any position of the same or lower grade without a change in rate of pay.

9.4 In those cases when an hourly rated employee is assigned to temporarily serve in a higher level salaried position, then such hourly rated employees shall be granted a plus rate in accordance with this section if the assignment is for one full work day or longer.

9.5 Assignments to higher paying job classifications, temporary or otherwise, shall be made in accordance with the provisions of Article 6, Section 1, of this Agreement.

9.6 All new positions, promotions or transfers contemplated
beyond a period of thirty (30) days shall be posted on the department bulletin boards for at least five (5) working days and any interested employee shall have the opportunity to apply for such positions, promotions or transfers.

ARTICLE 10
EMERGENCY WORK

10.1 It shall be the duty of all able bodied employees to make themselves available during the course of emergency situations. Deliberate refusal to work during such situations without adequate justification may result in disciplinary action.

10.2 When an employee responds to an emergency work situation and due to hours worked and/or physical exhaustion, is relieved from working the normal work schedule, and such employee is required to work on a Saturday then such Saturday work shall be paid at the overtime rate.

10.3 If an employee is called back from vacation due to an emergency situation then all hours of work shall be paid at the time and one-half rate of pay until the employee returns to his/her regular work schedule.

ARTICLE 11
HOLIDAYS

11.1 All employees, except temporaries, school-term employees and those who work less than one-half time, shall be paid for the following named holidays and any other day proclaimed as a holiday by the Board of Mayor and Aldermen. Should a holiday fall on a Sunday and be celebrated on a Monday, all regular employees shall be paid for this day. Should a holiday fall on a Saturday, the preceding Friday shall be considered the holiday.

New Year's Day
Washington's Birthday
Civil Rights Day
Memorial Day
Veteran's Day
Christmas Day
Independence Day
Labor Day
Columbus Day
Election Day
Thanksgiving Day

11.2 All work performed on a holiday shall be paid at the rate of time and one-half over and above regular hours paid for the holiday, for all hours worked.

11.3 An employee shall be entitled to the holiday pay referred to in Section 14.1 if he/she works the day preceding and the day following the particular holiday, but not otherwise except for a substantial reason or emergency.

11.4 Paid holidays occurring during the work week shall be counted as hours worked for the purpose of determining the thirty-five (35) or forty (40) straight time hours.

11.5 **SCHOOL NURSES:** Health Department Nurses who only work during the school-term shall receive the following holidays:

New Year's Day
Memorial Day
Thanksgiving Day
Christmas Day
Columbus Day
Civil Rights Day
Veteran's Day
Washington's Birthday
Election Day

School-term Nurses shall be granted the above holidays in accordance with the School Calendar. When any of the above holidays falls on a day when schools are open for classes the School-term Nurses are required to work such holidays and will be

ARTICLE 11 - HOLIDAYS (continued)

granted an equal amount of time off at a date which will not disrupt the school operations.

Effective on date of ratification of this Agreement, School-term Nurses will be granted Labor Day as a holiday when they report to work prior to Labor Day.

ARTICLE 12
ANNUAL VACATIONS

12.1 Permanent employees who have been in continuous employ of the Department for one (1) year or more will be allowed vacations in accordance with the following schedule:

12.2 Effective July 1, 1999, or date of ratification, whichever is later, vacation leave policy for regular department employees shall be as follows:

(a) Accrual rate for two (2) calendar weeks begins on date of hire.
(b) Accrual rate for three (3) calendar weeks begins at the beginning of six (6) years of continuous service.
(c) Accrual rate for four (4) calendar weeks begins at the beginning of fifteen (15) years of continuous service.
(d) Accrual rate for five (5) calendar weeks begins at the beginning of twenty (20) years of continuous service.

12.3 Vacations shall be scheduled within the department at the discretion of the Department Head to provide the least disruption of departmental operations.

Selection of vacation periods shall be by department seniority and shall be granted insofar as possible at the times requested by the employee, in accordance with operating requirements; provided, however, that summer vacation shall not extend beyond two weeks until all eligible persons have had an opportunity to select a summer vacation. Furthermore, a department head may deny a vacation request of an employee if it will result in a disruption of the department or division operations.

Effective July 1, 2008, all full-time school nurse/LPNs shall be entitled to one (1) paid vacation day per fiscal year, to be taken on a scheduled work day. This vacation shall be scheduled at the discretion of the Department Head to provide the least disruption of departmental operations.

12.4 No employee shall be permitted to accrue in excess of one and one-half (1 1/2) times his/her annual earned vacation; i.e. employees who earned (10) days of vacation per year shall

ARTICLE 12 ANNUAL VACATIONS (Continued)

have no more than (15) days earned vacation to his/her credit at any one time; employees who earned (15) days of vacation per year shall have no more than 22 1/2 days earned vacation to his/her credit at any one time.

ARTICLE 13
SICK LEAVE

13.1 Sick Leave shall be in accordance with NH Laws of 1943, Chapter 291, Section 1. Each permanent full-time employee shall earn sick leave with pay at the rate of 1 1/4 days of sick leave for each completed month of service. Sick leave shall not be taken in advance of earning same.

13.2 Employees who are initially employed in a temporary status and who are assigned to permanent status in the same Department, without a break in service, shall be allowed credit for the time served in the temporary status towards accrual of sick leave benefits.

13.3 Effective on July 1, 1994 unused sick leave may be accumulated up to a maximum of sixty-six (66) work days. Effective on the date of ratification of this Agreement, the maximum accumulation will be increased to seventy-six (76) days. It is agreed and understood that there will be no retroactive payments of any kind as a result of this increase in maximum accumulation from sixty-six (66) to seventy-six (76) work days. Further, there will be no retroactive adjustments to the sick leave bank. Effective July 1, 1999 or date ratification whichever is later, the maximum sick leave accrual shall be one hundred twenty (120) days.

Effective on the date of ratification, employees will be eligible to begin to accrue the increased accumulated sick leave.

Employees hired after the ratification date of this Agreement shall be entitled to paid sick leave which shall accrue at the rate of one half (1/2) work day for each completed month of service. Accrual shall include the six (6) month probationary period, but employees will not be allowed to use sick leave until they satisfactorily complete the probation period. Unused sick leave may be accumulated up to a maximum of sixty (60) work days.

13.4 Employees who are absent from work on legal holidays, during sick leave, vacation, for disability arising from injuries sustained in the course of their employment and for all authorized leaves of absence with pay shall continue to accumulate sick leave at the regularly prescribed rate as though they were on duty, subject to the maximum limitation herein provided. Employees who are absent on authorized leaves of absence without pay for not over 10 work days in any 30 calendar

ARTICLE 13 SICK LEAVE (Continued)

day period shall continue to accrue sick leave at the regularly prescribed rate during such absences as though they were on duty, subject to the maximum limitation herein provided.

13.5 Any employee eligible for sick leave with pay may use such sick leave, upon approval of his/her department or office head, for absence due to his or her illness, injury; the illness or injury of a spouse, child or other blood relative or ward residing in the same household when FMLA leave is approved, or for the exposure to contagious disease.

The Department Head shall require a doctor's certificate before approving sick leave with pay for a period or periods of absences of more than three (3) work days.

13.6 Department Heads and the Union may require an employee to justify each day of absence for sick leave if the employee's absentee record indicates a patterned use of sick leave.

13.7 Absences for a fraction or part of a day that are chargeable to sick leave in accordance with these provisions shall be charged proportionately in an amount not smaller than one hour.

13.8 During periods of absence for approved paid sick leave the employee shall be entitled to full pay for such period at the regular rate of compensation, provided, however, that hourly employees shall be compensated on the basis of straight time pay not to exceed eight (8) hours per day and not to exceed forty (40) hours per week. No sick leave benefits shall be paid on the basis of time and one-half.

13.9 On separation from City service, all sick leave credits shall be cancelled except in a case of paid retirement, duty disability retirement, or death while in active service.

Effective on the date of ratification, all accrued sick leave up to but not to exceed eighty (80) work days shall be paid plus payment of one-quarter of the balance of the days accrued over eighty (80) but not more than one hundred twenty (120) days of accrued sick leave at their regular pay.

ARTICLE 13 SICK LEAVE (Continued)

Effective on the date of ratification, employees shall also be entitled to the benefits under City Ordinance 33.081(H), as it may be amended from time to time.

Employees hired after the ratification date of this Agreement shall be entitled to payment for accrued sick leave, under the conditions specified above; provided however, that payment shall not exceed forty (40) days.

13.10 SICK LEAVE NON-ABUSE

Effective January 1, 1986 employees who use six (6) days of sick leave or less in the preceding calendar year will receive two (2) personal leave days, to be scheduled by the Departments. Effective January 1, 2003 employees who use one (1) day or less of sick leave in the preceding calendar year will be granted one (1) additional incentive day off, for a total of three (3), during the calendar year after they are earned. Personal leave days must be used during the calendar year they are credited and shall not accumulate and shall not be carried over year after year. Personal leave days taken by employees who are assigned to work schedules which includes planned overtime on a regular schedule, such as Highway Department Dispatcher, shall be counted as days worked for overtime purposes

13.11 CHANGING VACATION TO SICK LEAVE

Employees who are on paid vacation who are hospitalized for injury or illness may, at their option and provided they have sick leave credits accrued, have their vacation time changed to paid sick leave for the period of time they are actually hospitalized.

ARTICLE 14
SICK LEAVE BANK

14.1 AFSCME-Health shall continue to be a participating bargaining unit in the Local 298, AFSCME voluntary sick leave bank. AFSCME-Health shall comply with the same rules and guidelines and shall receive the same benefits as other bargaining units covered under the Master Agreement.

14.2 The purpose of the sick leave bank is to provide assistance to employees who suffer long-term illness or injuries which are non-job connected. It is established to provide additional paid benefit days beyond the employee's accrued days when an employee has exhausted his accrued sick leave and continues disabled for an additional fifteen (15) consecutive calendar days. For example, it is not established to provide relief for one or two days beyond the employee's accrued sick leave.

14.3 ADMINISTRATION

The Sick Leave Bank shall be administered by a five member Administrative Committee.

Three (3) members of the Committee shall be appointed by the Union from employees in the bargaining units who are enrolled in the Sick Leave Bank, provided that no more than one member shall be appointed from the same bargaining unit at any one time.

Two (2) members of the Committee shall be appointed by the Mayor from the Management of the Departments wherein the bargaining units are located, with no more than one member from a department serving at any time.

The first Committee members shall be appointed in the following manner:

One member appointed by the Union for a one (1) year term; one member appointed for a two (2) year term and one member appointed for a three (3) year term. Subsequent appointments shall be for three (3) year terms. Vacancies, when they occur, shall be filled by appointment in the same manner as the original appointments.

One original appointee of the Mayor shall be for a one (1) year term and one appointee shall be for a three (3) year term and subsequent appointments shall be for a three (3) year term.

ARTICLE 14 SICK LEAVE BANK (continued)

14.4 MEETINGS

The Committee shall meet at least once each month or more often as deemed necessary by the Chairman. Three (3) members, including at least one (1) Administration member, shall constitute a quorum. A majority of those members present and voting shall decide all questions. Members who are absent for either three (3) consecutive meetings or any six (6) meetings in any twelve (12) months period shall be automatically terminated from the Committee and their terms declared vacant.

14.5 MEMBERSHIP

Effective in 1987:

14.5(A) All the days that are now in the Sick Leave Bank will remain in the Bank as is. These days are to be used up first in accordance with the current contract.

14.5(B) Once this contract has been ratified, each member of the Bargaining Unit will give one (1) day of his/her day's pay on January 1st of each year.

14.5(C) Above-mentioned money will be deposited into a bank in Manchester in January of each year.

14.5(D) It will be the duty of the Finance Officer to see that the above-mentioned money is deposited into the bank in January of each year.

14.5(E) The deposit will be to the bank service which offers the best interest rate.

14.5(F) When withdrawals are necessary, the Finance Officer and one dues-paying member of the Sick Leave Bank will be present, and the signature of each will be required.

14.5(G) Application for membership shall be made on a form provided by the Committee.

Membership by all employees will be subject to the following restrictions:

(1) Probationary employees who are serving an initial probation period are not eligible for membership.

(2) Full-time employees, except those with less than one year of service, shall have not less than fifteen (15) days of accrued sick leave as of the date of their application for membership. An employee whose sick leave balance falls below

ARTICLE 14 SICK LEAVE BANK (continued)

fifteen (15) days of accrual due to recent illness or injury may be admitted at the discretion of the Committee.

Employees whose sick leave falls below fifteen (15) days after they are admitted to the Sick Leave Bank, where the usage of sick leave was not the result of extended illness or injury, shall have their membership status reviewed by the Committee. The Committee may temporarily suspend the employee from membership in the Bank if it deems such action to be in the best interest of the Bank.

(3) Employees who have less than one year of service may be admitted to the Bank upon the majority vote of the Committee after a review is made of their status with the Department. Upon admission to membership the conditions stated in the preceding paragraphs will apply.

(4) Full-time employees having less than 30% of their accumulated sick leave days limit as of the date of their application shall be limited category members if accepted as members by the Administrative Committee.

14.6 BENEFITS

The waiting period for sick leave bank benefits shall be five (5) consecutive calendar days. Upon presentation of satisfactory medical evidence of illness or injury to the Administrative Committee, the Committee may approve up to thirty (30) work days of sick leave benefit days from the Bank to be granted to the member. Such sick leave benefit days may be made retroactive to the first work day after exhaustion of his accrued sick leave credits. Should the member still be incapacitated after this time from the same illness or injury he/she may present his/her case for review and be granted additional benefit days, but such additional days may be restricted in number according to the number of benefit days in the Bank at the time. Additional days of benefits shall not exceed thirty (30) work days for each period of incapacitation; provided however, exceptions may be made in cases of long term illness or injury at the discretion of the Committee.

An employee who is receiving Sick Leave credits from the Sick Leave Bank and who subsequently receives payment through Workmens' Compensation or through an insurance carrier for wages for the same days shall repay the City for such benefits.

ARTICLE 14 SICK LEAVE BANK (continued)

Employees shall not be granted any time from the Bank until said employee has reached the 30% requirement as stated above.

14.7 BANK STABILITY AND LIMITATIONS

All employees who shall become members of the Sick Leave Bank shall continue in the Bank until December 31st of the current calendar year. Employees shall automatically continue in the Sick Leave Bank for each calendar year thereafter unless the employee shall withdraw from membership prior to December 31st of any calendar year. Withdrawal shall be in writing, duly signed and dated and submitted to the Administrative Committee prior to December 31st. No benefits shall accrue to the withdrawn member thereafter and any sick leave days previously donated to the Bank shall remain in the bank to be disbursed by the Committee.

The number of benefit days in the Bank shall not exceed 1,500 benefit days on December 31st of any calendar year. All excessive days shall be discarded. In the event the Bank is terminated, all sick leave benefit days remaining in the Bank shall be null and void.

14.8 ADMINISTRATIVE OVERSIGHT

In the event there is a question concerning a recipient's eligibility to receive benefits from the Bank, the City may require of the Administrative Committee and the employee proof of each eligibility as well as a physician's certified report of the disabling illness or injury of the recipient. A copy of the minutes of each meeting shall be provided to the President of Local 298 and to the City Human Resources Director.

The President of Local 298 or the City Human Resources Director may request a meeting with the Administrative Committee to discuss any action which has been taken by the Committee and such meeting shall be scheduled as soon as possible after such request.

14.9 AMENDMENTS

This Article or any section thereof, may not be amended except through the collective bargaining process or mutual written agreement of the Union and the City representative concerned in that process.

ARTICLE 15
LEAVE OF ABSENCE

15.1 The City agrees to allow Union representatives, stewards and/or aggrieved employees reasonable time, without loss of pay, during regular working hours for the purpose of processing grievances, provided such time away from work does not interfere with the work of the department. Such time shall not be withheld unreasonably. The Union representatives shall obtain prior permission to absent themselves from work before leaving a work site and shall obtain prior permission of the immediate superior involved before interrupting the work of an employee located at a different work site.

15.2 Time lost by representatives of the Union on grievance settlements or negotiations shall be paid for by the City as provided in RSA 273-A 11.

15.3 When an employee is elected President of Local #298 and has to do work which takes him/her away from his/her regular employment with the City, he/she shall, at the written request of the Union, be granted a leave of absence without pay, not to exceed three (3) years, and with no loss of seniority, provided satisfactory arrangements can be made for a substitute during such leave of absence.

15.4 Employees elected as delegates to either the AFSCME International Convention, NH Public Employees Convention, Council #93 or the NH State Labor Council Convention shall be allowed a leave of absence with pay, not to exceed a total of ten (10) working days per year.

ARTICLE 16
BEREAVEMENT LEAVE

16.1 Effective July 1, 1999, or date of ratification, whichever is later, bereavement leave of five (5) working days with pay between the date of death and the date of the funeral, inclusive, shall be granted to a permanent full-time or permanent part-time employee who works at least half-time in the event of the death of his/her:

Spouse	Sister
Father	Brother
Mother	Child
Father-in-law	Mother-in-law
Son-in-law	Daughter-in-law

a blood relative or ward residing in the same household.

16.2 Special leave of one (1) working day with pay, for the purpose of attending the funeral, shall be granted an employee in the event of the death of his/her:

Grandmother	Sister-in-law
Grandfather	Aunt
Grandchild	Uncle
Brother-in-law	

16.3 Under extenuating circumstances, two (2) additional days with pay may be granted under Section 16.1 or 16.2 with written approval of the Department head; such days to be charged to the employee's accrued sick leave.

16.4 Under no circumstances shall bereavement leave be paid on an overtime basis.

ARTICLE 17
MATERNITY LEAVE

17.1 Upon application of the employee on forms to be provided by the City a maternity leave of absence without pay shall be granted to permanent, full-time female employees who have been employed at least one (1) year before said application, said leave to commence at the time recommended by the employee's attending physician and to extend for a period not to exceed six (6) months after the birth of the child. If an employee who has been granted a maternity leave of absence in accordance with this provision shall fail to return to work upon the expiration of such leave of absence she shall be deemed to have voluntarily terminated her employment, unless she has been certified by her physician as being physically unable to perform her duties.

17.2 An employee shall be entitled to draw her accumulated sick leave benefits with pay for a period not to exceed sixty (60) work days from the date of confinement or the birth of the child, during which time the employee is certified as being unable to perform her regular duties, as certified to by an affidavit of the attending physician every thirty (30) days. Requests for such sick leave benefits must be submitted in writing to the Department head no later than thirty (30) days after the date of confinement in order to be eligible for sick leave benefits.

17.3 Extensions of the thirty (30) day paid sick leave benefits may be made by the Department head if circumstances so warrant.

17.4 An employee shall not forfeit seniority or other benefits during this leave of absence.

ARTICLE 18
MILITARY SERVICE

18.1 Shall be governed by existing law.

ARTICLE 19
JURY DUTY

19.1 An employee called as a juror will be paid the difference between the fee received for such service and the amount of straight time earnings lost by reason of such services. Satisfactory evidence of such service must be submitted to the employee's immediate supervisor.

19.2 Employees who are called to jury duty and are excused from the jury duty for a day or days shall report to their regular work assignments as soon as possible after being excused.

ARTICLE 20
EDUCATION INCENTIVE REIMBURSEMENT

20.1 The following education reimbursement policy will apply to members of the Bargaining Units covered by this policy.

20.2 The City agrees to provide reimbursement to employees who complete approved courses relating to their current responsibilities or as part of an approved career development program based upon the following standards: Payment of seventy-five percent (75%) of the cost of such courses, but not to exceed $1,000.00 per fiscal year for Bachelor's level courses and $1500.00 per employee per year for Master's level courses.

Effective on date of ratification, the amount per employee shall be as follows:

Courses fully paid by outside grants or as City funded staff development shall not apply against the employee cap.

[NOTE: Until the parties agree otherwise, Health Department bargaining unit members will continue to be eligible for reimbursement under the AFSCME Master Agreement tuition reimbursement fund.]

20.3 Courses must be approved in advance by the Department head concerned as meeting the requirement that the course is related to the employee's job or is part of a career development program. Approval must be obtained through the Personnel Department for payment of the course. A procedure will be established to effectuate these payments.

20.4 Once a course has been approved as meeting the requirement an advance will be made to the employee of one-half (1/2) of the authorized seventy-five percent (75%) of the cost of the course tuition and books. The remainder of the course reimbursement will be paid to the employee upon presentation of a certificate of satisfactory completion of the course.

20.5 Approval for courses will be considered on the basis of relevancy of the course, number of employees applying and funds available.

ARTICLE 20 - EDUCATION INCENTIVE REIMBURSEMENT - (Continued)

20.6 If a course is paid for in whole or in part through a Federal or State program then the City will not reimburse for such amount, it being the intent of this section to eliminate double payment for any course.

ARTICLE 21
LIFE INSURANCE

21.1 Effective September 1, 1999, or date of ratification, whichever is later the City will provide for a Life Insurance fund to provide for the payment of a death benefit of an amount equal to the employee's last yearly base pay, but not to exceed $50,000.00 to the named beneficiary or estate of any member of the Bargaining Unit who dies from any cause while employed by the City or within sixty (60) calendar days after retirement or resignation for health reasons.

The City reserves the right to obtain insurance coverage for the above amounts, and reserves the sole right to select such insurance carrier.

ARTICLE 22
HOSPITAL/MEDICAL INSURANCE

22.1 Effective July 1, 2007, the City shall provide a hospital/medical policy equivalent to Cigna POS which description is attached hereto as Appendix C, for all bargaining unit members, hired prior to July 1, 2007. The City will pay eighty-seven and one-half (87.5%) percent.

The employee co-pays shall be as follows:

- *Option I (PCP) office visit co-pay - $15.00*
- *Option II (direct referral to specialist) office visit - $30.00*
- *Emergency room visit - $75.00*
- *Generic prescriptions (one month supply)- $10.00*
- *Other prescriptions (one month supply) - $15.00*
- *Mail order prescriptions (three month supply) $1.00*

Effective on July 1, 2007, the City may place newly hired employees who are eligible for Health Insurance into the Cigna HMO plan until the next open enrollment period following the employee's one year anniversary, at which time, those employee may elect to remain in Cigna HMO or elect to change to Cigna POS.

22.2 It is agreed by all parties concerned that the City reserves and shall have the right to change insurance carriers provided that the benefits are not decreased and the costs to bargaining unit members do not increase above the eighty-seven and one half (87.5%) percent rate set forth in Section 1 above.

22.3 Effective July 1, 2007,the City shall substitute Matthew Thornton Blue Plan with the Cigna HMO plan. The City shall pay ninety-five percent (95%) of that plan's premium cost. It is further agreed that the Board may make available, in addition to the Cigna HMO plan, health insurance plans from other vendors, provided that such plans have been approved by the Union, and participation is voluntary. If an optional health plan is approved, in addition to the Cigna HMO plan, the Board shall be obligated to pay toward the optional plan a monthly amount which is equal to ninety-five (95%) percent of that plan's premiums.

HOSPITAL/MEDICAL INSURANCE (continued)

22.4 Effective July 1, 2007, school nurses and school LPNs shall receive year-round hospital/medical insurance coverage; provided, however, they shall be required to sign a letter of intent to return the following school year and if they fail to do so, they will be responsible to repay the City for its actual premium costs from the end of the school year to termination of coverage. The City shall have the right to pursue and recourse available should the school nurse/LPN refuse or neglect to reimburse the City.

Payroll deductions for the summer insurance premiums will be added to the regular deductions made during the school year.

22.5 Effective February 1, 2000 or sooner if practical, the City shall provide all bargaining unit members a Northeast Delta Dental plan equivalent to other City employees having such a benefit. The City shall pay eighty-five (85.0%) percent of each monthly premium for the entire year for the coverage selected by each employee. The City agrees to provide coverage under Delta Dental Insurance Plan Coverage A, B, and C as set forth in Appendix D attached hereto and made part of this Agreement. The City shall pay an amount not to exceed eighty-five percent (85.0%).

Effective July 1, 2003, the total yearly maximum will be increased to $1,500.00.

22.6 Effective on July 1, 2008, the City will pay one thousand five hundred dollars ($1,500.00) to any bargaining unit member who terminates his/her existing health insurance coverage under the City's or School Districts' plans and who also provides satisfactory evidence that he/she has valid alternative health insurance coverage elsewhere. This amount shall be paid annually as long as a bargaining unit member who previously terminated health insurance coverage declines to reenroll.

ARTICLE 23
UNIFORMS

23.1 The uniform for City of Manchester Community Health Nurses and School Nurses shall be the official uniform as approved by the Board of Health, using the standards adopted by the Public Health Nurses Association. The required uniform shall include a uniform dress or uniform pants suit and the local Public Health Department name tag.

23.2 Community Health Nurses shall be required to wear the official uniform during working hours.

The City agrees that it will no longer require school nurses to routinely wear uniforms during work hours providing that it is agreed that the manner of dress for school nurses shall be neat and professional in appearance.

The City will no longer provide uniform allowance to school nurses. For the life of this Agreement, the City agrees to utilize funds which have been appropriated for school nurse uniforms to purchase health reference books for school nurse offices. The selection of references purchased shall be determined by Health Department administration and the books shall remain the property of the Health Department unless otherwise determined by the Department.

23.3 An initial uniform allowance not to exceed $100.00 will be provided newly employed Nurses upon presentation of receipts. Such uniform allowance will be paid only upon satisfactory completion of the initial probation period.

23.4 The uniform replacement allowance for Community Health Nurses shall be $125.00 per contract year without presentation of receipts for said replacement, or the City will pay up to $200.00 per contract year upon presentation of all receipts for monies expended by Community Health Nurses for said replacements.

23.5 Effective upon the date of ratification of this Agreement the City agrees to provide work uniforms through a laundry cleaning agency of the City's choosing. Such uniforms shall be provided to Highway, Cemeteries and Parks and Recreation employees who are permanently assigned to the equipment mechanic operations and such uniforms shall be provided to the painting operations of the Traffic Department. Such uniforms shall not

ARTICLE 23 - UNIFORMS (continued)

exceed five (5) changes per week. Such uniforms shall be determined by the management of the departments concerned. Summer and winter uniforms may be provided the above employees, provided there is no increase in cost to the City for such seasonal uniforms.

23.6 One set of coveralls shall be supplied to heavy equipment operators who service the assigned equipment. The employees will be responsible for cleaning and repairing the coveralls. Coveralls will be replaced as needed, as determined by Management, under procedures to be established by Management.

ARTICLE 24
TRAVEL ALLOWANCE

24.1 Effective January 1, 1986 a travel allowance of $75.00 per month or the authorized mileage rate, whichever is the higher amount, shall be paid to Community Health Nurses and those employees who are required to provide private transportation means to conduct their daily work activities, including schools, homes, clinics and business location visits.

Effective the first of the month following the date of ratification, Community Health Nurses with a defined district shall receive a travel allowance of seventy-five dollars ($75.00) per month or shall be reimbursed at the prevailing IRS rate.

24.2 In the event the Department provides a City vehicle for an employee to conduct daily work activities the monthly travel allowance will be discontinued.

24.3 If a Community Health Nurse with a defined district is absent for 30 calendar days or longer, the monthly travel allowance will not be paid for that period.

ARTICLE 25
SAFETY

25.1 The Department shall have the right to make regulations for the safety and health of its employees during their hours of employment. Representatives of the Department and the Union may meet once in ninety (90) days at the request of either party, to discuss such regulations. The Union agrees that its members who are employees of the Department will comply with the Department's rules and regulations relating to safety, economy, and efficiency of services to the Department and the Public.

25.2 The Union and its members agree to exercise proper care and to be responsible for all Department property issued or entrusted to them during their working hours. Where safe storage space is provided by the Department employees shall be responsible for replacing articles issued to them if the same type of article has been lost twice in the same twelve month period. In such cases the employee shall replace the second lost article.

25.3 The City agrees to furnish raincoats and rubber boots for all employees for whom such issue is necessary. The employees agree to exercise due care in the use of such items. All replacements of previous issue shall be made only when an article is turned in or exchanged for the one issued.

25.4 The City shall furnish gloves, special clothing, safety vests and safety helmets as needed for the health and safety of its employees.

ARTICLE 26
BULLETIN BOARDS

26.1 The Department shall provide space for bulletin boards for the posting of notices of the department addressed to the employees and notices of the Union addressed to the members. The Department shall locate its bulletin board at convenient places within the Department. No Union notice shall be posted in or around the Department's property except on such boards and no notice shall be posted until it has been signed either by the President or Secretary of the Union with the approval of the Department head or his/her designated representative.

ARTICLE 27
DISCIPLINARY PROCEDURES

27.1 All disciplinary actions shall be in a fair manner and shall be consistent with the infractions for which disciplinary action is being taken.

27.2 (A) All suspensions and discharges shall be stated in writing and the reasons stated and a copy given to the employee(s) and the Union within five (5) work days from the date of suspension or discharge.

(B) If the Department does not follow Section 27.2 (A) above in the case of a suspension then it shall be deemed that the suspension is without merit. When Section 27.2 (A) above is not followed in the case of a discharge said discharge shall be changed to a two (2) week suspension which shall be grievable.

27.3 Disciplinary actions will normally be taken in the following order:

(A) Verbal warning
(B) Written warning
(C) Suspension without pay
(D) Discharge

However, the above sequence need not be followed if an infraction is sufficiently severe to merit a written warning, immediate suspension or discharge.

27.4 No employee shall be penalized, disciplined, suspended or discharged without just cause.

27.5 Employees who are absent from work for more than five (5) working days and who have not been granted a leave of absence during that period, or who do not present justifiable evidence showing they were unable to report, shall be deemed to have quit.

27.6 The Personnel record of an employee will be cleared of written reprimands after a period of one (1) year from the date of the reprimand, provided there are no similar infractions committed during the intervening period.

27.7 The personnel record of an employee will be cleared of suspension notices after a period of three (3) years from the date of suspension, provided there are no similar infractions committed during the intervening period.

ARTICLE 28
GRIEVANCE PROCEDURE

28.1 A grievance is defined as a claim or dispute arising out of the application or interpretation of this agreement, under express provisions of this agreement, and shall be processed in the following manner:

28.2 **STEP 1**

An employee having a grievance must discuss the grievance with the employee's immediate supervisor or the supervisor responsible for the matter being grieved within eight (8) working days from the date of the event giving rise to the grievance or the date the employee could reasonably have been first made aware of the event. Such grievance shall be discussed between the employee, a Union representative and the supervisor. The supervisor shall give his/her answer within two (2) working days from the date he/she receives notice of the grievance.

28.3 **STEP 2**

If the grievant or the Union disagrees with the decision of the supervisor and desires to proceed with the grievance then such grievance must be submitted in writing, listing the article and section violated, the specific grievance and the remedy desired to the employee's department or division head within five (5) work days from the date the decision of the supervisor was rendered. The Department or Division head shall render his/her decision within three (3) work days from the date he/she receives the grievance.

28.4 (1) If the Union is not satisfied with the disposition of the grievance the Union must file a request for pre-arbitration meeting within ten (10) work days after the decision or the grievance will be null and void. Representatives of the Department involved and the Union will meet with the Chief Negotiator/Contract Administrator within ten (10) work days after the Union makes such request for said meeting, the purpose of which is to determine if the grievance can be settled without arbitration. A representative of the Personnel Department and/or the City Solicitor's Office shall attend only as necessary, provided that there is mutual agreement of the parties.

ARTICLE 28 - GRIEVANCE PROCEDURE (continued)

(2) If no settlement is reached as a result of the meeting as stated in 28.4 (1) above, the Union may submit in writing a request to a mutually agreed upon neutral arbitration agency or to the American Arbitration Association to appoint an arbitrator to resolve said grievance, such action to be filed within ten (10) working days after the meeting under 28.4 (1) has occurred or a decision has been reached, but not later than five (5) working days after the meeting.

If the Union fails to submit such written request for the appointment of an arbitrator within said ten (10) working days, the grievance shall be deemed abandoned and no further action shall be taken with respect to such grievance.

28.5 A grievance by a Department Head against the Union shall be presented in writing to the Union President, and shall be discussed at a meeting to be held within five (5) working days after the grievance is presented, said meeting to take place during the normal working hours.

If a satisfactory agreement is not reached at the meeting as stated above then the Department Head may proceed within ten (10) working days of said meeting to present the grievance to arbitration in accordance with Section 31.6 of this grievance procedure.

28.6 The arbitrator shall not have the power to add to, ignore or modify any of the terms and conditions of this agreement.

28.7 The decision of the arbitrator shall be final and binding upon the parties as to the matter in dispute.

28.8 The expenses of the arbitrator shall be borne by the losing party. The arbitrator shall be required to declare the losing party. Each party shall make arrangements for and pay the expenses of witnesses who are not City employees who are called by them.

28.9 Nothing contained herein shall be construed as limiting the right of any employee having a grievance to discuss the matter informally with any appropriate member of the Department, and having the grievance adjusted without the intervention of the Union, provided the adjustment is not inconsistent with the terms of this agreement and that the Union has been given the opportunity to be present at such adjustment and to state its views.

ARTICLE 28 - GRIEVANCE PROCEDURE (continued)

28.10 If said grievance is not reported and/or processed within the time limits set forth in Sections 28.2, 28.3, 28.5 and 28.6 the matter shall be dismissed and no further action shall be taken with respect to such grievance.

28.11 The above times may be extended or by-passed by mutual written agreement of the parties.

28.12 All decisions involving wages, wage rates, promotions, transfers, hours worked and not worked, shall be retroactive to the date the grievance first occurred, at the discretion of the arbitrator.

ARTICLE 29
MANAGEMENT'S RIGHTS

29.1 The direction of Department operations and the determination of the methods and the means by which such operations are to be conducted shall be the function of Management. All rights and responsibilities not specifically modified by this agreement shall remain the function of Management and in accordance with the provisions of RSA 273-A:1,XI.

29.2 It shall be the right of the Union, however, to present and process grievances of its members whose wages, working conditions or status of employment are changed as a result of Management's exercising the above mentioned rights, whenever such grievances exist.

ARTICLE 30
STRIKES PROHIBITED

30.1 Under no circumstances will the Union cause, encourage, sponsor or participate in any strike, sit-down, stay-in, stay-out, sick-in, sick-out, work slowdowns, withholding of services or any curtailment of work or restriction or interference with the operations of the Department or the City of Manchester during the term of this agreement.

ARTICLE 31
CONTRACTING AND SUBCONTRACTING OUT

31.1 The City recognizes the concern of the Union in regard to contracting or subcontracting work which results in a reduction of the work force.

31.2 If the City or Department covered by this agreement changes its method of operations which involves contracting out work which is now being performed by bargaining unit employees, the City and/or Department will give notice to the Union of it's intention. Furthermore, the City will make every effort to absorb affected employees into other City positions. In those cases where employees are not absorbed into other City positions, the City and/or Department will provide as much advance notice of pending lay-offs as reasonably possible.

ARTICLE 32
STABILITY OF AGREEMENT

32.1 Should any article, section or portion thereof, of this Agreement be declared invalid because it is in conflict with a Federal or State law or be held to be unenforceable by any court of competent jurisdiction, such determination shall apply only to the specific article, section or portion thereof, specified in the decision. The parties to this agreement to meet to negotiate only on the specific article or section, or portion thereof, which has been declared invalid or unenforceable, but neither party is required to make concession in order to reach agreement on the specific article or section in question.

ARTICLE 33
MISCELLANEOUS

33.1 The City agrees to provide for a payroll deduction slot for an insurance program, subject to approval by the City Finance Department.

33.2 The Union agrees to accept the City's Family and Medical Leave Act (FMLA) Policy, subject to its review by the Union's attorney, with the understanding that the policy will not be changed except by mutual agreement.

ARTICLE 34
TERMINATION

34.1 Upon ratification by the respective parties, this Agreement shall be in effect from July 1, 2010 through June 30, 2013, with effective dates for specific provisions as stated in the various Articles.

[NOTE: Pursuant to RSA 273-A:3, II (a), if either party desires to bargain a successor agreement, it must give written notice to the other party no later than December 1, 2012 or the anniversary date thereof, such date being one hundred twenty (120) days prior to the budget submission date.]

FOR LOCAL 298, AFSCME, AFL-CIO	FOR ALDERMANIC NEGOTIATING TEAM
[signature]	[signature]
Donald M. Boulter	[signature]
Vice Dan Garrity	
[signature] Staff Rep	

DATE SIGNED: 6/23/10 DATE SIGNED: 7/6/10

EXECUTIVE DIRECTOR, COUNCIL 93

DATE SIGNED: _____ DATESIGNED: _____

CITY OF MANCHESTER, NEW HAMPSHIRE PAY SCHEDULE - (FY2011) - 1.5%

GRADE		STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9	STEP 10	STEP 11	STEP 12	STEP 13
GRADE 1	Ex	13,496.22	13,901.12	14,318.14	14,747.70	15,190.13	15,645.83	16,115.22	16,598.66	17,096.61	17,609.51	18,137.81	18,681.95	19,242.40
	H	6.56	6.75	6.96	7.17	7.38	7.59	7.83	8.06	8.30	8.56	8.81	9.07	9.36
	O	9.840	10.125	10.440	10.755	11.070	11.385	11.745	12.090	12.450	12.840	13.215	13.605	14.040
GRADE 1A	Ex	13,968.59	14,387.67	14,819.27	15,263.86	15,721.77	16,193.41	16,679.24	17,179.62	17,695.01	18,225.84	18,772.63	19,335.81	19,915.88
	H	6.72	6.92	7.13	7.34	7.57	7.79	8.02	8.27	8.50	8.76	9.02	9.31	9.57
	O	10.080	10.380	10.695	11.010	11.355	11.685	12.030	12.405	12.750	13.140	13.530	13.965	14.355
GRADE 2	Ex	14,440.96	14,874.19	15,320.43	15,780.04	16,253.45	16,741.05	17,243.25	17,760.55	18,293.39	18,842.18	19,407.44	19,989.66	20,589.37
	H	6.93	7.16	7.36	7.59	7.82	8.05	8.31	8.56	8.81	9.07	9.36	9.63	9.92
	O	10.395	10.740	11.040	11.385	11.730	12.075	12.465	12.840	13.215	13.605	14.040	14.445	14.880
GRADE 2A	Ex	14,946.40	15,394.80	15,856.63	16,332.32	16,822.30	17,326.96	17,846.77	18,382.19	18,933.66	19,501.64	20,086.70	20,689.32	21,310.00
	H	7.21	7.40	7.63	7.86	8.09	8.34	8.59	8.84	9.10	9.39	9.66	9.96	10.25
	O	10.815	11.100	11.445	11.790	12.135	12.510	12.885	13.260	13.650	14.085	14.490	14.940	15.375
GRADE 3	Ex	15,451.83	15,915.38	16,392.85	16,884.65	17,391.16	17,912.90	18,450.30	19,003.81	19,573.94	20,161.13	20,765.99	21,388.95	22,030.62
(6A0)	H	7.43	7.65	7.89	8.13	8.37	8.62	8.87	9.14	9.42	9.69	9.99	10.30	10.60
	O	11.145	11.475	11.835	12.195	12.555	12.930	13.305	13.710	14.130	14.535	14.985	15.450	15.900
GRADE 3A	Ex	15,992.64	16,472.42	16,966.60	17,475.61	17,999.88	18,539.85	19,096.05	19,668.93	20,259.01	20,866.79	21,492.79	22,137.57	22,801.69
(6AA)	H	7.68	7.92	8.16	8.40	8.66	8.92	9.19	9.47	9.74	10.04	10.34	10.66	10.99
	O	11.520	11.880	12.240	12.600	12.990	13.380	13.785	14.205	14.610	15.060	15.510	15.990	16.485
GRADE 4	Ex	16,533.45	17,029.46	17,540.34	18,066.55	18,608.55	19,166.80	19,741.83	20,334.06	20,944.10	21,572.42	22,219.59	22,886.17	23,572.77
(6B0)	H	7.97	8.21	8.44	8.71	8.96	9.23	9.51	9.78	10.08	10.40	10.70	11.03	11.36
	O	11.955	12.315	12.660	13.065	13.440	13.845	14.265	14.670	15.120	15.600	16.050	16.545	17.040
GRADE 4A	Ex	17,112.15	17,625.48	18,154.27	18,698.90	19,259.87	19,837.66	20,432.78	21,045.75	21,677.14	22,327.44	22,997.26	23,687.19	24,397.81
(6BA)	H	8.22	8.48	8.74	8.99	9.28	9.54	9.84	10.12	10.44	10.75	11.07	11.41	11.74
	O	12.330	12.720	13.110	13.485	13.920	14.310	14.760	15.180	15.660	16.125	16.605	17.115	17.610
GRADE 5	Ex	17,690.80	18,221.50	18,768.19	19,331.22	19,911.15	20,508.50	21,123.74	21,757.46	22,410.19	23,082.47	23,774.96	24,488.20	25,222.86
(6C0)	H	8.52	8.77	9.02	9.31	9.57	9.88	10.16	10.47	10.78	11.10	11.44	11.78	12.14
	O	12.780	13.155	13.530	13.965	14.355	14.820	15.240	15.705	16.170	16.650	17.160	17.670	18.210
GRADE 5A	Ex	18,309.98	18,859.27	19,425.04	20,007.81	20,608.04	21,226.28	21,863.08	22,518.97	23,194.54	23,890.37	24,607.09	25,345.29	26,105.65
(6CA)	H	8.80	9.08	9.37	9.64	9.94	10.23	10.54	10.84	11.17	11.52	11.86	12.21	12.59
	O	13.200	13.620	14.055	14.460	14.910	15.345	15.810	16.260	16.755	17.280	17.790	18.315	18.885
GRADE 6	Ex	18,929.15	19,497.02	20,081.93	20,684.39	21,304.93	21,944.08	22,602.42	23,280.50	23,978.89	24,698.27	25,439.21	26,202.39	26,988.44
(6D0)	H	9.11	9.40	9.67	9.97	10.26	10.57	10.87	11.20	11.55	11.89	12.24	12.63	12.99
	O	13.665	14.100	14.505	14.955	15.390	15.855	16.305	16.800	17.325	17.835	18.360	18.945	19.485

CITY OF MANCHESTER, NEW HAMPSHIRE PAY SCHEDULE - (FY2011) - 1.5%

GRADE		STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9	STEP 10	STEP 11	STEP 12	STEP 13
GRADE 6A	Ex	19,591.68	20,179.43	20,784.81	21,408.35	22,050.61	22,712.12	23,393.49	24,095.30	24,818.14	25,562.70	26,329.59	27,119.46	27,933.05
(6DA)	H	9.42	9.70	10.00	10.31	10.62	10.94	11.26	11.60	11.94	12.29	12.68	13.04	13.44
	O	14.130	14.550	15.000	15.465	15.930	16.410	16.890	17.400	17.910	18.435	19.020	19.560	20.160
GRADE 7	Ex	20,254.20	20,861.83	21,487.69	22,132.32	22,796.28	23,479.83	24,184.58	24,910.10	25,657.41	26,427.13	27,219.95	28,036.55	28,877.63
(6E0)	H	9.73	10.03	10.34	10.66	10.98	11.31	11.64	11.98	12.33	12.73	13.10	13.50	13.90
	O	14.595	15.045	15.510	15.990	16.470	16.965	17.460	17.970	18.495	19.095	19.650	20.250	20.850
GRADE 7A	Ex	20,963.10	21,592.00	22,239.76	22,906.94	23,594.15	24,301.95	25,031.05	25,781.96	26,555.42	27,352.08	28,172.65	29,017.85	29,888.37
(6EA)	H	10.07	10.40	10.70	11.03	11.37	11.70	12.06	12.41	12.78	13.17	13.56	13.96	14.37
	O	15.105	15.600	16.050	16.545	17.055	17.550	18.090	18.615	19.170	19.755	20.340	20.940	21.555
GRADE 8	Ex	21,672.00	22,322.15	22,991.82	23,681.58	24,392.03	25,123.79	25,877.49	26,653.83	27,453.44	28,277.04	29,125.33	29,999.13	30,899.07
(6F0)	H	10.43	10.74	11.06	11.40	11.73	12.09	12.45	12.82	13.21	13.61	14.02	14.42	14.88
	O	15.645	16.110	16.590	17.100	17.595	18.135	18.675	19.230	19.815	20.415	21.030	21.630	22.320
GRADE 8A	Ex	22,430.50	23,103.43	23,796.53	24,510.43	25,245.75	26,003.12	26,783.20	27,586.71	28,414.30	29,266.73	30,144.74	31,049.08	31,980.58
(6FA)	H	10.77	11.09	11.44	11.78	12.15	12.50	12.88	13.27	13.67	14.08	14.50	14.95	15.39
	O	16.155	16.635	17.160	17.670	18.225	18.750	19.320	19.905	20.505	21.120	21.750	22.425	23.085
GRADE 9	Ex	23,189.04	23,884.72	24,601.26	25,339.29	26,099.47	26,882.44	27,688.91	28,519.59	29,375.18	30,256.44	31,164.12	32,099.05	33,062.02
(6G0)	H	11.14	11.51	11.85	12.20	12.58	12.95	13.34	13.75	14.17	14.60	15.02	15.47	15.94
	O	16.710	17.265	17.775	18.300	18.870	19.425	20.010	20.625	21.255	21.900	22.530	23.205	23.910
GRADE 9A	Ex	24,000.66	24,720.66	25,462.30	26,226.15	27,012.95	27,823.33	28,658.06	29,517.79	30,403.31	31,315.40	32,254.86	33,222.53	34,219.20
(6GA)	H	11.55	11.89	12.24	12.63	12.99	13.38	13.80	14.21	14.64	15.06	15.52	16.00	16.46
	O	17.325	17.835	18.360	18.945	19.485	20.070	20.700	21.315	21.960	22.590	23.280	24.000	24.690
GRADE 10	Ex	24,812.26	25,556.65	26,323.32	27,113.05	27,926.42	28,764.24	29,627.14	30,515.98	31,431.45	32,374.38	33,345.62	34,345.99	35,376.35
(6H0)	H	11.92	12.27	12.66	13.02	13.41	13.84	14.25	14.69	15.11	15.56	16.04	16.50	17.01
	O	17.880	18.405	18.990	19.530	20.115	20.760	21.375	22.035	22.665	23.340	24.060	24.750	25.515
GRADE 10A	Ex	25,680.69	26,451.12	27,244.65	28,062.00	28,903.85	29,770.97	30,664.09	31,584.04	32,531.55	33,507.48	34,512.72	35,548.09	36,614.53
(6HA)	H	12.33	12.74	13.11	13.51	13.91	14.32	14.75	15.18	15.64	16.11	16.60	17.10	17.61
	O	18.495	19.110	19.665	20.265	20.865	21.480	22.125	22.770	23.460	24.165	24.900	25.650	26.415
GRADE 11	Ex	26,549.12	27,345.59	28,165.97	29,010.94	29,881.28	30,777.72	31,701.06	32,652.07	33,631.62	34,640.58	35,679.80	36,750.22	37,852.69
(6I0)	H	12.78	13.15	13.55	13.95	14.36	14.80	15.26	15.71	16.17	16.66	17.16	17.68	18.21
	O	19.170	19.725	20.325	20.925	21.540	22.200	22.890	23.565	24.255	24.990	25.740	26.520	27.315
GRADE 11A	Ex	27,478.33	28,302.70	29,151.77	30,026.33	30,927.12	31,854.93	32,810.59	33,794.90	34,808.72	35,853.02	36,928.59	38,036.46	39,177.54
(6IA)	H	13.22	13.62	14.03	14.44	14.90	15.34	15.80	16.28	16.77	17.27	17.78	18.32	18.87
	O	19.830	20.430	21.045	21.660	22.350	23.010	23.700	24.420	25.155	25.905	26.670	27.480	28.305

CITY OF MANCHESTER, NEW HAMPSHIRE PAY SCHEDULE - (FY2011) - 1.5%

GRADE		STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9	STEP 10	STEP 11	STEP 12	STEP 13
GRADE 12	Ex	28,407.57	29,259.77	30,137.56	31,041.70	31,972.97	32,932.15	33,920.12	34,937.70	35,985.84	37,065.44	38,177.38	39,322.71	40,502.40
(6J0)	H	13.66	14.07	14.49	14.94	15.38	15.84	16.32	16.82	17.32	17.82	18.36	18.91	19.49
	O	20.490	21.105	21.735	22.410	23.070	23.760	24.480	25.230	25.980	26.730	27.540	28.365	29.235
GRADE 12A	Ex	29,401.82	30,283.91	31,192.42	32,128.17	33,091.99	34,084.78	35,107.31	36,160.53	37,245.34	38,362.72	39,513.62	40,699.00	41,919.99
(6JA)	H	14.14	14.57	15.00	15.45	15.92	16.39	16.89	17.40	17.92	18.46	19.02	19.58	20.17
	O	21.210	21.855	22.500	23.175	23.880	24.585	25.335	26.100	26.880	27.690	28.530	29.370	30.255
GRADE 13	Ex	30,396.08	31,307.99	32,247.22	33,214.62	34,211.06	35,237.40	36,294.52	37,383.35	38,504.84	39,660.01	40,849.83	42,075.29	43,337.58
(6K0)	H	14.63	15.05	15.50	15.99	16.45	16.96	17.46	18.00	18.52	19.09	19.65	20.25	20.85
	O	21.945	22.575	23.250	23.985	24.675	25.440	26.190	27.000	27.780	28.635	29.475	30.375	31.275
GRADE 13A	Ex	31,459.96	32,403.75	33,375.88	34,377.15	35,408.46	36,470.72	37,564.82	38,691.78	39,852.53	41,048.11	42,279.54	43,547.96	44,854.37
(6KA)	H	15.11	15.57	16.06	16.53	17.03	17.54	18.08	18.60	19.17	19.75	20.34	20.94	21.58
	O	22.665	23.355	24.090	24.795	25.545	26.310	27.120	27.900	28.755	29.625	30.510	31.410	32.370
GRADE 14	Ex	32,523.84	33,499.55	34,504.53	35,539.66	36,605.84	37,704.01	38,835.15	40,000.21	41,200.20	42,436.21	43,709.27	45,020.58	46,371.20
(6L0)	H	15.62	16.11	16.60	17.09	17.59	18.13	18.68	19.23	19.81	20.41	21.03	21.66	22.32
	O	23.430	24.165	24.900	25.635	26.385	27.195	28.020	28.845	29.715	30.615	31.545	32.490	33.480
GRADE 14A	Ex	33,662.17	34,672.02	35,712.19	36,783.53	37,887.05	39,023.64	40,194.38	41,400.22	42,642.21	43,921.48	45,239.12	46,596.29	47,994.16
(6LA)	H	16.17	16.67	17.17	17.69	18.22	18.77	19.33	19.90	20.50	21.13	21.76	22.41	23.07
	O	24.255	25.005	25.755	26.535	27.330	28.155	28.995	29.850	30.750	31.695	32.640	33.615	34.605
GRADE 15	Ex	34,800.49	35,844.51	36,919.84	38,027.44	39,168.25	40,343.31	41,553.61	42,800.22	44,084.22	45,406.75	46,768.95	48,172.01	49,617.16
(6M0)	H	16.73	17.23	17.75	18.30	18.85	19.41	20.00	20.58	21.21	21.84	22.49	23.16	23.86
	O	25.095	25.845	26.625	27.450	28.275	29.115	30.000	30.870	31.815	32.760	33.735	34.740	35.790
GRADE 15A	Ex	36,018.51	37,099.06	38,212.02	39,358.40	40,539.14	41,755.32	43,007.99	44,298.23	45,627.17	46,995.98	48,405.86	49,858.04	51,353.77
(6MA)	H	17.34	17.83	18.38	18.94	19.52	20.11	20.70	21.32	21.94	22.60	23.30	23.99	24.71
	O	26.010	26.745	27.570	28.410	29.280	30.165	31.050	31.980	32.910	33.900	34.950	35.985	37.065
GRADE 16	Ex	37,236.53	38,353.62	39,504.22	40,689.34	41,910.04	43,167.33	44,462.35	45,796.22	47,170.11	48,585.22	50,042.77	51,544.05	53,090.37
(6N0)	H	17.91	18.45	19.02	19.58	20.17	20.77	21.39	22.02	22.70	23.39	24.08	24.80	25.55
	O	26.865	27.675	28.530	29.370	30.255	31.155	32.085	33.030	34.050	35.085	36.120	37.200	38.325
GRADE 16A	Ex	38,539.80	39,695.99	40,886.87	42,113.50	43,376.88	44,678.19	46,018.55	47,399.08	48,821.07	50,285.70	51,794.27	53,348.09	54,948.53
(6NA)	H	18.52	19.09	19.65	20.25	20.87	21.50	22.17	22.82	23.50	24.19	24.94	25.69	26.46
	O	27.780	28.635	29.475	30.375	31.305	32.250	33.255	34.230	35.250	36.285	37.410	38.535	39.690
GRADE 17	Ex	39,843.08	41,038.38	42,269.52	43,537.61	44,843.74	46,189.06	47,574.71	49,001.97	50,472.01	51,986.17	53,545.75	55,152.14	56,806.69
(6O0)	H	19.16	19.74	20.33	20.93	21.57	22.23	22.89	23.57	24.28	25.01	25.75	26.52	27.31
	O	28.740	29.610	30.495	31.395	32.355	33.345	34.335	35.355	36.420	37.515	38.625	39.780	40.965

CITY OF MANCHESTER, NEW HAMPSHIRE PAY SCHEDULE - (FY2011) - 1.5%

GRADE		STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9	STEP 10	STEP 11	STEP 12	STEP 13
GRADE 17A	Ex	41,237.61	42,474.71	43,748.96	45,061.42	46,413.25	47,805.66	49,239.83	50,717.02	52,238.55	53,805.71	55,419.86	57,082.45	58,794.93
(6OA)	H	19.82	20.42	21.04	21.67	22.33	22.99	23.67	24.39	25.11	25.86	26.67	27.45	28.27
	O	29.730	30.630	31.560	32.505	33.495	34.485	35.505	36.585	37.665	38.790	40.005	41.175	42.405
GRADE 18	Ex	42,632.09	43,911.05	45,228.38	46,585.24	47,982.80	49,422.28	50,904.96	52,432.11	54,005.06	55,625.20	57,293.96	59,012.79	60,783.15
(6P0)	H	20.49	21.12	21.74	22.39	23.06	23.76	24.49	25.21	25.98	26.78	27.58	28.41	29.25
	O	30.735	31.680	32.610	33.585	34.590	35.640	36.735	37.815	38.970	40.170	41.370	42.615	43.875
GRADE 18A	Ex	44,124.22	45,447.93	46,811.39	48,215.74	49,662.19	51,152.06	52,686.61	54,267.22	55,895.25	57,572.09	59,299.27	61,078.23	62,910.59
(6PA)	H	21.22	21.85	22.50	23.18	23.88	24.60	25.34	26.11	26.88	27.68	28.51	29.35	30.26
	O	31.830	32.775	33.750	34.770	35.820	36.900	38.010	39.165	40.320	41.520	42.765	44.025	45.390
GRADE 19	Ex	45,616.34	46,984.84	48,394.37	49,846.20	51,341.59	52,881.85	54,468.30	56,102.35	57,785.42	59,518.97	61,304.55	63,143.69	65,037.99
(6Q0)	H	21.93	22.59	23.28	23.97	24.68	25.44	26.20	26.98	27.80	28.62	29.50	30.37	31.29
	O	32.895	33.885	34.920	35.955	37.020	38.160	39.300	40.470	41.700	42.930	44.250	45.555	46.935
GRADE 19A	Ex	47,212.91	48,629.30	50,088.17	51,590.82	53,138.55	54,732.71	56,374.66	58,065.94	59,807.90	61,602.14	63,450.20	65,353.72	67,314.32
(6QA)	H	22.72	23.41	24.10	24.82	25.57	26.32	27.11	27.93	28.78	29.65	30.52	31.43	32.39
	O	34.080	35.115	36.150	37.230	38.355	39.480	40.665	41.895	43.170	44.475	45.780	47.145	48.585
GRADE 20	Ex	48,809.48	50,273.74	51,781.96	53,335.44	54,935.50	56,583.57	58,281.08	60,029.51	61,830.39	63,685.30	65,595.86	67,563.73	69,590.65
(6R0)	H	23.47	24.16	24.90	25.67	26.44	27.23	28.04	28.90	29.75	30.64	31.56	32.50	33.48
	O	35.205	36.240	37.350	38.505	39.660	40.845	42.060	43.350	44.625	45.960	47.340	48.750	50.220
GRADE 20A	Ex	50,517.81	52,033.35	53,594.35	55,202.19	56,858.25	58,564.00	60,320.90	62,130.53	63,994.45	65,914.27	67,891.72	69,928.47	72,026.30
(6RA)	H	24.31	25.04	25.78	26.55	27.34	28.17	29.02	29.89	30.80	31.71	32.65	33.64	34.64
	O	36.465	37.560	38.670	39.825	41.010	42.255	43.530	44.835	46.200	47.565	48.975	50.460	51.960
GRADE 21	Ex	52,226.14	53,792.92	55,406.71	57,068.93	58,780.98	60,544.43	62,360.74	64,231.56	66,158.51	68,143.27	70,187.58	72,293.19	74,462.01
(6S0)	H	25.10	25.86	26.66	27.44	28.26	29.13	30.00	30.90	31.83	32.77	33.75	34.76	35.81
	O	37.650	38.790	39.990	41.160	42.390	43.695	45.000	46.350	47.745	49.155	50.625	52.140	53.715
GRADE 21A	Ex	54,054.05	55,675.69	57,345.96	59,066.33	60,838.32	62,663.47	64,543.36	66,479.69	68,474.06	70,528.29	72,644.13	74,823.47	77,068.15
(6SA)	H	26.00	26.80	27.60	28.43	29.27	30.17	31.06	31.99	32.97	33.95	34.96	36.01	37.09
	O	39.000	40.200	41.400	42.645	43.905	45.255	46.590	47.985	49.455	50.925	52.440	54.015	55.635
GRADE 22	Ex	55,881.97	57,558.42	59,285.17	61,063.75	62,895.65	64,782.55	66,726.00	68,727.78	70,789.61	72,913.30	75,100.68	77,353.73	79,674.32
(6T0)	H	26.87	27.67	28.50	29.34	30.25	31.15	32.07	33.05	34.04	35.08	36.12	37.21	38.33
	O	40.305	41.505	42.750	44.010	45.375	46.725	48.105	49.575	51.060	52.620	54.180	55.815	57.495
GRADE 22A	Ex	57,837.84	59,572.98	61,360.19	63,200.96	65,097.00	67,049.92	69,061.42	71,133.23	73,267.26	75,465.26	77,729.24	80,061.11	82,462.94
(6TA)	H	27.82	28.64	29.52	30.39	31.31	32.27	33.20	34.21	35.23	36.29	37.37	38.49	39.66
	O	41.730	42.960	44.280	45.585	46.965	48.405	49.800	51.315	52.845	54.435	56.055	57.735	59.490

CITY OF MANCHESTER, NEW HAMPSHIRE PAY SCHEDULE - (FY2011) - 1.5%

GRADE		STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9	STEP 10	STEP 11	STEP 12	STEP 13
GRADE 23	Ex	59,793.71	61,587.52	63,435.16	65,338.19	67,298.37	69,317.28	71,396.82	73,538.73	75,744.89	78,017.24	80,357.75	82,768.48	85,251.53
(6U0)	H	28.72	29.63	30.50	31.41	32.37	33.35	34.34	35.35	36.43	37.51	38.63	39.79	41.00
	O	43.080	44.445	45.750	47.115	48.555	50.025	51.510	53.025	54.645	56.265	57.945	59.685	61.500
GRADE 23A	Ex	61,886.49	63,743.09	65,655.38	67,625.03	69,653.79	71,743.42	73,895.70	76,112.58	78,395.96	80,747.83	83,170.26	85,665.37	88,235.33
(6UA)	H	29.75	30.64	31.56	32.51	33.50	34.51	35.54	36.60	37.70	38.82	39.99	41.19	42.43
	O	44.625	45.960	47.340	48.765	50.250	51.765	53.310	54.900	56.550	58.230	59.985	61.785	63.645
GRADE 24	Ex	63,979.27	65,898.64	67,875.63	69,911.89	72,009.23	74,169.52	76,394.58	78,686.43	81,047.03	83,478.45	85,982.78	88,562.27	91,219.15
(6V0)	H	30.76	31.68	32.63	33.61	34.62	35.67	36.73	37.84	38.98	40.13	41.34	42.60	43.87
	O	46.140	47.520	48.945	50.415	51.930	53.505	55.095	56.760	58.470	60.195	62.010	63.900	65.805
GRADE 24A	Ex	66,218.56	68,205.11	70,251.26	72,358.80	74,529.56	76,765.44	79,068.41	81,440.45	83,883.67	86,400.18	88,992.18	91,661.96	94,411.81
(6VA)	H	31.84	32.79	33.76	34.78	35.83	36.91	38.01	39.15	40.34	41.55	42.79	44.07	45.39
	O	47.760	49.185	50.640	52.170	53.745	55.365	57.015	58.725	60.510	62.325	64.185	66.105	68.085
GRADE 25	Ex	68,457.82	70,511.55	72,626.90	74,805.70	77,049.88	79,361.40	81,742.22	84,194.48	86,720.34	89,321.93	92,001.59	94,761.64	97,604.49
(6W0)	H	32.92	33.90	34.91	35.97	37.04	38.16	39.32	40.49	41.70	42.95	44.24	45.55	46.93
	O	49.380	50.850	52.365	53.955	55.560	57.240	58.980	60.735	62.550	64.425	66.360	68.325	70.395
GRADE 25A	Ex	70,853.85	72,979.47	75,168.82	77,423.91	79,746.63	82,139.01	84,603.20	87,141.29	89,755.55	92,448.20	95,221.66	98,078.29	101,020.65
(6WA)	H	34.07	35.10	36.15	37.23	38.35	39.50	40.69	41.91	43.17	44.46	45.80	47.17	48.58
	O	51.105	52.650	54.225	55.845	57.525	59.250	61.035	62.865	64.755	66.690	68.700	70.755	72.870
GRADE 26	Ex	73,249.86	75,447.37	77,710.79	80,042.10	82,443.36	84,916.68	87,464.18	90,088.11	92,790.74	95,574.47	98,441.69	101,394.96	104,436.78
(6X0)	H	35.23	36.29	37.37	38.49	39.65	40.83	42.06	43.31	44.62	45.96	47.33	48.75	50.21
	O	52.845	54.435	56.055	57.735	59.475	61.245	63.090	64.965	66.930	68.940	70.995	73.125	75.315
GRADE 26A	Ex	75,813.63	78,088.03	80,430.67	82,843.59	85,328.89	87,888.75	90,525.42	93,241.18	96,038.43	98,919.57	101,887.15	104,943.75	108,092.10
(6XA)	H	36.46	37.56	38.68	39.84	41.04	42.25	43.53	44.85	46.19	47.58	48.99	50.48	51.99
	O	54.690	56.340	58.020	59.760	61.560	63.375	65.295	67.275	69.285	71.370	73.485	75.720	77.985
GRADE 27	Ex	78,377.36	80,728.67	83,150.55	85,645.05	88,214.41	90,860.84	93,586.66	96,394.28	99,286.08	102,264.66	105,332.62	108,492.59	111,747.39
(6Y0)	H	37.69	38.81	39.98	41.18	42.42	43.70	44.99	46.34	47.74	49.18	50.64	52.17	53.74
	O	56.535	58.215	59.970	61.770	63.630	65.550	67.485	69.510	71.610	73.770	75.960	78.255	80.610
GRADE 27A	Ex	81,120.57	83,554.17	86,060.81	88,642.63	91,301.91	94,040.97	96,862.19	99,768.05	102,761.12	105,843.94	109,019.24	112,289.82	115,658.52
(6YA)	H	39.01	40.16	41.37	42.63	43.90	45.22	46.57	47.98	49.41	50.88	52.42	53.99	55.61
	O	58.515	60.240	62.055	63.945	65.850	67.830	69.855	71.970	74.115	76.320	78.630	80.985	83.415
GRADE 28	Ex	83,863.78	86,379.69	88,971.06	91,640.23	94,389.42	97,221.12	100,137.73	103,141.86	106,236.12	109,423.20	112,705.89	116,087.08	119,569.71
(6Z0)	H	40.32	41.53	42.77	44.06	45.38	46.73	48.15	49.59	51.08	52.63	54.21	55.84	57.51
	O	60.480	62.295	64.155	66.090	68.070	70.095	72.225	74.385	76.620	78.945	81.315	83.760	86.265

CITY OF MANCHESTER, NEW HAMPSHIRE PAY SCHEDULE - (FY2011) - 1.5%

GRADE		STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9	STEP 10	STEP 11	STEP 12	STEP 13
GRADE 28A	Ex	86,799.01	89,402.97	92,085.05	94,847.64	97,693.05	100,623.84	103,642.56	106,751.83	109,954.39	113,253.02	116,650.59	120,150.15	123,754.64
(6ZA)	H	41.73	43.00	44.28	45.60	46.98	48.39	49.83	51.33	52.86	54.44	56.08	57.76	59.50
	O	62.595	64.500	66.420	68.400	70.470	72.585	74.745	76.995	79.290	81.660	84.120	86.640	89.250
GRADE 29	Ex	89,734.22	92,426.27	95,199.05	98,055.03	100,996.67	104,026.57	107,147.39	110,361.79	113,672.64	117,082.83	120,595.33	124,213.17	127,939.57
(600)	H	43.16	44.45	45.79	47.16	48.57	50.03	51.54	53.08	54.69	56.32	58.01	59.73	61.53
	O	64.740	66.675	68.685	70.740	72.855	75.045	77.310	79.620	82.035	84.480	87.015	89.595	92.295
GRADE 29A	Ex	92,874.93	95,661.17	98,531.02	101,486.97	104,531.56	107,667.51	110,897.54	114,224.46	117,651.19	121,180.73	124,816.15	128,560.63	132,417.46
(60A)	H	44.65	46.00	47.38	48.80	50.27	51.78	53.34	54.94	56.59	58.27	60.03	61.82	63.68
	O	66.975	69.000	71.070	73.200	75.405	77.670	80.010	82.410	84.885	87.405	90.045	92.730	95.520
GRADE 30	Ex	96,015.61	98,896.11	101,862.98	104,918.89	108,066.43	111,308.43	114,647.68	118,087.12	121,629.73	125,278.63	129,036.99	132,908.09	136,895.32
(610)	H	46.15	47.54	48.97	50.46	51.96	53.52	55.11	56.79	58.48	60.26	62.06	63.90	65.83
	O	69.225	71.310	73.455	75.690	77.940	80.280	82.665	85.185	87.720	90.390	93.090	95.850	98.745
GRADE 30A	Ex	99,376.17	102,357.47	105,428.19	108,591.04	111,848.78	115,204.23	118,660.35	122,220.17	125,886.78	129,663.38	133,553.28	137,559.87	141,686.66
(61A)	H	47.79	49.23	50.71	52.22	53.80	55.41	57.07	58.79	60.54	62.36	64.23	66.15	68.15
	O	71.685	73.845	76.065	78.330	80.700	83.115	85.605	88.185	90.810	93.540	96.345	99.225	102.225
GRADE 31	Ex	102,736.73	105,818.84	108,993.40	112,263.21	115,631.09	119,100.04	122,673.03	126,353.22	130,143.82	134,048.14	138,069.57	142,211.54	146,478.02
(620)	H	49.40	50.87	52.40	53.97	55.59	57.25	58.97	60.74	62.57	64.46	66.41	68.39	70.43
	O	74.100	76.305	78.600	80.955	83.385	85.875	88.455	91.110	93.855	96.690	99.615	102.585	105.645
GRADE 31A	Ex	106,332.52	109,522.49	112,808.16	116,192.41	119,678.18	123,268.52	126,966.57	130,775.58	134,698.84	138,739.82	142,902.00	147,189.06	151,604.75
(62A)	H	51.12	52.66	54.24	55.88	57.55	59.28	61.06	62.87	64.77	66.70	68.72	70.78	72.91
	O	76.680	78.990	81.360	83.820	86.325	88.920	91.590	94.305	97.155	100.050	103.080	106.170	109.365
GRADE 32	Ex	109,928.32	113,226.15	116,622.93	120,121.62	123,725.26	127,437.03	131,260.13	135,197.93	139,253.87	143,431.50	147,734.43	152,166.46	156,731.46
(630)	H	52.84	54.43	56.07	57.75	59.49	61.28	63.11	65.00	66.96	68.96	71.03	73.17	75.36
	O	79.260	81.645	84.105	86.625	89.235	91.920	94.665	97.500	100.440	103.440	106.545	109.755	113.040
GRADE 32A	Ex	113,775.78	117,189.06	120,704.75	124,325.88	128,055.67	131,897.33	135,854.25	139,929.87	144,127.77	148,451.59	152,905.14	157,492.29	162,217.07
(63A)	H	54.71	56.36	58.06	59.79	61.57	63.42	65.35	67.28	69.30	71.38	73.53	75.73	78.00
	O	82.065	84.540	87.090	89.685	92.355	95.130	98.025	100.920	103.950	107.070	110.295	113.595	117.000
GRADE 33	Ex	117,623.26	121,151.99	124,786.54	128,530.13	132,386.04	136,357.61	140,448.34	144,661.78	149,001.64	153,471.68	158,075.88	162,818.11	167,702.68
(640)	H	56.55	58.24	60.01	61.80	63.66	65.56	67.54	69.56	71.64	73.79	76.01	78.30	80.63
	O	84.825	87.360	90.015	92.700	95.490	98.340	101.310	104.340	107.460	110.685	114.015	117.450	120.945
GRADE 33A	Ex	121,740.09	125,392.30	129,154.08	133,028.69	137,019.55	141,130.13	145,364.02	149,724.93	154,216.70	158,843.22	163,608.51	168,516.77	173,572.27
(64A)	H	58.52	60.29	62.10	63.96	65.88	67.85	69.89	71.98	74.15	76.36	78.66	81.04	83.45
	O	87.780	90.435	93.150	95.940	98.820	101.775	104.835	107.970	111.225	114.540	117.990	121.560	125.175

CITY OF MANCHESTER, NEW HAMPSHIRE PAY SCHEDULE - (FY2011) - 1.5%

GRADE		STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9	STEP 10	STEP 11	STEP 12	STEP 13
GRADE 34	Ex	125,856.89	129,632.63	133,521.60	137,527.24	141,653.05	145,902.66	150,279.72	154,788.12	159,431.76	164,214.72	169,141.17	174,215.38	179,441.87
(650)	H	60.50	62.32	64.20	66.12	68.11	70.15	72.26	74.42	76.66	78.96	81.33	83.78	86.29
	O	90.750	93.480	96.300	99.180	102.165	105.225	108.390	111.630	114.990	118.440	121.995	125.670	129.435
GRADE 34A	Ex	130,261.89	134,169.77	138,194.85	142,340.71	146,610.92	151,009.24	155,539.51	160,205.70	165,011.87	169,962.22	175,061.10	180,312.92	185,722.35
(65A)	H	62.63	64.50	66.46	68.44	70.48	72.60	74.78	77.02	79.34	81.71	84.16	86.71	89.29
	O	93.945	96.750	99.690	102.660	105.720	108.900	112.170	115.530	119.010	122.565	126.240	130.065	133.935
GRADE 35	Ex	134,666.88	138,706.89	142,868.10	147,154.15	151,568.77	156,115.84	160,799.31	165,623.28	170,591.98	175,709.75	180,981.06	186,410.43	192,002.80
(660)	H	64.75	66.69	68.70	70.76	72.89	75.07	77.32	79.64	82.02	84.49	87.03	89.63	92.33
	O	97.125	100.035	103.050	106.140	109.335	112.605	115.980	119.460	123.030	126.735	130.545	134.445	138.495
GRADE 35A	Ex	139,380.22	143,561.66	147,868.48	152,304.55	156,873.68	161,579.89	166,427.28	171,420.10	176,562.70	181,859.58	187,315.41	192,934.82	198,722.90
(66A)	H	67.01	69.02	71.09	73.22	75.41	77.69	80.02	82.43	84.90	87.43	90.06	92.76	95.54
	O	100.515	103.530	106.635	109.830	113.115	116.535	120.030	123.645	127.350	131.145	135.090	139.140	143.310
GRADE 36	Ex	144,093.57	148,416.39	152,868.88	157,454.93	162,178.59	167,043.95	172,055.27	177,216.92	182,533.43	188,009.42	193,649.74	199,459.20	205,443.00
(670)	H	69.28	71.35	73.50	75.70	77.97	80.32	82.73	85.21	87.79	90.41	93.12	95.91	98.78
	O	103.920	107.025	110.250	113.550	116.955	120.480	124.095	127.815	131.685	135.615	139.680	143.865	148.170
GRADE 36A	Ex	149,136.83	153,610.98	158,219.29	162,965.85	167,854.85	172,890.48	178,077.19	183,419.50	188,922.08	194,589.75	200,427.46	206,440.27	212,633.50
(67A)	H	71.72	73.86	76.08	78.37	80.71	83.13	85.64	88.18	90.82	93.54	96.34	99.25	102.22
	O	107.580	110.790	114.120	117.555	121.065	124.695	128.460	132.270	136.230	140.310	144.510	148.875	153.330

GRADE		STEP AL1	STEP AL2	STEP AL3	STEP AL4	STEP AL5	STEP AL6	STEP AL7
GRADE 1	Ex	19,819.67	20,414.25	21,026.68	21,657.49	22,307.22	22,976.42	23,665.72
	H	9.63	9.92	10.20	10.52	10.83	11.15	11.49
	O	14.445	14.880	15.300	15.780	16.245	16.725	17.235
GRADE 1A	Ex	20,513.36	21,128.76	21,762.63	22,415.49	23,087.96	23,780.62	24,494.03
	H	9.88	10.16	10.47	10.78	11.10	11.44	11.78
	O	14.820	15.240	15.705	16.170	16.650	17.160	17.670
GRADE 2	Ex	21,207.04	21,843.26	22,498.55	23,173.51	23,868.72	24,584.78	25,322.31
	H	10.20	10.52	10.82	11.14	11.50	11.83	12.19
	O	15.300	15.780	16.230	16.710	17.250	17.745	18.285
GRADE 2A	Ex	21,949.29	22,607.78	23,286.02	23,984.58	24,704.11	25,445.27	26,208.60
	H	10.56	10.86	11.20	11.55	11.89	12.24	12.63
	O	15.840	16.290	16.800	17.325	17.835	18.360	18.945
GRADE 3	Ex	22,691.53	23,372.29	24,073.46	24,795.65	25,539.52	26,305.68	27,094.88
(6A0)	H	10.90	11.23	11.58	11.92	12.27	12.66	13.02
	O	16.350	16.845	17.370	17.880	18.405	18.990	19.530
GRADE 3A	Ex	23,485.73	24,190.30	24,916.03	25,663.50	26,433.41	27,226.41	28,043.20
(6AA)	H	11.31	11.64	11.98	12.33	12.73	13.10	13.50
	O	16.965	17.460	17.970	18.495	19.095	19.650	20.250
GRADE 4	Ex	24,279.95	25,008.33	25,758.59	26,531.35	27,327.29	28,147.11	28,991.52
(6B0)	H	11.69	12.04	12.40	12.77	13.14	13.54	13.94
	O	17.535	18.060	18.600	19.155	19.710	20.310	20.910
GRADE 4A	Ex	25,129.77	25,883.65	26,660.14	27,459.93	28,283.75	29,132.27	30,006.22
(6BA)	H	12.10	12.45	12.82	13.21	13.61	14.02	14.42
	O	18.150	18.675	19.230	19.815	20.415	21.030	21.630
GRADE 5	Ex	25,979.54	26,758.92	27,561.69	28,388.54	29,240.19	30,117.40	31,020.92
(6C0)	H	12.49	12.87	13.26	13.65	14.06	14.48	14.93
	O	18.735	19.305	19.890	20.475	21.090	21.720	22.395
GRADE 5A	Ex	26,888.83	27,695.48	28,526.34	29,382.15	30,263.61	31,171.50	32,106.65
(6CA)	H	12.96	13.35	13.77	14.18	14.61	15.03	15.48
	O	19.440	20.025	20.655	21.270	21.915	22.545	23.220
GRADE 6	Ex	27,798.10	28,632.05	29,491.01	30,375.75	31,287.02	32,225.62	33,192.40
(6D0)	H	13.38	13.80	14.21	14.64	15.06	15.52	16.00
	O	20.070	20.700	21.315	21.960	22.590	23.280	24.000

GRADE		STEP AL1	STEP AL2	STEP AL3	STEP AL4	STEP AL5	STEP AL6	STEP AL7
GRADE 6A	Ex	28,771.05	29,634.18	30,523.18	31,438.90	32,382.05	33,353.53	34,354.14
(6DA)	H	13.85	14.26	14.70	15.12	15.58	16.06	16.53
	O	20.775	21.390	22.050	22.680	23.370	24.090	24.795
GRADE 7	Ex	29,743.98	30,636.29	31,555.39	32,502.05	33,477.10	34,481.40	35,515.87
(6E0)	H	14.31	14.74	15.17	15.63	16.10	16.59	17.07
	O	21.465	22.110	22.755	23.445	24.150	24.885	25.605
GRADE 7A	Ex	30,785.01	31,708.56	32,659.82	33,639.64	34,648.79	35,688.26	36,758.94
(6EA)	H	14.80	15.26	15.71	16.17	16.66	17.16	17.68
	O	22.200	22.890	23.565	24.255	24.990	25.740	26.520
GRADE 8	Ex	31,826.06	32,780.84	33,764.26	34,777.19	35,820.51	36,895.11	38,001.98
(6F0)	H	15.32	15.78	16.25	16.73	17.22	17.74	18.28
	O	22.980	23.670	24.375	25.095	25.830	26.610	27.420
GRADE 8A	Ex	32,939.97	33,928.17	34,946.00	35,994.39	37,074.21	38,186.45	39,332.03
(6FA)	H	15.86	16.33	16.83	17.34	17.83	18.37	18.93
	O	23.790	24.495	25.245	26.010	26.745	27.555	28.395
GRADE 9	Ex	34,053.87	35,075.50	36,127.75	37,211.61	38,327.95	39,477.79	40,662.11
(6G0)	H	16.41	16.92	17.42	17.96	18.48	19.04	19.60
	O	24.615	25.380	26.130	26.940	27.720	28.560	29.400
GRADE 9A	Ex	35,245.74	36,303.15	37,392.23	38,514.01	39,669.42	40,859.48	42,085.29
(6GA)	H	16.97	17.47	18.01	18.53	19.10	19.66	20.26
	O	25.455	26.205	27.015	27.795	28.650	29.490	30.390
GRADE 10	Ex	36,437.65	37,530.80	38,656.68	39,816.40	41,010.90	42,241.20	43,508.46
(6H0)	H	17.52	18.06	18.58	19.15	19.72	20.31	20.92
	O	26.280	27.090	27.870	28.725	29.580	30.465	31.380
GRADE 10A	Ex	37,712.96	38,844.34	40,009.68	41,209.97	42,446.27	43,719.65	45,031.26
(6HA)	H	18.14	18.68	19.23	19.81	20.41	21.03	21.66
	O	27.210	28.020	28.845	29.715	30.615	31.545	32.490
GRADE 11	Ex	38,988.29	40,157.93	41,362.65	42,603.55	43,881.65	45,198.12	46,554.04
(6I0)	H	18.75	19.31	19.89	20.49	21.12	21.74	22.39
	O	28.125	28.965	29.835	30.735	31.680	32.610	33.585
GRADE 11A	Ex	40,352.87	41,563.45	42,810.38	44,094.66	45,417.51	46,780.05	48,183.45
(6IA)	H	19.43	20.02	20.62	21.23	21.86	22.52	23.20
	O	29.145	30.030	30.930	31.845	32.790	33.780	34.800

GRADE		STEP AL1	STEP AL2	STEP AL3	STEP AL4	STEP AL5	STEP AL6	STEP AL7
GRADE 12	Ex	41,717.45	42,968.99	44,258.07	45,585.80	46,953.36	48,361.97	49,812.84
(6J0)	H	20.09	20.68	21.29	21.92	22.58	23.27	23.96
	O	30.135	31.020	31.935	32.880	33.870	34.905	35.940
GRADE 12A	Ex	43,177.56	44,472.89	45,807.09	47,181.28	48,596.73	50,054.64	51,556.28
(6JA)	H	20.77	21.39	22.03	22.71	23.40	24.09	24.81
	O	31.155	32.085	33.045	34.065	35.100	36.135	37.215
GRADE 13	Ex	44,637.69	45,976.82	47,356.11	48,776.80	50,240.09	51,747.31	53,299.73
(6K0)	H	21.48	22.15	22.80	23.48	24.17	24.90	25.67
	O	32.220	33.225	34.200	35.220	36.255	37.350	38.505
GRADE 13A	Ex	46,200.01	47,586.01	49,013.58	50,483.99	51,998.51	53,558.46	55,165.23
(6KA)	H	22.24	22.91	23.59	24.30	25.03	25.77	26.54
	O	33.360	34.365	35.385	36.450	37.545	38.655	39.810
GRADE 14	Ex	47,762.33	49,195.19	50,671.05	52,191.19	53,756.93	55,369.63	57,030.71
(6L0)	H	22.98	23.67	24.39	25.11	25.86	26.64	27.43
	O	34.470	35.505	36.585	37.665	38.790	39.960	41.145
GRADE 14A	Ex	49,434.02	50,917.03	52,444.55	54,017.88	55,638.40	57,307.58	59,026.80
(6LA)	H	23.77	24.50	25.22	25.99	26.79	27.59	28.42
	O	35.655	36.750	37.830	38.985	40.185	41.385	42.630
GRADE 15	Ex	51,105.70	52,638.84	54,218.02	55,844.56	57,519.90	59,245.50	61,022.87
(6M0)	H	24.59	25.33	26.10	26.87	27.67	28.50	29.34
	O	36.885	37.995	39.150	40.305	41.505	42.750	44.010
GRADE 15A	Ex	52,894.39	54,481.21	56,115.66	57,799.12	59,533.10	61,319.08	63,158.67
(6MA)	H	25.45	26.21	26.99	27.81	28.63	29.50	30.37
	O	38.175	39.315	40.485	41.715	42.945	44.250	45.555
GRADE 16	Ex	54,683.07	56,323.58	58,013.29	59,753.67	61,546.30	63,392.69	65,294.47
(6N0)	H	26.29	27.08	27.90	28.73	29.61	30.48	31.40
	O	39.435	40.620	41.850	43.095	44.415	45.720	47.100
GRADE 16A	Ex	56,596.98	58,294.89	60,043.75	61,845.06	63,700.41	65,611.43	67,579.77
(6NA)	H	27.25	28.07	28.92	29.77	30.67	31.59	32.53
	O	40.875	42.105	43.380	44.655	46.005	47.385	48.795
GRADE 17	Ex	58,510.90	60,266.22	62,074.21	63,936.44	65,854.54	67,830.17	69,865.08
(6O0)	H	28.14	28.99	29.86	30.76	31.68	32.62	33.60
	O	42.210	43.485	44.790	46.140	47.520	48.930	50.400

GRADE		STEP AL1	STEP AL2	STEP AL3	STEP AL4	STEP AL5	STEP AL6	STEP AL7
GRADE 17A	Ex	60,558.78	62,375.54	64,246.80	66,174.21	68,159.44	70,204.21	72,310.34
(6OA)	H	29.14	30.01	30.91	31.84	32.79	33.76	34.77
	O	43.710	45.015	46.365	47.760	49.185	50.640	52.155
GRADE 18	Ex	62,606.65	64,484.85	66,419.41	68,412.02	70,464.36	72,578.28	74,755.61
(6P0)	H	30.14	31.04	31.97	32.95	33.93	34.94	35.99
	O	45.210	46.560	47.955	49.425	50.895	52.410	53.985
GRADE 18A	Ex	64,797.90	66,741.83	68,744.09	70,806.40	72,930.60	75,118.51	77,372.05
(6PA)	H	31.16	32.08	33.06	34.05	35.08	36.12	37.21
	O	46.740	48.120	49.590	51.075	52.620	54.180	55.815
GRADE 19	Ex	66,989.12	68,998.82	71,068.75	73,200.86	75,396.84	77,658.76	79,988.52
(6Q0)	H	32.23	33.18	34.19	35.22	36.28	37.36	38.48
	O	48.345	49.770	51.285	52.830	54.420	56.040	57.720
GRADE 19A	Ex	69,333.74	71,413.76	73,556.16	75,762.86	78,035.76	80,376.82	82,788.14
(6QA)	H	33.37	34.36	35.38	36.45	37.54	38.67	39.83
	O	50.055	51.540	53.070	54.675	56.310	58.005	59.745
GRADE 20	Ex	71,678.38	73,828.72	76,043.59	78,324.89	80,674.65	83,094.87	85,587.73
(6R0)	H	34.50	35.53	36.59	37.69	38.81	39.98	41.18
	O	51.750	53.295	54.885	56.535	58.215	59.970	61.770
GRADE 20A	Ex	74,187.11	76,412.71	78,705.10	81,066.25	83,498.25	86,003.20	88,583.29
(6RA)	H	35.69	36.77	37.87	39.00	40.15	41.36	42.61
	O	53.535	55.155	56.805	58.500	60.225	62.040	63.915
GRADE 21	Ex	76,695.85	78,996.72	81,366.64	83,807.64	86,321.84	88,911.49	91,578.85
(6S0)	H	36.89	37.99	39.13	40.32	41.53	42.77	44.05
	O	55.335	56.985	58.695	60.480	62.295	64.155	66.075
GRADE 21A	Ex	79,380.20	81,761.60	84,214.46	86,740.91	89,343.13	92,023.42	94,784.12
(6SA)	H	38.20	39.35	40.52	41.73	42.99	44.27	45.59
	O	57.300	59.025	60.780	62.595	64.485	66.405	68.385
GRADE 22	Ex	82,064.55	84,526.51	87,062.29	89,674.16	92,364.38	95,135.31	97,989.37
(6T0)	H	39.47	40.67	41.89	43.15	44.42	45.76	47.13
	O	59.205	61.005	62.835	64.725	66.630	68.640	70.695
GRADE 22A	Ex	84,936.84	87,484.94	90,109.47	92,812.75	95,597.13	98,465.06	101,418.99
(6TA)	H	40.84	42.07	43.32	44.63	45.97	47.35	48.76
	O	61.260	63.105	64.980	66.945	68.955	71.025	73.140

GRADE		STEP AL1	STEP AL2	STEP AL3	STEP AL4	STEP AL5	STEP AL6	STEP AL7
GRADE 23	Ex	87,809.07	90,443.35	93,156.65	95,951.35	98,829.90	101,794.79	104,848.62
(6U0)	H	42.21	43.49	44.80	46.13	47.52	48.94	50.44
	O	63.315	65.235	67.200	69.195	71.280	73.410	75.660
GRADE 23A	Ex	90,882.40	93,608.88	96,417.13	99,309.67	102,288.93	105,357.59	108,518.34
(6UA)	H	43.71	45.01	46.36	47.76	49.20	50.66	52.19
	O	65.565	67.515	69.540	71.640	73.800	75.990	78.285
GRADE 24	Ex	93,955.72	96,774.39	99,677.61	102,667.95	105,747.99	108,920.43	112,188.03
(6V0)	H	45.19	46.54	47.95	49.38	50.85	52.36	53.94
	O	67.785	69.810	71.925	74.070	76.275	78.540	80.910
GRADE 24A	Ex	97,244.17	100,161.50	103,166.35	106,261.32	109,449.17	112,732.65	116,114.64
(6VA)	H	46.75	48.16	49.60	51.10	52.64	54.22	55.85
	O	70.125	72.240	74.400	76.650	78.960	81.330	83.775
GRADE 25	Ex	100,532.61	103,548.59	106,655.06	109,854.72	113,150.35	116,544.87	120,041.21
(6W0)	H	48.34	49.79	51.29	52.82	54.40	56.04	57.72
	O	72.510	74.685	76.935	79.230	81.600	84.060	86.580
GRADE 25A	Ex	104,051.26	107,172.80	110,387.99	113,699.61	117,110.61	120,623.94	124,242.64
(6WA)	H	50.04	51.55	53.09	54.70	56.33	58.03	59.74
	O	75.060	77.325	79.635	82.050	84.495	87.045	89.610
GRADE 26	Ex	107,569.89	110,796.99	114,120.90	117,544.53	121,070.86	124,702.99	128,444.07
(6X0)	H	51.71	53.27	54.87	56.52	58.21	59.97	61.76
	O	77.565	79.905	82.305	84.780	87.315	89.955	92.640
GRADE 26A	Ex	111,334.85	114,674.89	118,115.15	121,658.60	125,308.35	129,067.58	132,939.64
(6XA)	H	53.54	55.13	56.81	58.51	60.28	62.08	63.92
	O	80.310	82.695	85.215	87.765	90.420	93.120	95.880
GRADE 27	Ex	115,099.79	118,552.78	122,109.36	125,772.67	129,545.83	133,432.21	137,435.17
(6Y0)	H	55.36	57.02	58.74	60.48	62.30	64.18	66.10
	O	83.040	85.530	88.110	90.720	93.450	96.270	99.150
GRADE 27A	Ex	119,128.30	122,702.13	126,383.19	130,174.68	134,079.93	138,102.33	142,245.40
(6YA)	H	57.27	58.99	60.76	62.60	64.47	66.43	68.41
	O	85.905	88.485	91.140	93.900	96.705	99.645	102.615
GRADE 28	Ex	123,156.77	126,851.48	130,657.04	134,576.73	138,614.03	142,772.47	147,055.65
(6Z0)	H	59.24	61.01	62.83	64.73	66.66	68.66	70.73
	O	88.860	91.515	94.245	97.095	99.990	102.990	106.095

GRADE		STEP AL1	STEP AL2	STEP AL3	STEP AL4	STEP AL5	STEP AL6	STEP AL7
GRADE 28A	Ex	127,467.27	131,291.29	135,230.01	139,286.92	143,465.55	147,769.50	152,202.59
(6ZA)	H	61.29	63.12	65.01	66.98	68.98	71.05	73.18
	O	91.935	94.680	97.515	100.470	103.470	106.575	109.770
GRADE 29	Ex	131,777.76	135,731.08	139,803.02	143,997.13	148,317.03	152,766.53	157,349.52
(600)	H	63.38	65.28	67.23	69.26	71.33	73.48	75.68
	O	95.070	97.920	100.845	103.890	106.995	110.220	113.520
GRADE 29A	Ex	136,389.99	140,481.66	144,696.14	149,037.01	153,508.11	158,113.36	162,856.76
(60A)	H	65.58	67.57	69.60	71.67	73.82	76.04	78.34
	O	98.370	101.355	104.400	107.505	110.730	114.060	117.510
GRADE 30	Ex	141,002.21	145,232.26	149,589.23	154,076.91	158,699.21	163,460.17	168,364.00
(610)	H	67.80	69.84	71.93	74.11	76.32	78.60	80.96
	O	101.700	104.760	107.895	111.165	114.480	117.900	121.440
GRADE 30A	Ex	145,937.27	150,315.39	154,824.85	159,469.59	164,253.69	169,181.30	174,256.73
(61A)	H	70.18	72.29	74.46	76.68	78.98	81.34	83.79
	O	105.270	108.435	111.690	115.020	118.470	122.010	125.685
GRADE 31	Ex	150,872.35	155,398.52	160,060.48	164,862.29	169,808.16	174,902.40	180,149.48
(620)	H	72.55	74.71	76.96	79.29	81.66	84.10	86.63
	O	108.825	112.065	115.440	118.935	122.490	126.150	129.945
GRADE 31A	Ex	156,152.89	160,837.47	165,662.59	170,632.48	175,751.45	181,023.99	186,454.71
(62A)	H	75.09	77.34	79.66	82.03	84.52	87.04	89.64
	O	112.635	116.010	119.490	123.045	126.780	130.560	134.460
GRADE 32	Ex	161,433.42	166,276.41	171,264.71	176,402.65	181,694.73	187,145.58	192,759.95
(630)	H	77.64	79.96	82.35	84.81	87.37	90.00	92.69
	O	116.460	119.940	123.525	127.215	131.055	135.000	139.035
GRADE 32A	Ex	167,083.59	172,096.08	177,258.96	182,576.74	188,054.04	193,695.68	199,506.54
(63A)	H	80.36	82.77	85.24	87.81	90.44	93.14	95.93
	O	120.540	124.155	127.860	131.715	135.660	139.710	143.895
GRADE 33	Ex	172,733.76	177,915.76	183,253.23	188,750.84	194,413.35	200,245.75	206,253.12
(640)	H	83.05	85.54	88.11	90.75	93.48	96.28	99.19
	O	124.575	128.310	132.165	136.125	140.220	144.420	148.785
GRADE 33A	Ex	178,779.43	184,142.81	189,667.08	195,357.09	201,217.81	207,254.35	213,471.98
(64A)	H	85.95	88.53	91.20	93.93	96.74	99.65	102.65
	O	128.925	132.795	136.800	140.895	145.110	149.475	153.975

GRADE		STEP AL1	STEP AL2	STEP AL3	STEP AL4	STEP AL5	STEP AL6	STEP AL7
GRADE 34	Ex	184,825.12	190,369.88	196,080.96	201,963.41	208,022.29	214,262.96	220,690.85
(650)	H	88.88	91.54	94.29	97.11	100.03	103.03	106.12
	O	133.320	137.310	141.435	145.665	150.045	154.545	159.180
GRADE 34A	Ex	191,294.01	197,032.82	202,943.78	209,032.11	215,303.07	221,762.16	228,415.03
(65A)	H	91.96	94.73	97.58	100.49	103.51	106.63	109.82
	O	137.940	142.095	146.370	150.735	155.265	159.945	164.730
GRADE 35	Ex	197,762.86	203,695.75	209,806.62	216,100.84	222,583.86	229,261.36	236,139.21
(660)	H	95.10	97.96	100.90	103.91	107.03	110.24	113.55
	O	142.650	146.940	151.350	155.865	160.545	165.360	170.325
GRADE 35A	Ex	204,684.58	210,825.11	217,149.85	223,664.36	230,374.28	237,285.51	244,404.07
(66A)	H	98.40	101.36	104.40	107.54	110.78	114.10	117.51
	O	147.600	152.040	156.600	161.310	166.170	171.150	176.265
GRADE 36	Ex	211,606.28	217,954.46	224,493.09	231,227.88	238,164.73	245,309.65	252,668.96
(670)	H	101.74	104.80	107.95	111.17	114.51	117.97	121.51
	O	152.610	157.200	161.925	166.755	171.765	176.955	182.265
GRADE 36A	Ex	219,012.49	225,582.87	232,350.35	239,320.86	246,500.48	253,895.49	261,512.35
(67A)	H	105.31	108.45	111.71	115.05	118.51	122.06	125.74
	O	157.965	162.675	167.565	172.575	177.765	183.090	188.610

EMPLOYEE DEVELOPMENT APPEALS PROCESS

Only employees who are denied a merit step increase on their anniversary date of position due to a sub-standard performance evaluation may file an appeal. All appeals shall be initially filed with the employee's department head. Any employee receiving a satisfactory performance evaluation shall not have the right to appeal or grieve their evaluation, their pay step or the supervisor's comments. In the event that there is a disagreement between the employee and his/her supervisor over the EDP goals, the employee, after discussing the disagreement with the Department Head or his/her designee may with the concurrence of the Union, file a grievance.

If the department head rules in the employee's favor, the employee shall receive his/her merit step as of their anniversary date of position. If the department head rules against the employee, the employee shall have the right to appeal the decision to the city-wide appeals committee.

Employees will have thirty (30) days from the date of denial by their department head to file an appeal with the Human Resources Director or their right to appeal shall be forfeited.

An appeals committee shall be comprised of the following representatives:

Two union representatives appointed by the unions (with two alternates).

- One department head (with one alternate).
- One non-affiliated (with one alternate).
- An independent neutral party to act as tie breaker. This person to be selected through agreement between the City and the unions. If no decision can be reached, the neutral shall be appointed by the P.E.L.R.B. Any costs associated with the neutral party hearing appeals shall be borne half by the City and half proportionally split amongst the unions whose members are appealing. The unions shall not be responsible for any costs incurred in appeal hearings from non-affiliated employees.
- The Human Resources Director as non-voting chairman to provide staff resources.

Members cannot sit in on appeals where the appellant is a member of the same department or union.

Terms of the members on this committee shall be staggered with two (2) year terms and members cannot serve more than two consecutive terms. Members must take at least one year off after serving two terms before being allowed to serve on the committee again. Alternates shall have no term limitations.

Unless agreed to by the appellant and the Human Resources Director the committee shall have sixty (60) days from receipt of the appeal to conduct a hearing on the matter.

The committee shall have thirty (30) days to render a decision on the matter.

A majority vote shall rule and all decisions are final, binding and non-grieveable. A decision favor to the employee means the employee shall receive their merit step effective (including retro-active pay) to their date of position. Evaluation step increases will stop when an employee reaches Step 13 on the included pay matrix.

The provisions of this Article shall expire on the last day of this Agreement, provided that any employee denied a merit pay increase during the duration of this agreement shall be entitled to an appeal under this Article.

Appendix-B

A-STEP REQUIREMENT FOR AFSCME-HEALTH

POSITION	CURRENT MIMINUM REQUIREMENTS	A-STEP
Customer Service Rep II	High School Diploma or GED	Associates degree, or better, in business/office or related field
Administrative Assistant II	High School Diploma or GED	Associates degree, or better, in business/office or related field
Public Health Translator	Bachelor's degree	MPH, MSN, MHEd 30 credit hours in public health related college course work. Fluency in 2 languages other than English.
Public Health Specialist	Bachelor's degree	MPH, MSN, MHEd 30 credit hours in public health related college course work
Community Health Nurse	Bachelor's degree	MPH, MSN, MHEd, 30 credit hours
Certified Community Health Nurse	Bachelor's degree; National Certification; CPR/First Aid Trainer	MPH, MSN, MHEd, 30 credit hours
School Nurse – LPN	Associates degree	Bachelor's degree
School Nurse – RN	Bachelor's degree in nursing or equivalent	MPH, MSN, MHEd or 30 credit hours
Certified School Nurse	Bachelor's degree in nursing, or equivalent	MPH, MSN, MHEd or 30 credit hours
Dental Hygienist	Bachelor's degree, RDH	MPH, MHEd or 30 credit hours
Environmental Health Specialist	Bachelor's degree	MPH, 30 credit hours, or licensed designer or subsurface disposal systems and 15 credit hours
Senior Environmental Health Specialist	Bachelor's degree, RS, (licensed designer of subsurface disposal systems, if needed by department)	MPH, CIH, 30 credit hours

NOTE: The 30 additional credit hours, from a recognized institution or CDC, shall be hours specifically related to the practice of public health or a closely related field. The intent is to encourage department staff to undertake coursework that will enable an employee to progress in a career at the Manchester Health Department while improving services of the department from enhanced knowledge and skills. Up to 10 of these credit hours can be in coursework related to administration, planning, finance and budget, interpersonal communication, or other closely related field.

Appendix C

CIGNA HealthCare

SUMMARY OF BENEFITS

Your CIGNA HealthCare Point of Service Open Access plan

Features that Add Value

- The **convenience of referral-free access to physicians**, and the option of selecting a **personal Primary Care Physician (PCP)**, a valuable resource for advice and guidance and your personal health advocate. As your needs change, so may your choice of doctors. That's why you can change your PCP for any reason.
- The CIGNA HealthCare 24-Hour Health Information Line℠ connects you to **registered nurses** and a **library** of hundreds of recorded programs on important health topics 24 hours a day, 7 days a week, from anywhere in the U.S.
- CIGNA *Healthy Rewards*® includes special offers on health and wellness programs and services often not covered by many traditional benefits plans. Just call 1.800.870.3470 or visit our web site at www.cigna.com.
- Prescription drug coverage is a **part of your plan**. More than 50,000 pharmacies participate nationwide, so you can have your prescription filled **wherever you go**. Mail-order service means quick, **convenient** delivery of your medications right to your home.
- Our Guest Privileges program **brings** your CIGNA HealthCare **benefits along** when you temporarily relocate or send kids to schools away from home. Call CIGNA HealthCare Member Services to learn more.
- CIGNA Behavioral Health offers you access to **professional consultation** over the phone to help you with problems that affect you, your family, or your work.
- **CIGNA Behavioral Advantage** emphasizes the mind-body connection. The program provides support from medical and mental health case managers, as well as a number of tools and resources, to help you take control of your health and wellness.

Quality Service Is Part of Quality Care

- **Service** is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive, courteous and professional assistance; and ease and convenience in finding the information you need to manage your health.
- **www.cigna.com** – Visit our **interactive Web site** to learn more about your plan and get health information, 24 hours a day. Once you enroll, register for myCIGNA.com, our convenient, secure web site that combines WebMD® tools with personalized benefits information to help you make the most of your plan
- **We Speak Many Languages**℠. We offer Language Line Services so that you can talk with us in 150 different languages. Just call Customer Services, and ask for an interpreter to assist you.
- Our interactive voice response system helps you find what you need faster over the phone. Use the speech recognition feature for information on your benefits, level of coverage, claims status, and more.

It's Your Health

When you choose CIGNA HealthCare, you can take advantage of our **health and wellness** programs

- **Preventive care services** for every covered family member.
- **Your PCP** can serve as your first contact for care, advice and direction. He/she will recommend specialists and coordinate follow up care. When you need to see a **participating specialist – no referral is required. Just make the appointment and go!**
- The CIGNA HealthCare Well-Aware Program for Better Health® can **help you manage** chronic conditions.
- The CIGNA HealthCare Healthy Babies® program provides you with information to help you have a **healthy pregnancy** and a **healthy baby**. And there's no copayment for prenatal care office visits after the first visit that confirms you're pregnant.
- The **CIGNA Comprehensive Oncology Program**℠ promotes cancer prevention and early detection through personalized care management, educational tools, benefit counseling, and other resources.
- **Healthy Steps for Weight Loss**℠ offers ongoing personalized weight-management support by specially trained health coaches. The program is designed for overweight or moderately obese members, but it is also available to those who don't have significant weight problems but want to improve their health.

You Can Depend on CIGNA HealthCare

- **Quality comes first.** We select participating providers carefully. And we make sure you have a **wide range** of PCPs and specialists to choose from.
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**. Urgent care centers can take care of your urgent care needs, and you pay a lower copayment.

It's Your Choice

- When your PCP coordinates your care and you visit network providers, you get access to quality care and lower out-of-pocket costs. Your plan also offers the **freedom to choose** the providers you prefer — even if they aren't part of the network. Your benefits are higher when you see participating providers, but you're still covered for visits to other providers. Participating providers charge a discounted rate for CIGNA members. If you use a non-network provider, the provider may bill you for the difference between the billed charge and the allowed amount under your benefit plan, in addition to applicable (higher than in-network) deductibles and coinsurance amounts.

For Employees of City of Manchester - Effective 7/1/2007

Network Point of Service Open Access - ASO

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Physician Services		
Primary Care Physician (PCP) Office Visit	$15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed	20% of charges**
Specialty Physician Office Visit	$15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed	20% of charges**
Consultant and Referral Physician Services		
Note: OB/GYN physician is considered a Specialist Physician		
Allergy Treatment/Injections – PCP or Specialty Physician	$15 copayment per office visit or actual charge, whichever is less	20% of charges**
Allergy Serum (dispensed by physician in office)	No charge	20% of charges**
Second Opinion Consuatations (provided on voluntary basis)	$15 copayment per office visit	20% of charges**
Surgery Performed in the Physician's Office – PCP or Specialty Physician	$15 copayment per office visit	20% of charges**
Preventive Care		
Routine Preventive Care – Well Baby, Well Child Care, Adult Care and Well Woman (including Immunizations)	$15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed	20% of charges**
Note: Well Woman OB/GYN visits are subject to the specialty physician's office visit copay.		
Immunizations	No charge	20% of charges**
Mammograms, PSA, Pap Test	$15 copayment per office visit	20% of charges**
(Preventive Care Related Routine Services)	Note: Associated wellness exam is subject to the $15 copayment per office visit	
(Note: Diagnostic Related Services are subject to the plan's laboratory & radiology benefit; based on place of service)		
Inpatient Hospital Services including:	No charge	20% of charges**, Precertification required
Semi-Private Room and Board		
Diagnostic/Therapeutic Lab and X-ray		
Drugs and Medication		
Operating and Recovery Room		
Radiation Therapy and Chemotherapy		
Anesthesia and Inhalation Therapy		
Inpatient Hospital Doctor's Visits/Consultations	No charge	20% of charges**
Inpatient Hospital Professional Services	No charge	20% of charges**
Outpatient Facility Services	No charge	20% of charges**
Operating Room, Recovery Room, Procedure Room and Treatment Room including:		
Diagnostic/Therapeutic Lab and X-rays		
Anesthesia and Inhalation Therapy		
Physician and Outpatient Professional Services	No charge	20% of charges**
Laboratory and Radiology Services		
(includes preadmission testing)		
Physician's Office	No charge	20% of charges**
Outpatient Hospital Facility	No charge for facility charges; No charge for outpatient professional charges	20% of charges**
Emergency Room Facility (billed by facility as part of the Emergency Room visit)	No charge	No charge; *(except if not a true emergency, then not covered.)*
Independent X-Ray and/or Lab Facility	No charge	20% of charges**
Independent X-Ray and/or Lab Facility (in conjunction with an Emergency Room visit)	No charge; *(If Emergency Room visit is considered to be a true emergency)*	No charge; *(If Emergency Room visit is considered to be a true emergency)*
Advanced Radiological Imaging		
(MRIs, MRAs, CAT Scans, PET Scans, etc.)		
Inpatient Facility	No charge	20% of charges**
Outpatient Facility	No charge	20% of charges**
Emergency Room	No charge	No charge; *except if not a true emergency, then not covered*
Physician's Office	No charge	20% of charges**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Short-Term Rehabilitative Therapy ***Cardiac Rehabilitation** – (includes cardiac rehab, physical, speech, occupational, pulmonary rehab & cognitive therapy)* – Unlimited maximum per calendar year for all therapies combined *Note: therapy sessions provided as part of Home Health Care accumulate to the Short-Term Rehab Therapy maximum.*	No charge No charge if only x-ray and/or lab services are performed and billed.	20% of charges**
Self-Referral Chiropractic Services – 20 days maximum per calendar year	$15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed.	20% of charges**
Emergency and Urgent Care Services *Physician's Office – PCP or Specialty Physician* *Hospital Emergency Room* *Outpatient Professional Services (Radiology, Pathology and Emergency Room Physician)* *Urgent Care Facility or Outpatient Facility* *Ambulance*	$15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed. $75 copayment per visit, *waived if admitted* No charge $75 copayment per visit, *waived if admitted* No charge *Note: if not a true emergency, services are not covered*	$15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed. $75 copayment per visit, *waived if admitted* No charge $75 copayment per visit, *waived if admitted* No charge *Note: if not a true emergency, services are not covered*
Maternity Care Services *Initial Office Visit to Confirm Pregnancy* *All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (total maternity fee)* *Office Visits not included in the total maternity fee performed by OB or Specialty Physician* *Delivery Facility (Inpatient Hospital/Birthing Center Charges)*	$15 copayment for initial office visit No charge $15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed No charge	20% of charges** 20% of charges** 20% of charges** 20% of charges**, Precertification required
Inpatient Services at Other Health Care Facilities *Skilled Nursing, Rehabilitation and Sub-Acute Facilities* 100 days maximum per calendar year for all facilities listed#	No charge	20% of charges**, Precertification required
***Home Health Services** - Includes outpatient private duty nursing when approved as medically necessary,* Unlimited days maximum per calendar year# 16 hour maximum per day#	No charge	20% of charges**
Family Planning Services *Office Visits (tests, counseling) – PCP or Specialty Physician* ***Vasectomy/Tubal Ligation** (excludes reversals)* *Inpatient Facility* *Outpatient Facility* *Physician's Services – Inpatient or Outpatient* *Physician's Office*	$15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed. No charge No charge No charge $15 copayment per office visit	20% of charges** 20% of charges**, Precertification required 20% of charges** 20% of charges** 20% of charges**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Infertility Services *Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.*	Not covered	Not covered
Obesity/Bariatric Surgery-(Covered only at approved centers through the precertification process) *Physician's Offices* *Inpatient Facility* *Outpatient Facility* *Physician's Services*	 $15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed. No charge No charge No charge	 Covered in network only Covered in network only Covered in network only Covered in-network only
TMJ – Surgical and Non-surgical	Not Covered	Not Covered
Mental Health and Substance Abuse ***Inpatient*** *– 30 days maximum per calendar year# for inpatient Mental Health and inpatient Substance Abuse* ***Mental Health*** ***Acute:*** *Based on a ratio of 1:1* ***Partial:*** *Based on a ratio of 2:1* ***Residential:*** *Based on a ratio of 2:1* ***Substance Abuse*** ***Acute Detox:*** *Based on a ratio of 1:1 (requires 24 hour nursing)* ***Acute Inpatient Rehab:*** *Based on a ratio of 1:1 (requires 24 hour nursing)* ***Partial:*** *Based on a ratio of 2:1* ***Residential:*** *Based on a ratio of 2:1* ***Outpatient Individual*** *–* *30 visits maximum per calendar year# for outpatient Mental Health and outpatient Substance Abuse* ***Group Therapy*** *– combined maximum with Outpatient Individual Mental Health services based on a ratio of 1:1* ***Intensive Outpatient Mental Health and Substance Abuse*** *– up to 3 programs maximum per calendar year# based on a ratio of 1:1 with outpatient Mental Health and Substance Abuse visits*	No charge $15 copayment per visit $15 copayment per session $50 copayment per program	20% of charges**, Precertification required 20% of charges** 20% of charges** $50 per program deductible
Durable Medical Equipment Unlimited maximum per calendar year	No charge	20% of charges**
External Prosthetic Appliances	$200 EPA deductible $1,000 maximum per calendar year	Covered in-network only
Vision Care *Eye Exam – one exam every 12 months* *Reimbursement toward purchase of a pair of lenses or contact lenses every 12 months and frames every 12 months:*	$5 copayment per exam Maximum Reimbursement Allowance: Single Vision Lenses $20 Bifocal Lenses $30 Trifocal Lenses $40 Lenticular Lenses $75 Contact Lenses $75 Frames $100	Covered in-network only Covered in-network only Covered in-network only Covered in-network only Covered in-network only Covered in-network only Covered in-network only

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Prescription Drugs *CIGNA Pharmacy Retail Drug Program* *Mandatory Generic* *Includes: insulin, insulin needles & syringes, diabetic test strips/lancets, oral contraceptives and contraceptive devices and prenatal vitamins*		
Generic Drugs *Brand Name Drugs*	$10 per 30-day supply for generic drugs $15 per 30-day supply for brand name drugs	Covered in-network only Covered in-network only
CIGNA Tel-Drug Mail Order Drug Program *Generic Drugs* *Brand Name Drugs*	$1 per 90-day supply for generic drugs $1 per 90-day supply for brand name drugs	Covered in-network only Covered in-network only

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
OTHER BENEFIT INFORMATION		
Calendar Year Deductible *Individual* *Family*	 None None	 $100 $300
Calendar Year Out-of-Pocket (OOP) Maximum *Individual* *Family*	 None None	Includes member paid coinsurance $500 excludes deductible $1,500 excludes deductible
Coinsurance	CIGNA HealthCare pays 100% of eligible charges. You pay 0% of charges	CIGNA HealthCare pays 80% of eligible charges. You pay 20% of charges after the plan deductible.
Precertification – Inpatient – PHS+ (required for all inpatient admissions) *Precertification – Outpatient- PHS+ (required for selected outpatient services and diagnostic testing or outpatient services)*	Coordinated by your physician Coordinated by your physician	Participant must obtain approval for inpatient admission; subject to penalty/reduction or denial for non-compliance Participant must obtain approval for selected outpatient procedures and diagnostic testing; subject to penalty/reduction or denial for non-compliance
Lifetime Maximum	Unlimited#	$1,000,000#
Pre-existing Condition Limitation	No	No

** *Out-of-network services are subject to the calendar year deductible and maximum reimbursable charge limitations. Providers may bill the member the difference between their billed charge and the maximum reimbursable charge as determined by the benefit plan.*

\# *Day, visit or dollar maximums apply to In-Network and Out-of-Network services combined.*

Regarding In-Network Services:

- *All services, except for emergency services, must be provided by a provider participating in the CIGNA HealthCare network, or by CIGNA Behavioral Health, Inc. in order to be covered.*

Regarding Out-of-Network Services:

- *All out-of-network hospital admissions and certain outpatient surgical and diagnostic procedures must be precertified and are subject to Continued Stay Review (CSR). A penalty applies to admissions which are not precertified. Non-approved admissions/days result in denial of benefits. The precertification penalty or cost of denied benefits does not apply to deductible or out-of-pocket maximum.*
- *Once the out-of-pocket maximum for Out-of-Network is reached, the plan pays 100% of eligible charges for the remainder of the plan year except for Mental Health and Substance Abuse services which remain at the levels specified.*

Mental Health
All inpatient Mental Health and Substance Abuse benefits are authorized by CIGNA Behavioral Health, Inc., or its affiliates.

Benefit Exclusions
These are examples of the exclusions in your plan. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control.

1. Any service or supply not described as covered in the Covered Expenses section of the plan.
2. Any medical service or device that is not medically necessary.
3. Treatment of an illness or injury which is due to war or care for military service disabilities treatable through governmental services.
4. Any services and supplies for or in connection with experimental, investigational or unproven services.
5. Treatment of TMJ disorder.
6. Dental treatment of the teeth, gums or structures directly supporting the teeth, however, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within 6 months of the accident.
7. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons, including but not limited to employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
8. Court ordered treatment or hospitalizations.
9. Infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
10. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction.
11. Medical and hospital care and costs for the child of a Dependent, unless this infant child is otherwise eligible under the plan.
12. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance.
13. Consumable medical supplies other than ostomy supplies and urinary catheters.
14. Private hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
15. Artificial aids, including but not limited to hearing aids, semi-implantable hearing devices, audiant bone conductors, bone anchored hearing aids, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
16. Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
17. Non-prescription drugs and investigational and experimental drugs, except as provided in the plan.
18. Routine foot care, however, services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.
19. Genetic screening or pre-implantation genetic screening.
20. Fees associated with the collection or donation of blood or blood products.
21. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
22. All nutritional supplements and formulae are excluded, except infant formula needed for the treatment of inborn errors of metabolism.
23. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
24. Expenses incurred for medical treatment by a person age 65 or older, who is covered under the plan as a retiree, or his dependent, when payment is denied by the Medicare plan because treatment was not received from a participating provider of the Medicare plan.
25. Expenses incurred for medical treatment when payment is denied by the primary plan because treatment was not received from a participating provider of the primary plan.
26. The following services are excluded from coverage regardless of clinical indications: Massage Therapy; Macromastia or Gynecomastia Surgeries; Cosmetic Surgery and Therapies; Surgical Treatment of Varicose Veins; Rhinoplasty; Abdominoplasty/Panniculectomy; Blepharoplasty; Redundant Skin Surgery; Removal of Skin Tags; Acupressure; Craniosacral/cranial therapy; Dance Therapy, Movement Therapy; Applied Kinesiology; Rolfing; Prolotherapy; Transsexual Surgery; Non-medical counseling or ancillary services; Assistance in the activities of daily living; Cosmetics; Personal or Comfort Items; Dietary Supplements; Health and Beauty Aids; Aids or devices that assist with non-verbal communications; Treatment by Acupuncture; Dental implants for any condition; Telephone Consultations; E-mail & Internet Consultations; Telemedicine; Smoking Cessation Program fees; Reversal of male and female voluntary sterilization procedures; and Extracorporeal Shock Wave Lithotripsy for musculoskeletal and orthopedic conditions.

These Are Only the Highlights
As you can see the plan is designed to combine in-depth coverage with cost-effective prices. This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

"CIGNA HealthCare"refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

200? CIGNA Health Corporation

SUMMARY OF BENEFITS

Your CIGNA HealthCare Network HMO plan

CIGNA HealthCare

Features that Add Value

- You choose a Primary Care Physician (PCP) – your personal doctor – to coordinate your care and provide advice and guidance. As your needs change, so may your choice of doctors. That's why you can change your PCP for any reason.
- The CIGNA HealthCare 24-Hour Health Information Line℠ connects you to registered nurses and a library of hundreds of recorded programs on important health topics 24 hours a day, 7 days a week, from anywhere in the U.S.
- CIGNA *Healthy Rewards*® includes special offers on health and wellness programs and services often not covered by many traditional benefits plans. Just call 1.800.870.3470 or visit our web site at www.cigna.com.
- Prescription drug coverage is a part of your plan. More than 50,000 pharmacies participate nationwide, so you can have your prescription filled wherever you go. Mail-order service means quick, convenient delivery of your medications right to your home.
- Our Guest Privileges program brings your CIGNA HealthCare benefits along when you temporarily relocate or send kids to schools away from home. Call CIGNA HealthCare Member Services to learn more.
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- Service is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive, courteous and professional assistance; and ease and convenience in finding the information you need to manage your health.
- www.cigna.com – Visit our interactive Web site to learn more about your plan and get health information, 24 hours a day. Once you enroll, register for myCIGNA.com, our convenient, secure web site that combines WebMD® tools with personalized benefits information to help you make the most of your plan.
- We Speak Many Languages℠. We offer Language Line Services so that you can talk with us in 150 different languages. Just call Customer Services, and ask for an interpreter to assist you.
- Our interactive voice response system helps you find what you need faster over the phone. Use the speech recognition feature for information on your benefits, level of coverage, claims status, and more.

It's Your Health

When you choose CIGNA HealthCare, you can take advantage of our health and wellness programs

- Preventive care services for every covered family member.
- See participating OB/GYN – no referral required.
- The CIGNA HealthCare Well-Aware Program for Better Health® can help you manage chronic conditions.
- The CIGNA HealthCare Healthy Babies® program provides you with information to help you have a healthy pregnancy and a healthy baby. And there's no copayment for prenatal care office visits after the first visit that confirms you're pregnant.
- The CIGNA Comprehensive Oncology Program℠ promotes cancer prevention and early detection through personalized care management, educational tools, benefit counseling, and other resources.
- Healthy Steps for Weight Loss℠ offers ongoing personalized weight-management support by specially trained health coaches. The program is designed for overweight or moderately obese members, but it is also available to those who don't have significant weight problems but want to improve their health.

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For Employees of City of Manchester - Effective 7/1/2007

Network HMO - ASO

BENEFIT HIGHLIGHTS

Physician Services *Primary Care Physician (PCP) Office Visit* *Specialty Physician Office Visit* *Consultant and Referral Physician Services* *Allergy Treatment/Injections – PCP or Specialty Physician* *Allergy Serum (dispensed by physician in office)* *Second Opinion Consultations (provided on voluntary basis)* *Surgery Performed in the Physician's Office – PCP or Specialty Physician*	$5 copayment per office visit; No charge if only x-ray and/or lab services performed and billed $5 copayment per office visit; No charge if only x-ray and/or lab services performed and billed $5 copayment per office visit or actual charge, whichever is less No charge $5 copayment per office visit $5 copayment per office visit
Preventive Care *Routine Preventive Care – Well Baby, Well Child Care, Adult Care and Well Woman (including Immunizations)* *Note: Well Woman OB/GYN visits are subject to the specialty physician's office visit copay.* *Immunizations*	$5 copayment per office visit; No charge if only x-ray and/or lab services performed and billed No charge
Mammograms, PSA, Pap Test *(Preventive Care Related Routine Services)* *(Note: Diagnostic Related Services are subject to the plan's laboratory & radiology benefit; based on place of service)*	No charge; for the procedure itself. Note: $5 copayment per office visit for the associated wellness exam
Inpatient Hospital Services including: *Semi-Private Room and Board* *Diagnostic/Therapeutic Lab and X-ray* *Drugs and Medication* *Operating and Recovery Room* *Radiation Therapy and Chemotherapy* *Anesthesia and Inhalation Therapy*	No charge
Inpatient Hospital Doctor's Visits/Consultations *Inpatient Hospital Professional Services*	No charge No charge
Outpatient Facility Services *Operating Room, Recovery Room, Procedure Room and Treatment Room including:* *Diagnostic/Therapeutic Lab and X-rays* *Anesthesia and Inhalation Therapy* *Physician and Outpatient Professional Services*	No charge No charge
Laboratory and Radiology Services *(includes preadmission testing)* *Physician's Office* *Outpatient Hospital Facility* *Emergency Room Facility (billed by facility as part of the Emergency Room visit)* *Independent X-Ray and/or Lab Facility* *Independent X-Ray and/or Lab Facility (in conjunction with an Emergency Room visit)*	 No charge No charge for facility charges; No charge for outpatient professional charges No charge No charge No charge *(If Emergency Room visit is considered to be a true emergency)*
Advanced Radiological Imaging *(MRIs, MRAs, CAT Scans, PET Scans, etc.)* *Inpatient Facility* *Outpatient Facility* *Emergency Room* *Physician's Office*	 No charge No charge No charge No charge

BENEFIT HIGHLIGHTS

Short-Term Rehabilitative Therapy – (includes physical, speech, occupational, pulmonary rehab & cognitive therapy) – $3,000 maximum per calendar year for all therapies combined *Note: therapy sessions provided as part of Home Health Care accumulate to the Short-Term Rehab Therapy maximum.* *Outpatient Cardiac Rehabilitation* Up to 36 days maximum per calendar year	No charge No charge if only x-ray and/or lab services are performed and billed. No charge
Self-Referral Chiropractic Services – 20 days maximum per calendar year	$5 copayment per office visit; No charge if only x-ray and/or lab services are performed and billed.
Emergency and Urgent Care Services *Physician's Office – PCP or Specialty Physician* *Hospital Emergency Room* *Outpatient Professional Services (Radiology, Pathology and Emergency Room Physician)* *Urgent Care Facility or Outpatient Facility* *Ambulance*	 $5 copayment per office visit; No charge if only x-ray and/or lab services performed and billed. $50 copayment per visit, *waived if admitted* No charge $50 copayment per visit, *waived if admitted* No charge *Note: if not a true emergency, services are not covered*
Maternity Care Services *Initial Office Visit to Confirm Pregnancy* *All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (total maternity fee)* *Office Visits not included in the total maternity fee performed by OB or Specialty Physician* *Delivery Facility (Inpatient Hospital/Birthing Center Charges)*	 $5 copayment for initial office visit No charge $5 copayment per office visit; No charge if only x-ray and/or lab services performed and billed No charge
Inpatient Services at Other Health Care Facilities *Skilled Nursing, Rehabilitation and Sub-Acute Facilities* 100 days maximum per calendar year for all facilities listed	No charge
Home Health Services - Includes outpatient private duty nursing when approved as medically necessary, Unlimited days maximum per calendar year 16 hour maximum per day	No charge
Family Planning Services *Office Visits (tests, counseling) – PCP or Specialty Physician* *Vasectomy/Tubal Ligation (excludes reversals)* *Inpatient Facility* *Outpatient Facility* *Physician's Services – Inpatient or Outpatient* *Physician's Office*	 $5 copayment per office visit; No charge if only x-ray and/or lab services performed and billed. No charge No charge No charge $5 copayment per office visit
Infertility Services *Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.*	Not covered
Obesity/Bariatric Surgery-(Covered only at approved centers through the precertification process) *Physician's Offices* *Inpatient Facility* *Outpatient Facility* *Physician's Services*	 $5 copayment per office visit; No charge if only x-ray and/or lab services performed and billed. No charge No charge No charge
TMJ – Surgical and Non-surgical	Not Covered

BENEFIT HIGHLIGHTS

Mental Health *Inpatient – 30 days maximum per* calendar *year* *Acute: Based on a ratio of 1:1* *Partial: Based on a ratio of 2:1* *Residential: Based on a ratio of 2:1* *Outpatient Individual –* *20 visits maximum per* calendar *year* *Group Therapy – combined maximum with Outpatient Individual Mental Health services based on a ratio of 1:1* *Intensive Outpatient Mental Health – up to 3 programs maximum per* calendar *year based on a ratio of 1:1 with outpatient Mental Health visits*	No charge $5 copayment per visit $5 copayment per session $50 copayment per program
Substance Abuse *Inpatient – 30 days maximum per* calendar *year* *Acute Detox: Based on a ratio of 1:1 (requires 24 hour nursing)* *Acute Inpatient Rehab: Based on a ratio of 1:1 (requires 24 hour nursing)* *Partial: Based on a ratio of 2:1* *Residential: Based on a ratio of 2:1* *Outpatient Individual –* *20 visits maximum per* calendar *year* *Intensive Outpatient Substance Abuse – up to 3 programs maximum per* calendar *year based on a ratio of 1:1 with outpatient Substance Abuse visits*	No charge $5 copayment per visit $50 copayment per program
Durable Medical Equipment	No charge $3,500 maximum per calendar year
External Prosthetic Appliances	$200 EPA deductible $1,000 maximum per calendar year
Vision Care *Eye Exam – one exam every 12 months* *Reimbursement toward purchase of a pair of lenses or contact lenses every 12 months and frames every 12 months:*	$5 copayment per exam Maximum Reimbursement Allowance: Single Vision Lenses: $20 Bifocal Lenses: $30 Trifocal Lenses: $40 Lenticular Lenses: $75 Contact Lenses: $75 Frames: $30
Prescription Drugs *CIGNA Pharmacy Retail Drug Program* *Includes: insulin, insulin needles & syringes, diabetic test strips/lancets, oral contraceptives and contraceptive devices, and prenatal vitamins.* *Generic*** drugs on the Prescription Drug List for a 30-day supply* *Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 30-day supply* *Brand Name*** drugs designated as non-preferred on the Prescription Drug List for a 30-day supply* *CIGNA Tel-Drug Mail Order Drug Program* *Generic*** drugs on the Prescription Drug List for a 90-day supply* *Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 90-day supply* *Brand Name*** drugs designated as non-preferred on the Prescription Drug List for a 90-day supply* ****Designated as per generally-accepted industry sources and adopted by CG*	 $5 copayment per prescription/refill $15 copayment per prescription/refill $25 copayment per prescription/refill $10 copayment per prescription/refill $30 copayment per prescription/refill $50 copayment per prescription/refill

BENEFIT HIGHLIGHTS

OTHER BENEFIT INFORMATION

Calendar Year Deductible *Individual* *Family*	 None None
Calendar Year Out-of-Pocket (OOP) Maximum *Individual* *Family*	Other copays do not accumulate None None
Coinsurance	No
Precertification – Inpatient – PHS+ (required for all inpatient admissions) *Precertification – Outpatient- PHS+ (required for selected outpatient services and diagnostic testing or outpatient services)*	Coordinated by your physician Coordinated by your physician
Lifetime Maximum	Unlimited
Pre-existing Condition Limitation	No

- *All services, except for emergency services, routine care provided by a participating OB/ GYN, and inpatient Mental Health and Substance Abuse services authorized by CIGNA Behavioral Health, Inc. must be provided by or authorized by your Primary Care Physician (PCP) in order to be covered.*

Mental Health
All inpatient Mental Health and Substance Abuse benefits are authorized by CIGNA Behavioral Health, Inc., or its affiliates.

Benefit Exclusions
These are examples of the exclusions in your plan. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control.

1. Any service or supply not described as covered in the Covered Expenses section of the plan.
2. Any medical service or device that is not medically necessary.
3. Treatment of an illness or injury which is due to war or care for military service disabilities treatable through governmental services.
4. Any services and supplies for or in connection with experimental, investigational or unproven services.
5. Treatment of TMJ disorder.
6. Dental treatment of the teeth, gums or structures directly supporting the teeth, however, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within 6 months of the accident.
7. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons, including but not limited to employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
8. Court ordered treatment or hospitalizations.
9. Infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
10. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction.
11. Medical and hospital care and costs for the child of a Dependent, unless this infant child is otherwise eligible under the plan.
12. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance.
13. Consumable medical supplies other than ostomy supplies and urinary catheters.
14. Private hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
15. Artificial aids, including but not limited to hearing aids, semi-implantable hearing devices, audiant bone conductors, bone anchored hearing aids, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
16. Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
17. Non-prescription drugs and investigational and experimental drugs, except as provided in the plan.
18. Routine foot care, however, services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.
19. Genetic screening or pre-implantation genetic screening.
20. Fees associated with the collection or donation of blood or blood products.
21. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
22. All nutritional supplements and formulae are excluded, except infant formula needed for the treatment of inborn errors of metabolism.
23. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
24. Expenses incurred for medical treatment by a person age 65 or older, who is covered under the plan as a retiree, or his dependent, when payment is denied by the Medicare plan because treatment was not received from a participating provider of the Medicare plan.
25. Expenses incurred for medical treatment when payment is denied by the primary plan because treatment was not received from a participating provider of the primary plan.
26. The following services are excluded from coverage regardless of clinical indications: Massage Therapy; Macromastia or Gynecomastia Surgeries; Cosmetic Surgery and Therapies; Surgical Treatment of Varicose Veins; Rhinoplasty; Abdominoplasty/Panniculectomy; Blepharoplasty; Redundant Skin Surgery; Removal of Skin Tags; Acupressure; Craniosacral/cranial therapy; Dance Therapy, Movement Therapy; Applied Kinesiology; Rolfing; Prolotherapy; Transsexual Surgery; Non-medical counseling or ancillary services; Assistance in the activities of daily living; Cosmetics; Personal or Comfort Items; Dietary Supplements; Health and Beauty Aids; Aids or devices that assist with non-verbal communications; Treatment by Acupuncture; Dental implants for any condition; Telephone Consultations; E-mail & Internet Consultations; Telemedicine; Smoking Cessation Program fees; Reversal of male and female voluntary sterilization procedures; and Extracorporeal Shock Wave Lithotripsy for musculoskeletal and orthopedic conditions.

These Are Only the Highlights
As you can see, the plan is designed to combine in-depth coverage with cost-effective prices. This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

"CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

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2007 CIGNA Health Corporation

APPENDIX D

Delta Dental Plan of New Hampshire, Inc

Northeast Delta Dental
One Delta Drive
PO Box 2002
Concord, NH 03302-2002
Customer Service
800-832-5700

Outline of Benefits
City of Manchester
Group Number: 3203

Calendar Year for Benefits - January 1 through December 31.

Eligibility - Begins on the first of the month following 3 months of continuous employment.

Eligible Persons – Subject to the "Eligibility" provision above. employees and their dependents may be enrolled. Your employer pays a portion of the cost for all enrolled employees and dependents. If enrolling dependents, all dependents must be enrolled for the term of the Agreement. A newborn child is automatically covered for the first thirty-one (31) days following birth. Coverage will continue if the child is formally enrolled within the first thirty-one days following birth or the child may be enrolled thereafter at any open enrollment or as of the first day of the month following the month of the child's second birthday.

Benefit Coverages and Percentages Paid by Northeast Delta Dental -

Diagnostic & Preventive	100%
Basic	60%
Major – includes implant services	50%

Maximum Benefit - The maximum amount which your plan will pay is $1500 per person per Calendar Year for Diagnostic & Preventive, Basic and Major benefits.

Deductible - There is no deductible.

Contribution - City of Manchester pays at least 85% for all eligible employees and dependent(s).

Benefit percentages shown are based upon the actual charge submitted to a maximum of the Participating Dentist's approved fees or Northeast Delta Dental's allowance for Non-Participating Dentists.

OOB01/08

APR 28 2010

MEMORANDUM OF UNDERSTANDING

AGREEMENT made this 28th day of April, 2010, by and between the AFSCME Health ("the Union") and the City of Manchester ("the City"), to wit:

1. The Parties desire to change the manner in which any employee accepts a City payment of $1,500.00 annually in lieu of health insurance coverage as provided for in Article 20.

2. Effective July 1, 2010, the City shall make payment of the $1,500.00 payment in two (2) equal payments of $750.00, the first payable in arrears in January/February and the second in arrears in July/August. Employees who encounter a qualifying event so as to make them eligible for enrollment in the City's health insurance plans during either six month period will receive a pro rata amount based on the next $750.00 payment. Employees will be able to enroll in the City plans notwithstanding a qualifying event in the annual open enrollment period.

WHEREFORE, the Parties have executed this Agreement on the date first cited above by their authorized representatives.

AFSCME Health

By: _____
Bill Barry

City of Manchester

By: _____

RECEIVED
JUL 08 2009

MEMORANDUM OF UNDERSTANDING

BETWEEN THE CITY OF MANCHESTER, NH

AND

LOCAL 298, AFSCME, AFL-CIO
Health Department

2010 - 2013

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1. Upon ratification by the Board of Mayor and Aldermen, and the members of the Local 298, salary schedules originally scheduled to increase by three percent (3.0%) on July 1, 2009 (Article 7.3) shall instead be increased by three percent (3.0%) on January 1, 2010.

2. Any member of the Local 298 bargaining unit who retires from August 1, 2009 to July 1, 2010 will receive additional compensation necessary to make the salary adjustment of three percent (3.0%) retroactive to July 1, 2009.

3. Any member of the Local 298 bargaining unit who retires from August 1, 2010 to December 31, 2010 will receive a pro-rata amount necessary to make the COLA effective for a full 12 months.

4. On July 1, 2010, salary schedules shall be increased by one and one half percent (1.5%).

5. On July 1, 2011, salary schedules shall be increased by two and one half percent (2.5%).

6. On July 1, 2012, salary schedules shall be increased by two and one half percent (2.5%).

7. The salary schedules herein shall be incorporated into a new three year agreement to be ratified by the parties covering the period from July 1, 2010 to June 30, 2013.

For the Union:

DATE: 6-19-09

For the City of Manchester:

DATE: 6/19/09