

**AGREEMENT BETWEEN**  
**CITY OF MANCHESTER**  
**AND**  
**TEAMSTERS UNION LOCAL NO. 633 OF N.H.**

Affiliated with the International Brotherhood of Teamsters

Expires June 30, 2013

**(Welfare)**

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## ARTICLE ONE

### Purpose

The objectives of this Agreement are the promotion of harmonious and cooperative relations between the City, the Union and members thereof; and the establishment of an equitable and peaceful procedure for the resolution of differences arising between them concerning wages, hours and other conditions of employment other than managerial policy within the exclusive prerogative of the public employer as defined in RSA 273-A. This statement of purpose shall not be subject to the grievance and arbitration provisions of this Agreement.

## ARTICLE TWO

### Recognition

2.1 The City hereby recognizes Teamsters Local 633 of New Hampshire, hereinafter, the "Union", as the exclusive representative of the bargaining unit for the purpose of collective bargaining with respect to wages, hours and other terms and conditions of employment other than managerial policy within the exclusive prerogative of the public employer as specified in RSA 273-A:1, XI. Such managerial prerogatives shall not be subject to the grievance and arbitration provisions of this Agreement.

2.2 The bargaining unit is defined as follows:

All regular full-time employees of the Manchester Welfare Department in the classifications of Accounting Specialist II, Administrative Services Manager, and Welfare Specialist I, II, III.

All other employees are excluded from the bargaining unit.

## ARTICLE THREE

### Management's Rights

The Board of Mayor and Aldermen of the City of Manchester, and the Welfare Commissioner shall continue to have, whether exercised or not, all the rights, powers and authority heretofore existing, including but not limited to the following:

The City of Manchester and the Welfare Commissioner shall determine the levels and standards of service to be offered by the Welfare Department, determine the standards of selection for employment and promotion, direct the bargaining unit members, take disciplinary action, relieve bargaining unit members from duty because of lack of work, budgetary constraints or for other legitimate reasons; issue and enforce rules and regulations; maintain the efficiency of governmental operations; determine the

means, methods and personnel by which the Welfare Departments operations are to be conducted; determine the content of job classifications; exercise complete control and discretion over its organization and the technology of performing its work; and fulfill all of its legal responsibilities.

All of the rights, responsibilities and prerogatives that are inherent in the Board of Mayor and Aldermen, and the Welfare Commissioner by virtue of statutory and charter provisions cannot be subject to any grievance or arbitration proceeding.

**ARTICLE FOUR**  
**Contracting and Subcontracting Out**

4.1 The right of any public agency or private individual(s) or business(es), other than the Welfare Department, to contract for work of the nature ordinarily performed by the Welfare Department, shall not be affected by this Agreement.

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

4.3 If the City of Manchester, or the Welfare Commissioner changes the method of operations which involves contracting out work which is now being performed by bargaining unit employees, the City and/or the Welfare Department will give notice to the Union of its intention. In those cases where bargaining unit members are not absorbed into other City positions, the City and/or Welfare Commissioner will provide as much advance notice of impending lay-off as is reasonably possible.

**ARTICLE FIVE**  
**Stability of Agreement**

5.1 This Agreement represents the entire agreement between the parties hereto and may not be modified in whole or in part except by an instrument in writing, duly executed by both parties.

5.2 Should any article, section or portion thereof of this Agreement be determined to be 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; provided, however, that all other provisions of this Agreement and the application thereof shall remain in full force and effect.

**ARTICLE SIX**  
**No Strike or Lockouts**

6.1 No bargaining unit member shall engage in, induce or encourage any strike, work stoppage, sick-in, sick-out, work slowdown, work to rule, or withholding of services from the City of Manchester or Welfare Department.

6.2 The Union agrees that neither it, nor any of its officers or agents, national or local, will call, institute, authorize, participate in, sanction or ratify any such strike, work stoppage, sick-in, sick-out, work slowdown, work to rule, or withholding of services from the City of Manchester or the Welfare Department. In the event of any such activity, neither the City nor the Welfare Commissioner shall be required to negotiate on the merits of the dispute which gave rise to such activity until any and all such activity has ceased.

6.3 Should any bargaining unit member(s) engage in any activity prohibited in Section 6.1, above, the Union shall forthwith disavow any such activity in writing and shall take all reasonable means to induce such bargaining unit member(s) to terminate such activity forthwith, including but not limited to any and all disciplinary measures which may be taken pursuant to the Union's Constitution and By-laws, or similar governing document.

6.4 In the event of any activity prohibited under Section 6.1, above, bargaining unit members participating in the same shall be subject to disciplinary action, including immediate termination.

6.5 The City of Manchester and the Welfare Commissioner will not engage in any lockout.

**ARTICLE SEVEN**  
**Rules and Regulations**

The rules and regulations of the Welfare Department which are now in effect or which may be promulgated or amended by the Welfare Commissioner shall be the prime governing factor in the conduct and actions of all bargaining unit members and every such member shall be thoroughly conversant with them.

**ARTICLE EIGHT**  
**Non-Discrimination**

The Board of Mayor and Aldermen, the Welfare Commissioner and the Union agree that there will be no discrimination against bargaining unit members on account of membership or non-membership in the Union.

The Union officers and members agree not to bar bargaining unit members from joining or remaining in the Union, except for non-payment of dues.

## ARTICLE NINE

### Hours of Work and Overtime

9.1 Bargaining unit members shall be assigned to work five (5) days per week, forty (40) hours per week. Determination of the work schedules shall be made by the Welfare Commissioner.

9.2 Bargaining unit members shall be paid overtime in accordance with the Fair Labor Standards Act (FLSA).

## ARTICLE TEN

### Sick Leave Accrual and Payment

10.1 Effective on the date of ratification, all bargaining unit members shall be entitled to paid sick leave which shall accrue at the rate of one and one-quarter (1 ¼) work days 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 have satisfactorily completed the probationary period. Unused sick leave may be accumulated up to a maximum of one hundred twenty (120) work days.

10.2 Bargaining unit members eligible for sick leave with pay may use such sick leave for absence due to their illness or injury; or 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 bargaining unit member's exposure to contagious disease.

Bargaining unit members shall be required to substantiate sick leave in excess of three (3) days with a letter from a qualified physician or any other excuse acceptable to the Welfare Commissioner. In the case of chronic absenteeism or if the Welfare Commissioner has reason to believe that a bargaining unit member is abusing his/her sick leave, he/she shall give the bargaining unit member a written warning. If the suspected abuse continues, the Welfare Commissioner may request a doctor's certificate for each period of illness.

If, after a written warning has been issued, there is a substantial improvement in the bargaining unit member's sick leave record for twelve (12) months, the written warning shall be removed from the bargaining unit member's record.

10.3 When a bargaining unit member terminates his/her employment with the City, all sick leave credits shall be canceled, except in cases of paid retirement, paid duty disability retirement or death. In such cases, accrued sick leave shall be payable to the bargaining unit member or his/her designated beneficiary; provided however, that payment shall not exceed eighty (80) days, plus ¼ of the balance of the days accrued over 80 but not more than 120 days.

10.4 Bargaining unit members shall also be entitled to the benefits under City Ordinance 33.081 (H)(4)(b), as it may be amended from time to time.

10.5 Bargaining unit members must use all of their accrued sick leave, any sick leave bank benefits to which they are entitled and all other accrued paid leave before they will be allowed to use unpaid leave for personal illness or injury or exposure to contagious disease.

10.6 Sick Leave Incentive

Effective July 1, 2010 or the date of ratification, whichever comes later, bargaining unit members who used forty-eight (48) hours of sick leave or less in the preceding calendar year will qualify for two (2) personal leave days to be scheduled by the Welfare Commissioner. Personal leave days must be used during the calendar year to which they are credited and shall not accumulate or be carried over to the following year.

10.7 Absence Without Leave

Any bargaining unit member who is absent from duty shall report the reason therefore to the Welfare Commissioner prior to the date of absence when possible and in no case later than the second day of absence, unless there are extenuating circumstances. All unauthorized and unreported absence shall be considered absence without leave and deduction of pay shall be made for the period of absence. Such absence may be grounds for disciplinary action.

**ARTICLE TEN (A)**

**Sick Leave Bank**

Bargaining unit members shall be eligible to participate in the City's Non-Affiliated Sick Leave Bank under its rules and regulations as they may be amended from time to time. Decisions of the Non-Affiliated Sick Leave Bank Committee shall not be grievable.

**ARTICLE ELEVEN**

**Discipline**

11.1 All bargaining unit members shall be required to attend any investigatory interviews schedules by the Welfare Commissioner. If a bargaining unit member has a reasonable fear that discipline may result from the investigatory interview, he/she shall be entitled to union representation if he/she makes such a request. If a union representative is present at the investigatory interview he/she may not interfere with the investigatory interview. The investigatory interview shall not be unreasonably delayed because of the unavailability of a specific union representative.

11.2 No bargaining unit member shall be disciplined without just cause. Disciplinary decisions may be grieved under Article 13 of the Agreement; provided however, an arbitrator may not substitute his/her judgment for that of the Welfare Commissioner in the exercise of rights granted or retained by this agreement.

## ARTICLE TWELVE

### Union Rights

12.1 With the exception of processing grievance matters and negotiating contracts the Union will not be allowed to transact any business on City time. The Union steward shall be allowed reasonable amounts of City time for the handling of grievances. The City shall have no obligation to pay the steward for time spent in grievance matters when he or she is not scheduled for work.

12.2 The Union shall be allowed to use facilities for off-duty meetings concerning matters covered by this Agreement when such facilities are available and such meetings would not conflict with the business of the Welfare Department. Requests for use of Welfare facilities shall be made to the Welfare Commissioner at least seven (7) days prior to the date of the requested use. The Welfare Commissioner shall respond to the request within four (4) days.

## ARTICLE THIRTEEN

### Grievance Procedure

#### 1. Definitions

A “grievance” is a claim based upon the interpretation, meaning or application of any of the provisions of this Agreement. Only claims based upon the interpretation, meaning or application of any of the provisions of this Agreement shall constitute grievances under this Agreement.

The term “days” when used in this Article shall mean Monday through Friday excluding holidays or other days when the Welfare Department is closed.

#### 2. Purpose

The purpose of the procedure is to secure, at the lowest possible administrative level, equitable solutions to problems which may, from time to time, arise affecting the welfare or working conditions of any bargaining unit member having a grievance. Both parties agree that the proceedings will be kept as informal and confidential as may be appropriate at any level of the procedure, which shall be handled as provided in this Article.

Nothing herein contained will be construed as limiting the right of any bargaining unit member having a grievance to discuss the matter informally with any appropriate supervisor and to have the grievance adjusted without the intervention of the Union, provided that such adjustment is not inconsistent with the terms of the Agreement. The Union shall have the right to communicate its concerns to the Welfare Commissioner relative to any interested party; however, this right shall not extend to being present at any meeting, unless the grievant wants the Union to be there. Any adjustment reached without the presence of a designated representative of the Union shall not be precedential in any way.

3. Procedures

Since it is anticipated that nearly all grievances can be resolved informally at level one, it is important that the complaint be processed as rapidly as possible. The timelines contained herein should be considered maximum. The time limits may be extended by mutual agreement, in writing.

Bargaining unit members shall, notwithstanding the pendency of any grievance, continue to observe all assignments and applicable rules and regulations until their grievance(s) is resolved.

A. Level One-Discussion

If the grievance is not brought to the attention of a bargaining unit member's Supervisor within twenty (20) days after the grievant knew or should have known of the act or condition upon which the grievance is based, then the grievance shall be considered waived. An aggrieved person shall give a written notice to the Welfare Commissioner and a brief explanation of the alleged grievance. Such aggrieved person will informally discuss the complaint the Welfare Commissioner either directly or through the Union representative with the object of seeking resolution. The Commissioner shall hold a discussion with the grievant and his/her Union representative, if the representative is requested by the grievant. The Welfare Commissioner shall give an answer within five (5) days from the date that the grievance is informally received.

B. Level Two-Formal Grievance

If the grievant is not satisfied with the disposition of the grievance at Level One, or if no decision has been rendered within ten (10) days after the informal meeting at Level One, the grievant may file the grievance, in writing, with the Welfare Commissioner. The grievance and its specifics shall be submitted on the form contained in Appendix A of this Agreement.

Within (10) days of the receipt of the written grievance, the Welfare Commissioner shall meet with the aggrieved person in an effort to resolve it. The Welfare Commissioner shall render his/her decision within five (5) days after the meeting.

C. Level Three-Pre-Arbitration

If the grievant is not satisfied with the disposition of the grievance at Level Two or no decision has been rendered within the time frames specified in Level Two, the grievant may refer the matter, in writing, within five (5) days after the decision at Level Two, or twenty-five (25) days after the complaint was referred to Level Two to the City's Chief Negotiator/Contract Administrator, who shall schedule a pre-arbitration meeting within fifteen (15) days after receiving the request.

Representatives of the Union, the grievant, the Welfare Commissioner and the Chief Negotiator/Contract Administrator will attend the pre-arbitration meeting. The purpose of this meeting is to determine if the grievance can be resolved without

arbitration. If no satisfactory resolution is reached as a result of the meeting, the Union may submit a written demand for arbitration, with a copy to the Chief Negotiator/Contract Administrator, to the N.H. Public Employee Labor Relations Board within ten (10) days after the pre-arbitration meeting.

D. Level Four-Arbitration

The Arbitrator shall schedule the arbitration hearing at a time and place mutually agreeable to the parties. The Arbitrator shall have no authority to hold a hearing on more than one grievance at any hearing unless the parties mutually agree to the submission of multiple grievances to one arbitrator.

The Arbitrator shall not have the power to alter, add to, or subtract from the terms of the Agreement. The Arbitrator shall have no authority to render a decision which requires the payment for retroactive wages or adjustments which extend prior to the date when an aggrieved employee knew or should have known of the act or condition upon which the grievance was based, as specified in Section 3A of this Article.

The decision of the arbitrator shall be final and binding.

The cost for the services of the Arbitrator, including reasonable expenses, shall be borne equally by the parties in cases of suspension and termination, only. In all other cases, the expenses of the arbitrator shall be borne by the losing party. It shall be incumbent upon the arbitrator to designate the losing Party. The parties agree that the party who requests a postponement of any arbitration hearing shall be obligated to pay any related postponement costs or fees.

E. Miscellaneous

1. Failure at any level of the grievance procedure of “management” to render a decision within the specified time limits shall permit the grievance to proceed to the next level.
2. Failure of the grievant and/or the Union to abide by the time limits set forth in this article shall result in the grievance being dismissed without further action being taken with respect to such grievance.
3. No reprisals of any kind will be taken by “management” or the Union against any party of interest, any Union representative or any other participant in the grievance procedure by reason of such participation.
4. The Welfare Commissioner may initiate a grievance against any bargaining unit member or the Union under the terms of this Article by specifying to the Union, in writing, the specific name (s), date(s), alleged violation(s) or misapplication(s) and the provision(s) of this Agreement involved. Such a grievance shall be commenced at Level Three.

If such a grievance is not filed within forty-five days of the date(s) of the alleged violation(s) or misapplication(s), then the grievance shall be considered waived.

5. The Welfare Commissioner agrees to allow a Union grievance representative and an aggrieved employee(s) reasonable time, without loss of pay, during regular working hours for the purpose of processing grievances only, provided such time away from work does not interfere with the work of the area(s) involved. Such time will not be withheld unreasonably. The Union grievance representative will obtain prior permission to absent him/herself from work before leaving a work site and shall obtain prior permission of the appropriate supervisor involved before interrupting the work of an aggrieved employee(s). Employees shall not be entitled to vehicle reimbursement if they travel for grievance purposes.

## ARTICLE FOURTEEN Salaries

NOTE: The bargaining unit members' work weeks are specified in Article 9.

14.1 Effective on July 1, 2010, the Salary Schedule shall be increased by one and one half percent (1.5%).

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

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

14.2 Bargaining unit members will receive a step increase on their anniversary date of current position. This step increase will be subject to a satisfactory performance evaluation. Evaluation step increases will stop when a bargaining unit member reaches Step 13 on the included Salary Schedule.

14.3 Bargaining member appeals of their annual performance evaluations will be conducted according to the process agreed to by the Union and the City. See Appendix B.

14.4 The longevity waiting periods for bargaining unit members shall be 5-10-15-20-25-30-35-40-45 years of service. An increase of three percent (3.0%) will take effect on the bargaining unit member's anniversary date of employment.

14.5 Bargaining unit members who are promoted to a higher grade shall be placed on the lowest step of the new grade which will provide a minimum of a ten percent (10.0%) increase in salary.

14.6 Bargaining unit members who have attained the requirements of the achievement

grade (A-Step) associated with their positions will be placed on the corresponding step on the achievement grade.

#### **ARTICLE FIFTEEN**

##### **Temporary Duty in a Higher Classification**

15.1 In any case when a bargaining unit member is qualified for and is temporarily required to serve regularly in and accept the responsibility for work in a higher class of position, such bargaining unit member shall receive the entrance rate of that class or one rate step above his/her present rate, whichever is higher, while so assigned, subject to the approval of the Human Resources Director. Such temporary assignment to a higher class of positions, to qualify for the higher rate of pay, shall be regular and continuous in character for at least one work day.

15.2 A bargaining unit member may be temporarily assigned to the work of any position of the same or lower pay grade without a change in pay.

#### **ARTICLE SIXTEEN**

##### **Hospital/Medical Insurance**

16.1 Effective July 1, 2010, the City shall provide a hospital/medical policy equivalent to Cigna POS which description is attached hereto as Appendix D, for all bargaining unit members, hired prior to July 1, 2010. 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, 2010, the City shall 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, these employees may elect to remain in Cigna HMO or elect to change to Cigna POS.

16.2 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 percentage costs to bargaining unit members do not increase.

16.4 Effective July 1, 2010, 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 eight-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 E 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, 2007, the total yearly maximum will be \$1,500.00.

16.5 Effective on July 1, 2010, 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.

16.6 Bargaining unit members shall be entitled to full participation in the City's Employee Assistance Program (EAP). The parties agree that if the EAP is terminated by the City, this benefit will lapse.

## ARTICLE SEVENTEEN

### Vacation

17.1 All bargaining unit members shall be entitled to vacation leave with pay in accordance with the following schedule:

- 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 of (5) calendar weeks begins at the beginning of twenty (20) years of continuous service.

17.2 Vacation credits shall accrue during the first six (6) working months of employment, but an employee shall not be eligible to use such vacation credits until the successful completion of his/her six (6) month probationary period. If an employee leaves or is terminated for any cause during his/her probationary period, he/she shall not have earned any vacation credits and shall not be eligible for payment for any vacation credits. Employees who are initially employed in a full-time temporary status and who are subsequently appointed to a permanent status, without break in service as determined

by the Human Resources Department, shall be allowed credit for the time served in temporary status towards accrual of vacation benefits.

17.3 Vacation pay shall be based upon the employee's regular daily rate of pay. Upon termination, permanent employees shall be paid for all unused vacation time based upon their then current rate of pay.

17.4 No employees shall be permitted to accrue in excess of two (2) times his/her annual vacation ; i.e. employees who earn ten (10) days of vacation per year shall have not more the twenty (20) days earned vacation to their credit at any one time.

17.5 Absence on account of sickness, injury or disability in excess of leave authorized in other articles may, at the request of the employee and within the discretion of the Welfare Commissioner, be charged against earned vacation leave allowance.

17.6 In the event that a paid legal holiday as prescribed in Article 18 falls during the week an employee is on vacation, such holiday shall not be charged against the vacation time.

The right to take vacation shall not be unreasonably withheld, however, the Welfare Commissioner shall determine the number of employees allowed to take vacation in any one (1) week. Employees may request to use of vacation time in increments of one (1) hour or more.

## ARTICLE EIGHTEEN

### Holidays

18.1 Permanent full-time employees shall receive their regular compensation for the following named holidays:

New Year's Day	Columbus Day
Martin Luther King Day	Biennial Election Day
President's Day	Veteran's Day
Memorial Day	Thanksgiving Day
Fourth of July	Christmas Day
Labor Day	

18.2 If a holiday falls on a Sunday and is celebrated on the following Monday or if a holiday falls on a Saturday and is celebrated on the previous Friday, all eligible employees will be paid for that day.

18.3 Any employee shall forfeit his/her right to payment of any holiday if he/she has any unexcused absence on the last day preceding such holiday (or the alternative day under section 2, above) or the next regular work day following such holiday (or such alternative day).

18.4 Eligible employees who are required to work on a holiday (or the alternative day under section 2, above) when the holiday falls on a scheduled day off shall be allowed to take another day off during the same work week, all subject to the operational needs of the Welfare Department.

## ARTICLE NINETEEN

### Bereavement Leave

19.1 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 bargaining unit members in the event of the death of their spouse, father, mother, sister, brother, child, father-in-law, mother-in-law, daughter-in-law, son-in-law or a blood relative or ward residing in the same household.

19.2 Under extenuating circumstances, two (2) additional days with pay may be granted under section 1, with the written approval of the Welfare Commissioner; such days to be charged to the bargaining unit member's accrued sick leave.

19.3 At the request of the bargaining unit member, a special leave of one (1) working day with pay, for the purpose of attending the funeral shall be granted the bargaining unit member in the event of the death of his/her grandmother, grandfather, grandchild, sister-in-law, brother-in-law, aunt, uncle, great grandparents or an ex-spouse provided there are minor children at the time of the death.

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

## ARTICLE TWENTY

### Jury Duty/Special Leave

20.1 Any bargaining unit member who is called for jury duty shall notify the Welfare Commissioner or his/her designee within five (5) workdays after being summoned to appear for jury duty. Notification to the Welfare Commissioner must be made in advance of the jury duty assignment with supporting documentation. Upon proper notification, the employee called will be paid the difference between the fee received for jury duty and the amount of straight time earnings lost by reason of the jury duty. Satisfactory evidence of actual jury duty must be submitted to the Welfare Commissioner.

Bargaining unit members who are excused from jury duty for a day or days shall be responsible to report to their assignment. Employees, serving as jurors in the courts of Rockingham, Merrimack or Hillsborough Counties shall, if there are more than two (2) hours remaining in the normal work day, be responsible to report to their work site as soon as possible after being released. Failure to report will disqualify the employee from the City's Jury Duty Leave payment. In this case, the employee will retain the daily stipend paid by the Court in which the employee serves as a juror.

20.2 LEAVES OF ABSENCE

A. In addition to other leaves authorized by this Agreement, the Welfare Commissioner, may authorize an employee to be absent without pay for personal reasons for a period or periods not to exceed ninety (90) days in a rotating year.

B. The Board of Mayor and Aldermen may authorize special leaves of absence with or without pay for any period or periods not exceed one calendar year for the following purposes: Attendance at college, university or business school for the purpose of training in subjects relating to the work of the employee and which will benefit the employee and the Welfare Department, urgent personal business requiring the employee's attention for an extended period, such as settling estates, liquidation of business, attending court as a witness, and for purposes other than the above that are deemed beneficial to the city service.

C. MILITARY LEAVE

Military leave shall be governed by applicable State and Federal law.

D. MATERNITY LEAVE

Maternity leave shall be governed by applicable law.

**ARTICLE TWENTY-ONE**  
**Education Incentive Reimbursement**

21.1 Effective July 1, 2010, the following education incentive reimbursement provisions will apply to bargaining unit members.

21.2 The City agrees to provide reimbursement to bargaining unit members 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 \$2,000.00 per employee per fiscal year. Such payments will be made from the non-affiliated employee fund and they will cease when the fund is exhausted.

21.3 All courses must be approved in advance by the Welfare Commissioner, as meeting the requirement that the course is related to the bargaining unit members job or is part of a career development program. Approval must be obtained through the Human Resources Department for payment of the course, under its procedures.

21.4 Once a course has been approved, an advance will be made to the bargaining unit member 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 reimbursement will be paid to the bargaining unit member upon presentation of a certification of the satisfactory completion of the course.

21.5 Approval for courses will be considered on the basis of relevancy of the course, the number of bargaining unit members applying and the funds available.

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

## **ARTICLE TWENTY-TWO**

### **Layoffs**

22.1 In the event of a layoff, the Manchester Welfare Commissioner reserves the sole right to determine which classification(s) shall be affected. Employees shall be laid off in the inverse order of their classification seniority, i.e., the employee with the least time in the affected classification shall be laid off first.

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, employees affected in that classification shall be assigned to the next lower classification for which they are qualified provided they have more Department Seniority than an incumbent in the lower classification.

Displaced employees in the lower classification shall have the same rights of reassignment.

22.2 In the event of a layoff, the Welfare Commissioner shall give written notice to the employee(s) affected at least fourteen (14) calendar days prior to the effective date of the layoff.

In layoffs associated with the contracting or subcontracting of work, the City and/or Department will provide as much advance notice of the impending layoff as is reasonably possible.

## **ARTICLE TWENTY-THREE**

### **Dues Deduction**

23.1 Effective on the date of ratification, the City agrees to authorize the deduction of Union dues from each bargaining unit member who has signed an authorization card and to remit same to Teamsters Local No. 633 of New Hampshire on a monthly basis.

23.2 If any bargaining unit member 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. In no event will the City be required to deduct fines or assessments beyond the regular monthly dues.

23.3 The City and the Welfare Department and all of their employees and agents

shall be held harmless in any dispute whatsoever arising between the Union and the bargaining unit member(s) regarding the payment of Union dues.

23.4 The City will notify Teamsters Local 633 of New Hampshire in writing within ten (10) working days of the cancellation of Union dues deductions by a bargaining unit member who had previously signed an authorization card.

23.5 The City agrees to a D.R.I.V.E. check-off for bargaining unit members. Upon written authorization by the employee, the City shall deduct the amount specified by the employee on a weekly basis and shall remit same to the Granite State Teamsters' D.R.I.V.E. account. The employee shall provide written authorization in the form required law.

#### **ARTICLE TWENTY-FOUR**

##### **Life Insurance**

24.1 Effective on the date of ratification, the City will provide for a Life Insurance fund to provide for the payment of a death benefit of an amount equal to the bargaining unit member'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 thirty (30) calendar days after resignation for health reasons.

24.2 The City reserves the right to contract with a qualified insurance carrier of its choosing to provide the benefits specified above.

#### **ARTICLE TWENTY-FIVE**

##### **Miscellaneous**

- 1) SAFETY COMMITTEE: There shall be established a Safety Committee to work with the Commissioner on safety issues that pertain to the Welfare office and its staff.

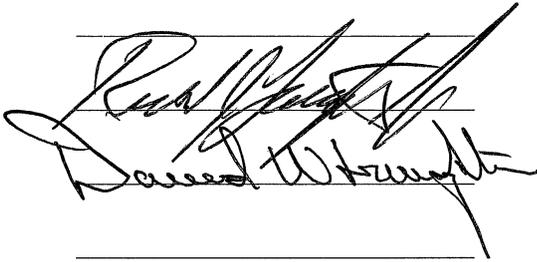
#### **ARTICLE TWENTY-SIX**

##### **Duration**

Upon ratification by the respective parties, this Agreement shall be in effect, with effective dates for specific provisions as stated in the various Articles, through June 30, 2013, at which time it shall automatically expire.

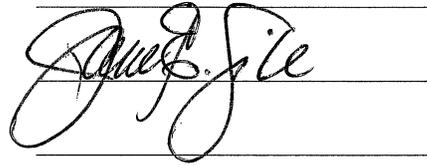
Pursuant to RSA 273-A:3, II (a), if either party desires to bargain a successor agreement, it must give written notice to the other party no later than December 1, 2012 or the anniversary date thereof, such date being one hundred twenty (120) days prior to the budget submission date.

For Teamsters Local No. 633 of N.H.

  
\_\_\_\_\_

Date: 6-18-10

For the City of Manchester

  
\_\_\_\_\_

Date: 6/18/10

**APPENDIX A**

Grievance Form

GRIEVANT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

WORK LOCATION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_

STATEMENT OF GRIEVANCE:

STATE ALLEGED VIOLATION; DATE, TIME, PLACE, PERSONNEL INVOLVED,  
CONTRACT ARTICLES/SECTIONS VIOLATED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE REMEDY REQUESTED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GRIEVANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

---

I AUTHORIZE TEAMSTERS LOCAL NO. 633 OF N.H. TO ACT AS MY REPRESENTATIVE IN  
THE DISPOSITION OF THIS GRIEVANCE.

DATE \_\_\_\_\_ GRIEVANT'S SIGNATURE \_\_\_\_\_

DATE PRESENTED TO MANAGEMENT REPRESENTATIVE \_\_\_\_\_

MANAGEMENT REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

DISPOSITION OF GRIEVANCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CC: \_\_\_\_\_

## APPENDIX B

### 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 employees 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 favorable 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.

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
	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
	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
	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
	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
	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
	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
	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 (6DA)	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
	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 (6E0)	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
	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 (6EA)	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
	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 (6F0)	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
	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 (6FA)	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
	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 (6G0)	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
	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 (6GA)	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
	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 (6H0)	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
	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 (6HA)	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
	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 (6I0)	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
	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 (6IA)	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
	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 (6J0)	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
	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 (6JA)	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
	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 (6K0)	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
	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 (6KA)	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
	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 (6L0)	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
	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 (6LA)	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
	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 (6M0)	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
	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 (6MA)	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
	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 (6N0)	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
	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 (6NA)	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
	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 (6O0)	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
	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 (60A)	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
	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
	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
GRADE 18 (6P0)	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
	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
	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
GRADE 18A (6PA)	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
	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
	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
GRADE 19 (6Q0)	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
	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
	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
GRADE 19A (6QA)	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
	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
	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
GRADE 20 (6R0)	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
	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
	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
GRADE 20A (6RA)	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
	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
	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
GRADE 21 (6S0)	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
	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
	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
GRADE 21A (6SA)	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
	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
	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
GRADE 22 (6T0)	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
	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
	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
GRADE 22A (6TA)	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
	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
	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

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 (6U0)	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
	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 (6UA)	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
	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 (6V0)	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
	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 (6VA)	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
	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 (6W0)	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
	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 (6WA)	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
	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 (6X0)	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
	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 (6XA)	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
	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 (6Y0)	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
	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 (6YA)	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
	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 (6Z0)	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
	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
<b>GRADE 28A Ex (6ZA)</b>	86,799.01 41.73 62.595	89,402.97 43.00 64.500	92,085.05 44.28 66.420	94,847.64 45.60 68.400	97,693.05 46.98 70.470	100,623.84 48.39 72.585	103,642.56 49.83 74.745	106,751.83 51.33 76.995	109,954.39 52.86 79.290	113,253.02 54.44 81.660	116,650.59 56.08 84.120	120,150.15 57.76 86.640	123,754.64 59.50 89.250
<b>GRADE 29 Ex (600)</b>	89,734.22 43.16 64.740	92,426.27 44.45 66.675	95,199.05 45.79 68.685	98,055.03 47.16 70.740	100,996.67 48.57 72.855	104,026.57 50.03 75.045	107,147.39 51.54 77.310	110,361.79 53.08 79.620	113,672.64 54.69 82.035	117,082.83 56.32 84.480	120,595.33 58.01 87.015	124,213.17 59.73 89.595	127,939.57 61.53 92.295
<b>GRADE 29A Ex (60A)</b>	92,874.93 44.65 66.975	95,661.17 46.00 69.000	98,531.02 47.38 71.070	101,486.97 48.80 73.200	104,531.56 50.27 75.405	107,667.51 51.78 77.670	110,897.54 53.34 80.010	114,224.46 54.94 82.410	117,651.19 56.59 84.885	121,180.73 58.27 87.405	124,816.15 60.03 90.045	128,560.63 61.82 92.730	132,417.46 63.68 95.520
<b>GRADE 30 Ex (610)</b>	96,015.61 46.15 69.225	98,896.11 47.54 71.310	101,862.98 48.97 73.455	104,918.89 50.46 75.690	108,066.43 51.96 77.940	111,308.43 53.52 80.280	114,647.68 55.11 82.665	118,087.12 56.79 85.185	121,629.73 58.48 87.720	125,278.63 60.26 90.390	129,036.99 62.06 93.090	132,908.09 63.90 95.850	136,895.32 65.83 98.745
<b>GRADE 30A Ex (61A)</b>	99,376.17 47.79 71.685	102,357.47 49.23 73.845	105,428.19 50.71 76.065	108,591.04 52.22 78.330	111,848.78 53.80 80.700	115,204.23 55.41 83.115	118,660.35 57.07 85.605	122,220.17 58.79 88.185	125,886.78 60.54 90.810	129,663.38 62.36 93.540	133,553.28 64.23 96.345	137,559.87 66.15 99.225	141,686.66 68.15 102.225
<b>GRADE 31 Ex (620)</b>	102,736.73 49.40 74.100	105,818.84 50.87 76.305	108,993.40 52.40 78.600	112,263.21 53.97 80.955	115,631.09 55.59 83.385	119,100.04 57.25 85.875	122,673.03 58.97 88.455	126,353.22 60.74 91.110	130,143.82 62.57 93.855	134,048.14 64.46 96.690	138,069.57 66.41 99.615	142,211.54 68.39 102.585	146,478.02 70.43 105.645
<b>GRADE 31A Ex (62A)</b>	106,332.52 51.12 76.680	109,522.49 52.66 78.990	112,808.16 54.24 81.360	116,192.41 55.88 83.820	119,678.18 57.55 86.325	123,268.52 59.28 88.920	126,966.57 61.06 91.590	130,775.58 62.87 94.305	134,698.84 64.77 97.155	138,739.82 66.70 100.050	142,902.00 68.72 103.080	147,189.06 70.78 106.170	151,604.75 72.91 109.365
<b>GRADE 32 Ex (630)</b>	109,928.32 52.84 79.260	113,226.15 54.43 81.645	116,622.93 56.07 84.105	120,121.62 57.75 86.625	123,725.26 59.49 89.235	127,437.03 61.28 91.920	131,260.13 63.11 94.665	135,197.93 65.00 97.500	139,253.87 66.96 100.440	143,431.50 68.96 103.440	147,734.43 71.03 106.545	152,166.46 73.17 109.755	156,731.46 75.36 113.040
<b>GRADE 32A Ex (63A)</b>	113,775.78 54.71 82.065	117,189.06 56.36 84.540	120,704.75 58.06 87.090	124,325.88 59.79 89.685	128,055.67 61.57 92.355	131,897.33 63.42 95.130	135,854.25 65.35 98.025	139,929.87 67.28 100.920	144,127.77 69.30 103.950	148,451.59 71.38 107.070	152,905.14 73.53 110.295	157,492.29 75.73 113.595	162,217.07 78.00 117.000
<b>GRADE 33 Ex (640)</b>	117,623.26 56.55 84.825	121,151.99 58.24 87.360	124,786.54 60.01 90.015	128,530.13 61.80 92.700	132,386.04 63.66 95.490	136,357.61 65.56 98.340	140,448.34 67.54 101.310	144,661.78 69.56 103.340	149,001.64 71.64 107.460	153,471.68 73.79 110.685	158,075.88 76.01 114.015	162,818.11 78.30 117.450	167,702.68 80.63 120.945
<b>GRADE 33A Ex (64A)</b>	121,740.09 58.52 87.780	125,392.30 60.29 90.435	129,154.08 62.10 93.150	133,028.69 63.96 95.940	137,019.55 65.88 98.820	141,130.13 67.85 101.775	145,364.02 69.89 104.835	149,724.93 71.98 107.970	154,216.70 74.15 111.225	158,843.22 76.36 114.540	163,608.51 78.66 117.990	168,516.77 81.04 121.560	173,572.27 83.45 125.175

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 (650)	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
	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 (65A)	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
	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 (660)	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
	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 (66A)	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
	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 (670)	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
	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 (67A)	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
	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
	H	9.63	9.92	10.20	10.52	10.83	11.15
	O	14,445	14,880	15,300	15,780	16,245	16,725
GRADE 1A	Ex	20,513.36	21,128.76	21,762.63	22,415.49	23,087.96	23,780.62
	H	9.88	10.16	10.47	10.78	11.10	11.44
	O	14,820	15,240	15,705	16,170	16,650	17,160
GRADE 2	Ex	21,207.04	21,843.26	22,498.55	23,173.51	23,868.72	24,584.78
	H	10.20	10.52	10.82	11.14	11.50	11.83
	O	15,300	15,780	16,230	16,710	17,250	17,745
GRADE 2A	Ex	21,949.29	22,607.78	23,286.02	23,984.58	24,704.11	25,445.27
	H	10.56	10.86	11.20	11.55	11.89	12.24
	O	15,840	16,290	16,800	17,325	17,835	18,360
GRADE 3	Ex	22,691.53	23,372.29	24,073.46	24,795.65	25,539.52	26,305.68
	H	10.90	11.23	11.58	11.92	12.27	12.66
	O	16,350	16,845	17,370	17,880	18,405	18,990
GRADE 3A	Ex	23,485.73	24,190.30	24,916.03	25,663.50	26,433.41	27,226.41
	H	11.31	11.64	11.98	12.33	12.73	13.10
	O	16,965	17,460	17,970	18,495	19,095	19,650
GRADE 4	Ex	24,279.95	25,008.33	25,758.59	26,531.35	27,327.29	28,147.11
	H	11.69	12.04	12.40	12.77	13.14	13.54
	O	17,535	18,060	18,600	19,155	19,710	20,310
GRADE 4A	Ex	25,129.77	25,883.65	26,660.14	27,459.93	28,283.75	29,132.27
	H	12.10	12.45	12.82	13.21	13.61	14.02
	O	18,150	18,675	19,230	19,815	20,415	21,030
GRADE 5	Ex	25,979.54	26,758.92	27,561.69	28,388.54	29,240.19	30,117.40
	H	12.49	12.87	13.26	13.65	14.06	14.48
	O	18,735	19,305	19,890	20,475	21,090	21,720
GRADE 5A	Ex	26,888.83	27,695.48	28,526.34	29,382.15	30,263.61	31,171.50
	H	12.96	13.35	13.77	14.18	14.61	15.03
	O	19,440	20,025	20,655	21,270	21,915	22,545
GRADE 6	Ex	27,798.10	28,632.05	29,491.01	30,375.75	31,287.02	32,225.62
	H	13.38	13.80	14.21	14.64	15.06	15.52
	O	20,070	20,700	21,315	21,960	22,590	23,280

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

GRADE	STEP AL1	STEP AL2	STEP AL3	STEP AL4	STEP AL5	STEP AL6	STEP AL7
GRADE 12 Ex (6J0)	41,717.45	42,968.99	44,258.07	45,585.80	46,953.36	48,361.97	49,812.84
	20.09	20.68	21.29	21.92	22.58	23.27	23.96
	30.135	31.020	31.935	32.880	33.870	34.905	35.940
GRADE 12A Ex (6JA)	43,177.56	44,472.89	45,807.09	47,181.28	48,596.73	50,054.64	51,556.28
	20.77	21.39	22.03	22.71	23.40	24.09	24.81
	31.155	32.085	33.045	34.065	35.100	36.135	37.215
GRADE 13 Ex (6K0)	44,637.69	45,976.82	47,356.11	48,776.80	50,240.09	51,747.31	53,299.73
	21.48	22.15	22.80	23.48	24.17	24.90	25.67
	32.220	33.225	34.200	35.220	36.255	37.350	38.505
GRADE 13A Ex (6KA)	46,200.01	47,586.01	49,013.58	50,483.99	51,998.51	53,558.46	55,165.23
	22.24	22.91	23.59	24.30	25.03	25.77	26.54
	33.360	34.365	35.385	36.450	37.545	38.655	39.810
GRADE 14 Ex (6L0)	47,762.33	49,195.19	50,671.05	52,191.19	53,756.93	55,369.63	57,030.71
	22.98	23.67	24.39	25.11	25.86	26.64	27.43
	34.470	35.505	36.585	37.665	38.790	39.960	41.145
GRADE 14A Ex (6LA)	49,434.02	50,917.03	52,444.55	54,017.88	55,638.40	57,307.58	59,026.80
	23.77	24.50	25.22	25.99	26.79	27.59	28.42
	35.655	36.750	37.830	38.985	40.185	41.385	42.630
GRADE 15 Ex (6M0)	51,105.70	52,638.84	54,218.02	55,844.56	57,519.90	59,245.50	61,022.87
	24.59	25.33	26.10	26.87	27.67	28.50	29.34
	36.885	37.995	39.150	40.305	41.505	42.750	44.010
GRADE 15A Ex (6MA)	52,894.39	54,481.21	56,115.66	57,799.12	59,533.10	61,319.08	63,158.67
	25.45	26.21	26.99	27.81	28.63	29.50	30.37
	38.175	39.315	40.485	41.715	42.945	44.250	45.555
GRADE 16 Ex (6N0)	54,683.07	56,323.58	58,013.29	59,753.67	61,546.30	63,392.69	65,294.47
	26.29	27.08	27.90	28.73	29.61	30.48	31.40
	39.435	40.620	41.850	43.095	44.415	45.720	47.100
GRADE 16A Ex (6NA)	56,596.98	58,294.89	60,043.75	61,845.06	63,700.41	65,611.43	67,579.77
	27.25	28.07	28.92	29.77	30.67	31.59	32.53
	40.875	42.105	43.380	44.655	46.005	47.385	48.795
GRADE 17 Ex (6O0)	58,510.90	60,266.22	62,074.21	63,936.44	65,854.54	67,830.17	69,865.08
	28.14	28.99	29.86	30.76	31.68	32.62	33.60
	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 (6OA)	Ex	60,558.78	62,375.54	64,246.80	66,174.21	68,159.44	70,204.21
	H	29.14	30.01	30.91	31.84	32.79	33.76
	O	43.710	45.015	46.365	47.760	49.185	50.640
GRADE 18 (6P0)	Ex	62,606.65	64,484.85	66,419.41	68,412.02	70,464.36	72,578.28
	H	30.14	31.04	31.97	32.95	33.93	34.94
	O	45.210	46.560	47.955	49.425	50.895	52.410
GRADE 18A (6PA)	Ex	64,797.90	66,741.83	68,744.09	70,806.40	72,930.60	75,118.51
	H	31.16	32.08	33.06	34.05	35.08	36.12
	O	46.740	48.120	49.590	51.075	52.620	54.180
GRADE 19 (6Q0)	Ex	66,989.12	68,998.82	71,068.75	73,200.86	75,396.84	77,658.76
	H	32.23	33.18	34.19	35.22	36.28	37.36
	O	48.345	49.770	51.285	52.830	54.420	56.040
GRADE 19A (6QA)	Ex	69,333.74	71,413.76	73,556.16	75,762.86	78,035.76	80,376.82
	H	33.37	34.36	35.38	36.45	37.54	38.67
	O	50.055	51.540	53.070	54.675	56.310	58.005
GRADE 20 (6R0)	Ex	71,678.38	73,828.72	76,043.59	78,324.89	80,674.65	83,094.87
	H	34.50	35.53	36.59	37.69	38.81	39.98
	O	51.750	53.295	54.885	56.535	58.215	59.970
GRADE 20A (6RA)	Ex	74,187.11	76,412.71	78,705.10	81,066.25	83,498.25	86,003.20
	H	35.69	36.77	37.87	39.00	40.15	41.36
	O	53.535	55.155	56.805	58.500	60.225	62.040
GRADE 21 (6S0)	Ex	76,695.85	78,996.72	81,366.64	83,807.64	86,321.84	88,911.49
	H	36.89	37.99	39.13	40.32	41.53	42.77
	O	55.335	56.985	58.695	60.480	62.295	64.155
GRADE 21A (6SA)	Ex	79,380.20	81,761.60	84,214.46	86,740.91	89,343.13	92,023.42
	H	38.20	39.35	40.52	41.73	42.99	44.27
	O	57.300	59.025	60.780	62.595	64.485	66.405
GRADE 22 (6T0)	Ex	82,064.55	84,526.51	87,062.29	89,674.16	92,364.38	95,135.31
	H	39.47	40.67	41.89	43.15	44.42	45.76
	O	59.205	61.005	62.835	64.725	66.630	68.640
GRADE 22A (6TA)	Ex	84,936.84	87,484.94	90,109.47	92,812.75	95,597.13	98,465.06
	H	40.84	42.07	43.32	44.63	45.97	47.35
	O	61.260	63.105	64.980	66.945	68.955	71.025

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

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





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<sup>SM</sup> 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*<sup>®</sup> 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](http://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](http://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<sup>®</sup> tools with personalized benefits information to help you make the most of your plan.
- We Speak Many Languages<sup>SM</sup>. 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<sup>®</sup> can help you manage chronic conditions.
- The CIGNA HealthCare Healthy Babies<sup>®</sup> 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<sup>SM</sup> promotes cancer prevention and early detection through personalized care management, educational tools, benefit counseling, and other resources.
- Healthy Steps for Weight Loss<sup>SM</sup> 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
<i>Physician Services</i> <i>Primary Care Physician (PCP) Office Visit</i>	\$15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed	20% of charges**
<i>Specialty Physician Office Visit</i> <i>Consultant and Referral Physician Services</i> <i>Note: OB/GYN physician is considered a Specialist Physician</i>	\$15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed	20% of charges**
<i>Allergy Treatment/Injections – PCP or Specialty Physician</i>	\$15 copayment per office visit or actual charge, whichever is less	20% of charges**
<i>Allergy Serum (dispensed by physician in office)</i>	No charge	20% of charges**
<i>Second Opinion Consultations (provided on voluntary basis)</i>	\$15 copayment per office visit	20% of charges**
<i>Surgery Performed in the Physician's Office – PCP or Specialty Physician</i>	\$15 copayment per office visit	20% of charges**
<i>Preventive Care</i> <i>Routine Preventive Care – Well Baby, Well Child Care, Adult Care and Well Woman (including Immunizations)</i> <i>Note: Well Woman OB/GYN visits are subject to the specialty physician's office visit copay.</i>	\$15 copayment per office visit; No charge if only x-ray and/or lab services performed and billed	20% of charges**
<i>Immunizations</i>	No charge	20% of charges**
<i>Mammograms, PSA, Pap Test</i> <i>(Preventive Care Related Routine Services)</i> <i>(Note: Diagnostic Related Services are subject to the plan's laboratory &amp; radiology benefit; based on place of service)</i>	\$15 copayment per office visit Note: Associated wellness exam is subject to the \$15 copayment per office visit	20% of charges**
<i>Inpatient Hospital Services including:</i> <i>Semi-Private Room and Board</i> <i>Diagnostic/Therapeutic Lab and X-ray</i> <i>Drugs and Medication</i> <i>Operating and Recovery Room</i> <i>Radiation Therapy and Chemotherapy</i> <i>Anesthesia and Inhalation Therapy</i>	No charge	20% of charges**, Precertification required
<i>Inpatient Hospital Doctor's Visits/Consultations</i> <i>Inpatient Hospital Professional Services</i>	No charge No charge	20% of charges** 20% of charges**
<i>Outpatient Facility Services</i> <i>Operating Room, Recovery Room, Procedure Room and Treatment Room including:</i> <i>Diagnostic/Therapeutic Lab and X-rays</i> <i>Anesthesia and Inhalation Therapy</i> <i>Physician and Outpatient Professional Services</i>	No charge No charge	20% of charges** 20% of charges**
<i>Laboratory and Radiology Services</i> <i>(includes preadmission testing)</i> <i>Physician's Office</i> <i>Outpatient Hospital Facility</i>  <i>Emergency Room Facility (billed by facility as part of the Emergency Room visit)</i> <i>Independent X-Ray and/or Lab Facility</i> <i>Independent X-Ray and/or Lab Facility (in conjunction with an Emergency Room visit)</i>	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)	20% of charges** 20% of charges**  No charge; (except if not a true emergency, then not covered.) 20% of charges** No charge; (If Emergency Room visit is considered to be a true emergency)
<i>Advanced Radiological Imaging</i> <i>(MRIs, MRAs, CAT Scans, PET Scans, etc.)</i> <i>Inpatient Facility</i> <i>Outpatient Facility</i> <i>Emergency Room</i>	No charge No charge No charge	20% of charges** 20% of charges** No charge; except if not a true emergency, then not covered
<i>Physician's Office</i>	No charge	20% of charges**

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



**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*

*CIGNA Tel-Drug Mail Order Drug Program*  
*Generic Drugs*  
*Brand Name Drugs*

\$10 per 30-day supply for generic drugs  
 \$15 per 30-day supply for 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

Covered in-network only  
 Covered in-network only

**BENEFIT HIGHLIGHTS**

**IN-NETWORK**

**OUT-OF-NETWORK**

**OTHER BENEFIT INFORMATION**

<i>Calendar Year Deductible</i> <i>Individual</i> <i>Family</i>	None None	\$100 \$300
<i>Calendar Year Out-of-Pocket (OOP) Maximum</i>  <i>Individual</i> <i>Family</i>	None None	Includes member paid coinsurance \$500 excludes deductible \$1,500 excludes deductible
<i>Coinsurance</i>	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.
<i>Precertification – Inpatient – PHS+ (required for all inpatient admissions)</i>  <i>Precertification – Outpatient- PHS+ (required for selected outpatient services and diagnostic testing or outpatient services)</i>	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
<i>Lifetime Maximum</i>	Unlimited#	\$1,000,000#
<i>Pre-existing Condition Limitation</i>	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.

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2007 CIGNA Health Corporation



CIGNA HealthCare

# SUMMARY OF BENEFITS

Your CIGNA HealthCare Network HMO plan

## 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<sup>SM</sup> 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*<sup>®</sup> 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](http://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](http://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](http://myCIGNA.com), our convenient, secure web site that combines WebMD<sup>®</sup> tools with personalized benefits information to help you make the most of your plan.
- We Speak Many Languages<sup>SM</sup>. 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<sup>®</sup> can help you manage chronic conditions.
- The CIGNA HealthCare Healthy Babies<sup>®</sup> 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<sup>SM</sup> promotes cancer prevention and early detection through personalized care management, educational tools, benefit counseling, and other resources.
- Healthy Steps for Weight Loss<sup>SM</sup> 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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- 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.

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

Network HMO - ASO

**BENEFIT HIGHLIGHTS**

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

**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  
 Not covered

*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

\$5 copayment per office visit; No charge if only x-ray and/or lab services performed and billed.  
  
 No charge  
 No charge  
 No charge

*Inpatient Facility*  
*Outpatient Facility*  
*Physician's Services*

Not Covered

*TMJ – Surgical and Non-surgical*

**BENEFIT HIGHLIGHTS**

<p><b>Mental Health</b>  <i>Inpatient – 30 days maximum per calendar year</i>  <i>Acute: Based on a ratio of 1:1</i>  <i>Partial: Based on a ratio of 2:1</i>  <i>Residential: Based on a ratio of 2:1</i>  <b>Outpatient Individual –</b>  <i>20 visits maximum per calendar year</i>  <b>Group Therapy – combined maximum with Outpatient Individual</b>  <i>Mental Health services based on a ratio of 1:1</i>  <b>Intensive Outpatient Mental Health – up to 3 programs maximum</b>  <i>per calendar year based on a ratio of 1:1 with outpatient Mental Health visits</i></p>	<p>No charge</p> <p>\$5 copayment per visit</p> <p>\$5 copayment per session</p> <p>\$50 copayment per program</p>												
<p><b>Substance Abuse</b>  <i>Inpatient – 30 days maximum per calendar year</i>  <i>Acute Detox: Based on a ratio of 1:1 (requires 24 hour nursing)</i>  <i>Acute Inpatient Rehab: Based on a ratio of 1:1 (requires 24 hour nursing)</i>  <i>Partial: Based on a ratio of 2:1</i>  <i>Residential: Based on a ratio of 2:1</i>  <b>Outpatient Individual –</b>  <i>20 visits maximum per calendar year</i></p>	<p>No charge</p> <p>\$5 copayment per visit</p>												
<p><b>Intensive Outpatient Substance Abuse – up to 3 programs</b>  <i>maximum per calendar year based on a ratio of 1:1 with outpatient Substance Abuse visits</i></p>	<p>\$50 copayment per program</p>												
<p><b>Durable Medical Equipment</b></p>	<p>No charge</p> <p>\$3,500 maximum per calendar year</p>												
<p><b>External Prosthetic Appliances</b></p>	<p>\$200 EPA deductible</p> <p>\$1,000 maximum per calendar year</p>												
<p><b>Vision Care</b>  <i>Eye Exam – one exam every 12 months</i>  <i>Reimbursement toward purchase of a pair of lenses or contact lenses every 12 months and frames every 12 months:</i></p>	<p>\$5 copayment per exam</p> <p>Maximum Reimbursement Allowance:</p> <table border="0"> <tr> <td>Single Vision Lenses:</td> <td>\$20</td> </tr> <tr> <td>Bifocal Lenses:</td> <td>\$30</td> </tr> <tr> <td>Trifocal Lenses:</td> <td>\$40</td> </tr> <tr> <td>Lenticular Lenses:</td> <td>\$75</td> </tr> <tr> <td>Contact Lenses:</td> <td>\$75</td> </tr> <tr> <td>Frames:</td> <td>\$30</td> </tr> </table>	Single Vision Lenses:	\$20	Bifocal Lenses:	\$30	Trifocal Lenses:	\$40	Lenticular Lenses:	\$75	Contact Lenses:	\$75	Frames:	\$30
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Trifocal Lenses:	\$40												
Lenticular Lenses:	\$75												
Contact Lenses:	\$75												
Frames:	\$30												
<p><b>Prescription Drugs</b>  <b>CIGNA Pharmacy Retail Drug Program</b>  <i>Includes: insulin, insulin needles &amp; syringes, diabetic test strips/lancets, oral contraceptives and contraceptive devices, and prenatal vitamins.</i></p> <p><i>Generic*** drugs on the Prescription Drug List for a 30-day supply</i>  <i>Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 30-day supply</i>  <i>Brand Name*** drugs designated as non-preferred on the Prescription Drug List for a 30-day supply</i></p> <p><b>CIGNA Tel-Drug Mail Order Drug Program</b>  <i>Generic*** drugs on the Prescription Drug List for a 90-day supply</i>  <i>Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 90-day supply</i>  <i>Brand Name*** drugs designated as non-preferred on the Prescription Drug List for a 90-day supply</i>  ***Designated as per generally-accepted industry sources and adopted by CG</p>	<p>\$5 copayment per prescription/refill</p> <p>\$15 copayment per prescription/refill</p> <p>\$25 copayment per prescription/refill</p> <p>\$10 copayment per prescription/refill</p> <p>\$30 copayment per prescription/refill</p> <p>\$50 copayment per prescription/refill</p>												

**BENEFIT HIGHLIGHTS**

**OTHER BENEFIT INFORMATION**

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

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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.*



Northeast Delta Dental  
 One Delta Drive  
 PO Box 3002  
 Concord, NH 03302-2002  
 Customer Service:  
 603-223-1234  
 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 implantology	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.

OOB02/07

**SIDEBAR AGREEMENT**

WHEREAS the City of Manchester and Teamsters Local No. 633 of NH entered into a collective bargaining agreement for the period of July 1, 2007 through June 30, 2010.

WHEREAS Article 16.5 of said agreement stipulates that effective July 1, 2008 certain bargaining unit members may be eligible for one thousand five hundred dollars (\$1,500.00) if they terminate existing health insurance coverage under the City's or School Districts' plans, and meet other eligibility requirements.

WHEREAS the City of Manchester pays this \$1,500.00 stipend annually to a bargaining unit member who provides proof of coverage elsewhere and who understands that if coverage is lost he/she cannot under any circumstances enroll in the City's plan for the duration of the plan year.

WHEREAS a bargaining unit member was dropped from her ex-spouse's health plan due to his remarriage three months into the plan year.

WHEREAS the City paid the bargaining unit member \$1500 annually for two successive plan years due to proof of health coverage elsewhere.

WHEREAS the bargaining unit member expressly requests that she is allowed to re-enroll in the City's health plan due to this unforeseen event.

NOW WHEREFOR the Parties agree as follows:

- 1) The City of Manchester will allow Charleen Parsons to enroll in the City's health plan upon payment in full of the (\$1,500.00) fifteen hundred dollar stipend that she received for the current plan year.
- 2) That in consideration of such payment Teamsters Union Local No. 633 of NH or any successor organization will not refer to the payment as precedent of any type or nature and will not represent to any other organization or entity that it is precedent of any type or nature.
- 3) That said payment is without prejudice to the City's position that allowing the enrollment is in violation of Article 16.5 and a signed agreement entered into by the member and the City.
- 4) That said agreement is without prejudice to Teamsters Union Local 633 of NH position that Article 16.5 of the Agreement between the City of Manchester and Teamsters Union Local No. 633 of NH expiring June 30, 2010 was violated.

10/28/09  
Date

The City of Manchester, NH

By: Jane E. Gile  
Jane E. Gile, HR Director

Teamsters Union Local No. 633 of NH

By: Richard Laughton  
Richard Laughton

**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN THE CITY OF MANCHESTER, NH**  
**AND**  
**CITY OF MANCHESTER**  
**AND**  
**TEAMSTERS UNION LOCAL NO. 633 OF N.H.**  
**(Welfare)**

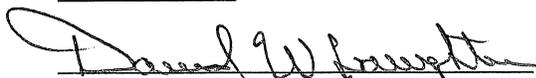
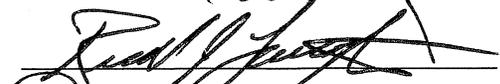
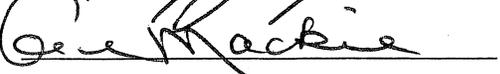
Affiliated with the International Brotherhood of Teamsters

**2007 - 2010**

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1. Upon ratification by the Board of Mayor and Aldermen, and the members of the Local 633, salary schedules originally scheduled to increase by three percent (3.0%) on July 1, 2009 (Article 14.2) shall instead be increased by three percent (3.0%) on January 1, 2010.
2. Any member of the Local 633 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 633 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: 6/30/09

For the City of Manchester:


DATE: 6/30/09

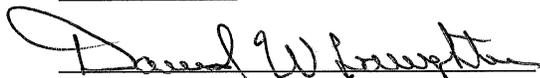
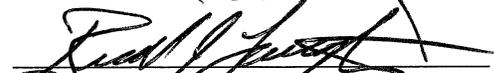
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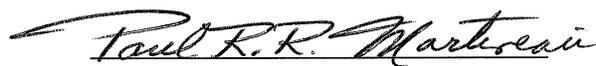
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For the Union:


DATE: 6/30/09

For the City of Manchester:


DATE: 6/30/09

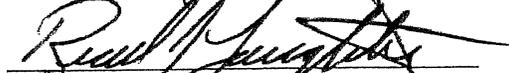
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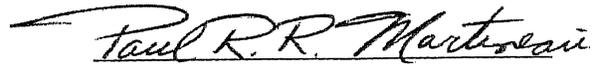
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DATE: \_\_\_\_\_

For the City of Manchester:

  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

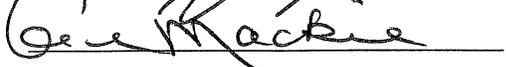
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