

AGREEMENT

BETWEEN THE CITY OF MANCHESTER, NH

AND

LOCAL 298, AFSCME, AFL-CIO

HEALTH DEPARTMENT

2021-2022

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PREAMBLE

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

ARTICLE 1
RECOGNITION

1.1 The City of Manchester, NH (hereinafter referred to as the "City") hereby recognizes Local #298, AFSCME, (hereinafter referred to as the "Union") as the exclusive representative of the bargaining unit contained herein for the purpose of collective bargaining with respect to rates of pay, wages, hours, and other conditions of employment, other than those managerial policies referred to in RSA 272-A:1 XI which are the exclusive prerogative of management.

1.2 **HEALTH DEPARTMENT**

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

1.3 Any new position introduced by the City which falls into the bargaining unit shall be negotiated with the Union as required by law.

ARTICLE 2
NON-DISCRIMINATION

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

NON-DISCRIMINATION BY THE UNION

- 2.2 The Union Officers and members agree to not discriminate in any way against employees who are not members of the Union, or to bar employees from joining or remaining in the Union, except for non-payment of dues.
- 2.3 The City, the Department covered by this Agreement, and the Union agree not to discriminate in any way against employees covered by this Agreement on account of religion, race, color, gender, national origin, marital status, sexual orientation, gender identity, results of genetic testing, physical or mental disability, age, physical or mental handicap, or veteran status, except where age or physical condition are bona fide qualifications for employment.

ARTICLE 3
MAINTENANCE OF MEMBERSHIP

- 3.1 Each member of the Bargaining Unit who, on the effective date of this Agreement, is a member of the Union, and each employee who becomes a member of the Bargaining Unit and the Union after that date shall continue his/her membership in the Union during the duration of this Agreement; provided, however, that an employee may at his/her discretion and in writing, withdraw his/her membership from the Union anytime within twenty (20) calendar days prior to the anniversary date thereafter.
- 3.2 Any employee who is in the Bargaining Unit and is not a member of the Union, but wishes to have the Union represent him/her in grievances, shall assume full financial responsibilities as to the actual costs of processing the grievances. Collection of such fees shall be the sole responsibility of the Union.
- 3.3 Should there be a dispute between an employee and the Union over the matter of an employee's Union membership, the Union agrees to hold the City harmless in any such dispute.
- 3.4 The Union shall post notices on Departmental bulletin boards thirty (30) calendar days prior to the anniversary date.

ARTICLE 4
DUES DEDUCTION

- 4.1 The City agrees to authorize the deduction of Local 298 dues from each employee who has signed an authorization and send said dues along with a statement indicating who has paid dues to: The Treasurer of Local 298, AFSCME.
- 4.2 The Union will keep the City informed of the correct name and address of the Treasurer of Local 298, AFSCME.
- 4.3 This deduction of dues shall be made on a weekly basis and shall be sent monthly to the Treasurer of Local 298, AFSCME.
- 4.4 If any employee has no check coming to him/her, or if his/her check is not large enough to satisfy the dues then no deduction will be made from that employee. In no case will the City attempt to collect fines or assessments for the Union beyond the regular dues.
- 4.5 The City will notify the Treasurer of Local 298, AFSCME, in writing within two (2) working days of the cancellation of dues by an employee who had previously signed an authorization for said deduction.

ARTICLE 5
SENIORITY

5.1 There will be two types of seniority:

- (a) Department Seniority
- (b) Classification Seniority

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

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

5.3 Department Seniority shall be the type considered in matters concerning "promotions" and "transfers" as set forth in Article 6 of this Agreement.

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

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

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

- 5.6 Until an employee has served the six (6) month initial probationary period, it shall be deemed that he/she has no seniority status, and he/she may be discharged or laid off with or without just cause, and such discharge or layoff shall not be subject to the grievance procedure.
- 5.7 An employee shall not forfeit seniority during absences caused by:
- (a) Illness resulting in total temporary disability due to his/her regular work with the Department involved, certified to by an affidavit from Workmen's Compensation Carrier.
 - (b) Illness not the result of his/her misconduct, resulting in total temporary disability, certified by a physician's affidavit every 3 months.
 - (c) Maternity Leave will not affect the seniority of an employee.
 - (d) If the probationary period for a school nurse is extended due to school summer vacation, subject to Articles 7.6 and 7.7 of this Agreement, the Merit Step will be granted eighteen (18) months after the date of hire as a full-time employee, if the school nurse receives a satisfactory evaluation.
- 5.8 An employee shall lose his/her seniority for, but not limited to the following reasons:
- (a) If an employee is discharged and if such discharge is not overruled by an appropriate authority
 - (b) If he/she resigns
- 5.9 The employee's present Classification Seniority as of the effective date of this contract, shall be the only type of seniority considered for the purpose of establishing the Classification Seniority system called for in this Article. This Classification Seniority must have been continuous in nature to merit consideration under this section.
- 5.10 The preparation and maintenance of the Department and Classification Seniority Rosters shall be the responsibility of the City, approved by the Union, and is to be a part of this Agreement. The Department and Classification Seniority lists are to be drawn up and posted once a year in January.
- 5.11 Bidding for known vacancies for the forthcoming school year shall be conducted in June of each year. The School Nurse with the greatest Classification Seniority who bids shall have the right to fill the vacancy. The Department maintains the right to temporarily assign school nurses during the school year regardless of Classification Seniority.

- 5.12 Qualified part-time School Nurses will have the opportunity to bid for vacant full time positions after all full time School Nurses had bid for vacant positions.
- 5.13 (a) School Nurses hired to fill vacancies left at the end of the bidding process, shall not be required to bid on that school the following year.
- (b) In the event a vacancy occurs after the bidding process (i.e over the summer months) that school will open for bidding the following June.

ARTICLE 6

PROMOTIONS AND TRANSFERS

- 6.1 The Department reserves and shall have the right to make promotions and transfers primarily on the basis of qualifications, ability and performance of duty, but shall be governed by Department Seniority where equal qualifications, ability and performance of duty, as determined by the Department, have been demonstrated.
- 6.2 Jobs to be filled through promotion shall be posted on the Department bulletin boards in which the vacancy occurs for a period of five (5) working days.
- Management shall make a determination of the filling of such position no later than thirty (30) working days after the close of the posting period.
- 6.3 After an award is made of a promotion, the name of the person promoted shall be posted for five (5) working days following said award. Employees may file a grievance within eight (8) working days of the date posted, in accordance with the grievance procedure.
- 6.4 Vacancies in management positions which are excluded from the Bargaining Units shall be posted on the Department bulletin boards, provided, however, that appointment to these positions shall not be subject to the grievance procedure of this contract.
- 6.5 Wherever possible, promotions shall be made from the ranks of regular employees who are employed by the Department in which the vacancy occurs.
- 6.6 Employees in the Department where the vacancy occurs who are absent during the entire posting period shall be automatically placed on the list for consideration for the position(s); provided, however, that such employees may, at his/her discretion, have his/her name removed from the list within five (5) working days of returning to work.

- 6.7 When a question as to the proper person having been chosen to fill any job arises and it cannot be resolved it will be settled by using the grievance procedure in Article 31.
- 6.8 Job postings shall include job specifications, rate of pay, job location, the shift and also if the job is permanent with a permanent rating.
- 6.9 The above procedures shall be followed in all promotions, vacancies and transfers whether temporary or permanent, unless otherwise stated in Articles 6.12 and 6.13.
- 6.10 If qualified candidates are not available or have not responded to the posting within a Department where a vacancy occurs, the job will then be posted throughout the City Departments. Preference will be given to City employees who meet the qualification, ability and performance duty standards before seeking applicants outside the City service. Candidates from Departments other than the Department in which the vacancy occurs shall be notified by the Department of the status of his/her application and the reason(s) for not being selected for the position. A candidate for positions in Departments other than the Department in which he/she is employed shall not have the right to file a grievance if not selected for such position(s).
- 6.11 An employee who meets minimum qualifications and is promoted to a higher level position shall be placed in a probationary status for a time period not to exceed six (6) months in the higher position. The employee shall periodically be evaluated to determine if he/she is performing the job in a satisfactory manner. If an employee is not able to satisfactorily perform the higher level duties then he/she shall be reduced in status to the same classification, pay grade and pay step as he/she had obtained prior to promotion.

6.12 **LATERAL TRANSFERS**

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

6.13 **VOLUNTARY TRANSFER TO A LOWER CLASSIFICATION**

When an employee is in a higher classification and requests to move into a lower classified vacant position, he/she will have first priority by seniority – however, the

employee's qualifications, ability, performance of duty and attendance record shall be taken into consideration and can be used by the Department Head in determining whether the transfer shall be granted.

ARTICLE 7
WAGE RATES

- 7.1 There shall be no COLA adjustment for the 2021-2022 contract year. Instead employees shall receive a \$1500.00 stipend in the second full pay period of December, 2021. This stipend shall not be added to the employee's base wages. The payment will be provided in a separate check.
- 7.4 Employees will receive a step increase on their anniversary date of current position. This step increase will be subject to a satisfactory performance evaluation. An incomplete evaluation will be considered a satisfactory performance evaluation. This process may be changed at any time by mutual agreement. Evaluation step increases will stop when an employee reaches Step 13 on the included pay matrix. Employees hired after July 1, 2019 shall not be entitled to the six (6) month step.
- 7.5 Outstanding performance evaluation bonus payments will cease, effective on date of ratification.
- 7.6 Employee appeals on their annual performance evaluation will be according to the process mutually agreed to by the Union and the City. See Appendix A.
- 7.7 The longevity waiting periods for employees shall be 5-10-15-20-25-30-35-40 and 45 years of service. An increase of three-percent (3%) will take effect on the employee's anniversary date of employment.
- 7.8 Effective 7/1/2019, modify the pay scale to reflect the elimination of the six-month step for new hires. (Prospectively) Current employees are "Grandfathered".
- 7.9 Employees being promoted from one grade to a higher grade shall be placed on the lowest step of the new grade, which will provide for a minimum of a ten-percent (10%) increase in salary.
- 7.10 Effective July 1, 2000, employees who have attained the requirements for the achievement grade (A-Step) associated with their positions will be placed on the corresponding step on the achievement grade in accordance with mutually agreed provisions which shall be attached. See Appendix B.

ARTICLE 8
HOURS OF WORK AND OVERTIME

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

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

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

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

8.3 Any person who has left their place of employment and is recalled to work prior to the next normal shift will be paid for a minimum of three (3) hours at the rate of time and one-half; provided, further, that an employee who is called back for overtime or emergency work and who completes the required task and returns to his/her residence within the three (3) hour minimum guarantee may be called back for additional emergency or overtime without an additional three (3) hours minimum work guarantee. It is the purpose and intent of this section to assure an employee of at least three (3) hours of pay at overtime rates for the inconvenience of being called back to work between the normal shifts, but not to

be separately paid for several callbacks within the three (3) hour minimum guarantee period.

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

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

Any employee of the Department who is required to work on a weekend will be paid for such work at the rate of time and one-half their regular rate for a minimum of one (1) hour.

- 8.4 The work day or work week for FLSA non-exempt employees will not be interrupted to avoid the payment of overtime.
- 8.5 Overtime work which is scheduled in advance or which requires employees to be called in for unscheduled work shall be assigned first on a rotating basis among all qualified employees by classification within the division of the department which normally performs the work. If the overtime situation requires additional employees to be assigned, then such assignments shall be made among qualified employees on the basis of Departmental Seniority. Employees that work overtime in these situations shall have the option of accruing comp time or being compensated at time and one half.
- 8.6 No temporary employees shall be assigned to overtime work until all regular employees shall have had the opportunity for such assignment.

ARTICLE 9
PLUS RATES

- 9.1 Effective upon the date of ratification of this Agreement, hourly paid employees in the Bargaining Unit will be compensated on a Plus Rate basis of one pay step (no less than seven-percent (7%) to the nearest whole cent) above his/her present rate or the entrance rate, whichever is higher, for working in higher level classifications for each completed hour of work in such higher level assignment.
- 9.2 Effective upon the date of ratification of this Agreement, salaried employees in the Bargaining Unit will be compensated on a Plus Rate as stated above for each completed work day of assignment in higher level classifications.
- 9.3 An employee may be temporarily assigned for a period not to exceed thirty (30) calendar days to the work of any position of the same or lower grade without a change in rate of pay,
- 9.4 In those cases, when an hourly rated employee is assigned to temporarily serve in a higher leveled salaried position, then such hourly rated employee shall be granted a plus rate in accordance with this section if the assignment is for one full work day or longer.
- 9.5 Assignments to higher paying job classifications, temporary or otherwise, shall be made in accordance with the provisions of Article 6 Section 1 of this Agreement.
- 9.6 All new positions, promotions or transfers contemplated beyond a period of thirty (30) days shall be posted on the Department bulletin board for at least five (5) working days and any interested employee shall have the opportunity to apply for such positions, promotions or transfers.

ARTICLE 10
EMERGENCY WORK

- 10.1 It shall be the duty of all able bodied employees to make themselves available during the course of emergency situations. Deliberate refusal to work during such situations without adequate justification may result in disciplinary action.
- 10.2 When an employee responds to an emergency work situation and due to hours worked and/or physical exhaustion, is relieved from working the normal work schedule, and such employee is required to work on a Saturday then such Saturday work shall be paid at the overtime rate.
- 10.3 If an employee is called back from vacation due to an emergency situation then all hours of work shall be paid at the time and one-half rate of pay until the employee returns to his/her regular work schedule

ARTICLE 11
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ARTICLE 14
HOLIDAYS

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

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

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

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

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

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

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

School-term Nurses shall be granted the above holidays in accordance with the School Calendar. School Nurses will follow the school calendar as established annually by the Manchester School District.

School-Term Nurses will be granted Labor Day as a holiday when they report to work prior to Labor Day. School Nurses shall be paid for Juneteenth to the extent it is a recognized holiday in the contract between the City and the Manchester School District.

ARTICLE 15
ANNUAL VACATIONS

- 15.1 Permanent employees who have been in continuous employment of the Department for one (1) year will be allowed vacations in accordance with the following schedule:
- 15.2 Effective upon ratification, permanent employees who have been in the continuous employment of the Department for one (1) year or more will be allowed vacation in accordance with the following schedule:
- a) Accrual rate for two (2) calendar weeks begins on date of hire. Employees serving in an initial probationary period accrue vacation, but are not eligible to use vacation during the first six (6) months of employment. Such probationary employees are not entitled to any vacation benefits if terminated during the initial probationary period.
 - b) Accrual rate for three (3) calendar weeks begins at the completion of five (5) years of continuous service.
 - c) Accrual rate of four (4) calendar weeks begins at the completion of nine (9) years of continuous service.
 - d) Accrual rate of five (5) calendar weeks begins at the completion of fourteen (14) years of continuous service.
 - e) Accrual rate for six (6) calendar weeks begins at the completion of nineteen (19) years of continuous service.

- 15.3 Vacations shall be scheduled within the Department at the discretion of the Department Head to provide the least disruption of Departmental operations.

Selection of vacation periods shall be by Department Seniority and shall be granted insofar as possible at the times requested by the employee, in accordance with operating requirements; provided, however, that summer vacation shall not extend beyond two (2) weeks until all eligible persons have had an opportunity to select a summer vacation. Furthermore, a Department Head may deny a vacation request of an employee, if it will result in a disruption of the Department or Division operations.

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

- 15.4 No employee shall be permitted to accrue in excess of two (2) times his/her annual earned vacation.

ARTICLE 16
SICK LEAVE

- 16.1 Sick Leave shall be in accordance with NH Laws of 1943, Chapter 291, Section 1. Each permanent full-time employee shall earn sick leave with pay at the rate of 1 1/4 days of sick leave for each completed month of service. Sick leave shall not be taken in advance of earning same.
- 16.2 Employees who are initially employed in a temporary status and who are assigned to permanent status in the same Department, without a break in service, shall be allowed credit for the time served in the temporary status towards accrual of sick leave benefits.
- 16.3 Effective on July 1, 1994 unused sick leave may be accumulated up to a maximum of sixty-six (66) work days. Effective on the date of ratification of this Agreement, the maximum accumulation will be increased to seventy-six (76) days. It is agreed and understood that there will be no retroactive payments of any kind as a result of this increase in maximum accumulation from sixty-six (66) to seventy-six (76) work days. Further, there will be no retroactive adjustments to the sick leave bank. Effective July 1, 1999 or date ratification whichever is later, the maximum sick leave accrual shall be one hundred twenty (120) days.
- Effective on the date of ratification, employees will be eligible to begin to accrue the increased accumulated sick leave.
- 16.4 Employees who are absent from work on legal holidays, during sick leave, vacation, for disability arising from injuries sustained in the course of their employment and for all authorized leaves of absence with pay shall continue to accumulate sick leave at the regularly prescribed rate as though they were on duty, subject to the maximum limitation herein provided. Employees who are absent on authorized leaves of absence without pay for not over 10 work days in any thirty (30) calendar day period shall continue to accrue sick leave at the regularly prescribed rate during such absences as though they were on duty, subject to the maximum limitation herein provided.
- 16.5 Any employee eligible for sick leave with pay may use such sick leave, upon approval of his/her Department or Office Head, for absence due to his or her illness, injury, the injury or illness of a spouse, child or other blood relative or ward residing in the same household when FMLA leave is approved, or for the exposure to contagious disease.

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

Sick time may be used for the purposes of medical, dental or mental health appointments in increments of fifteen (15) minutes.

- 16.6 Department Heads and the Union may require an employee to justify each day of absence for sick leave if the employee's absentee record indicates a patterned use of sick leave.
- 16.7 Except as otherwise provided for herein, absences for a fraction or part of that day are chargeable to sick leave in accordance with these provisions shall be charges proportionately in an amount not smaller than fifteen (15) minutes.
- 16.8 During periods of absence for approved paid sick leave the employee shall be entitled to full pay for such period at the regular rate of compensation, provided, however, that hourly employees shall be compensated on the basis of straight time pay not to exceed eight (8) hours per day and not to exceed forty (40) hours per week. No sick leave benefits shall be paid on the basis of time and one-half.

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

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

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

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

16.9 **SICK LEAVE NON-ABUSE**

Effective January 1, 1986 employees who use six (6) days of sick leave or less in the preceding calendar year will receive two (2) personal leave days, to be scheduled by the Departments. Effective January 1, 2003 employees who use one (1) day or less of sick leave in the preceding calendar year will be granted one (1) additional incentive day off, for a total of three (3), during the calendar year after they are earned.

Personal leave days must be used during the calendar year they are credited and shall not accumulate and shall not be carried over year after year. Personal leave days taken by employees who are assigned to work schedules which includes planned overtime on a regular schedule, shall be counted as days worked for overtime purposes.

16.10 CHANGING VACATION TO SICK LEAVE

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

ARTICLE 17
SICK LEAVE BANK

- 17.1 AFSCME-Health shall continue to be a participating bargaining unit in the Local 298, AFSCME voluntary sick leave bank. AFSCME-Health shall comply with the same rules and guidelines and shall receive the same benefits as other bargaining units covered under the Master Agreement.
- 17.2 The purpose of the sick leave bank is to provide assistance to employees who suffer long-term illness or injuries which are non-job connected. It is established to provide additional paid benefit days beyond the employee's accrued days when an employee has exhausted his accrued sick leave and continues disabled for an additional fifteen (15) consecutive calendar days. For example, it is not established to provide relief for one or two days beyond the employee's accrued sick leave.
- 17.3 **ADMINISTRATION**

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

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

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

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

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

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

17.4 **MEETINGS**

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

17.5 **MEMBERSHIP**

Effective in 1987:

- 17.5 (a) All the days that are now in the Sick Leave Bank will remain in the Bank as is. These days are to be used up first in accordance with the current contract.
- 17.5 (b) Once this contract has been ratified, each member of the Bargaining Unit will give one (1) day of his/her day's pay on January 1st of each year.
- 17.5 (c) Above-mentioned money will be deposited into a bank in Manchester in January of each year.
- 17.5 (d) It will be the duty of the Finance Officer to see that the above-mentioned money is deposited into the bank in January of each year.
- 17.5 (e) The deposit will be to the bank service which offers the best interest rate.
- 17.5 (f) When withdrawals are necessary, the Finance Officer and one dues-paying member of the Sick Leave Bank will be present, and the signature of each will be required.
- 17.5 (g) Application for membership shall be made on a form provided by the Committee.

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

- (1) Probationary employees who are serving an initial probation period are not eligible for membership.
- (2) Full-time employees, except those with less than one year of service, shall not have less than fifteen (15) days of accrued sick leave as of the date of their application for membership. An employee whose sick leave balance falls below fifteen (15) consecutive days of accrual due to recent illness or injury may be admitted at the discretion of the Committee.

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

- (3) Employees who have less than one year of service may be admitted to the Bank upon the majority vote of the Committee after a review is made of their status with the Department. Upon admission to membership the conditions stated in the preceding paragraphs will apply.
- (4) Full-time employees having less than 30% of their accumulated sick leave days' limit as of the date of their application shall be limited category members if accepted as members by the Administrative Committee.

17.6 **BENEFITS**

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

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

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

17.7 **BANK STABILITY AND LIMITATIONS**

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

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

17.8 **ADMINISTRATIVE OVERSIGHT**

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

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

17.9 **AMENDMENTS**

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

ARTICLE 18
LEAVE OF ABSENCE

- 18.1 The City agrees to allow Union representatives, stewards and/or aggrieved employees reasonable time, without loss of pay, during regular working hours for the purpose of processing grievances, provided such time away from work does not interfere with the work of the department. Such time shall not be withheld unreasonably. The Union representatives shall obtain prior permission to absent themselves from work before leaving a work site and shall obtain prior permission of the immediate superior involved before interrupting the work of an employee located at a different work site.
- 18.2 Time lost by representatives of the Union on grievance settlements or negotiations shall be paid for by the City as provided in RSA 273-A 11.
- 18.3 When an employee is elected President of Local #298 and has to do work which takes him/her away from his/her regular employment with the City, he/she shall, at the written request of the Union, be granted a leave of absence without pay, not to exceed three (3) years, and with no loss of seniority, provided satisfactory arrangements can be made for a substitute during such leave of absence.
- 18.4 Employees elected as delegates to either the AFSCME International Convention, NH Public Employees Convention, Council #93 or the NH State Labor Council Convention shall be allowed a leave of absence with pay, not to exceed a total of ten (10) working days per year.
- 18.5 The President, Vice-President, Chief Steward shall be permitted not more than ten (10) collective total hours per month to attend to their duties as representatives of all units represented by Local 298, without loss of pay. This time shall be in addition to any other time granted in this Article.

ARTICLE 19
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 permanent full-time or permanent part-time employee who works at least half-time in the event of the death of his/her:

Spouse	Sister
Father	Brother
Mother	Child
Son-in-law	Mother-in-law
Father-in-law	Daughter-in-law
Blood relative or ward residing in the same household	
Paternal or Maternal Grandmother (excluding step grandparent)	
Paternal or Maternal Grandfather (excluding step grandparent)	

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

Sister-in-law	Aunt
Brother-in-law	Uncle

19.3 Under extenuating circumstances, two (2) additional days with pay may be granted under Section 19.1 or 19.2 with written approval of the Department Head; such days to be charged to the employee's accrued sick leave.

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

ARTICLE 20
MATERNITY LEAVE

- 20.1 Upon application of the employee on forms to be provided by the City a maternity leave of absence without pay shall be granted to permanent, full-time female employees who have been employed at least one (1) year before said application, said leave to commence at the time recommended by the employee's attending physician and to extend for a period not to exceed six (6) months after the birth of the child. If an employee who has been granted a maternity leave of absence in accordance with this provision shall fail to return to work upon the expiration of such leave of absence she shall be deemed to have voluntarily terminated her employment; unless she has been certified by her physician as being physically unable to perform her duties.
- 20.2 An employee shall be entitled to draw her accumulated sick leave benefits with pay for a period not to exceed sixty (60) work days from the date of confinement or the birth of the child, during which time the employee is certified as being unable to perform her regular duties, as certified to by an affidavit of the attending physician every thirty (30) days. Requests for such sick leave benefits must be submitted in writing to the Department head no later than thirty (30) days after the date of confinement in order to be eligible for sick leave benefits.
- 20.3 Extensions of the thirty (30) day paid sick leave benefits may be made by the Department head if circumstances so warrant.
- 20.4 An employee shall not forfeit seniority or other benefits during this leave of absence.

ARTICLE 21
MILITARY SERVICE

- 21.1 Shall be governed by existing law.

ARTICLE 22
JURY DUTY

- 22.1 An employee called as a juror will receive their normal day's pay. The employee will sign over the check they received from jury duty and make payable to the City of Manchester. If the check includes mileage reimbursement, the employee will cash the check and write a personal check payable to the City of Manchester including only the actual jury duty portion, without the mileage reimbursement.
- 22.2 Employees who are called to jury duty and are excused from the jury duty for a day or days shall report to their regular work assignments as soon as possible after being excused.

ARTICLE 23
EDUCATION INCENTIVE REIMBURSEMENT

- 23.1 The following education reimbursement policy will apply to members of the Bargaining Units covered by this policy.
- 23.2 The City agrees to provide reimbursement if funds are available to employees who complete approved courses relating to their current responsibilities or as part of an approved career development program based upon the following standards: Payment of seventy-five percent (75%) of the cost of such courses, but not to exceed \$1250.00 per fiscal year for Bachelor's level courses and \$1750.00 per employee per year for Master's level courses.
- The City also agrees to reimburse any LPN seeking higher education to RN level for courses taken.
- Courses fully paid by outside grants or as City funded staff development shall not apply against the employee cap.
- [NOTE: Until the parties agree otherwise, Health Department bargaining unit members will continue to be eligible for reimbursement under the AFSCME Master Agreement tuition reimbursement fund.]
- 23.3 Courses must be approved in advance by the Department head concerned as meeting the requirement that the course is related to the employee's job or is part of a career development program. Approval must be obtained through the Human Resources Department for payment of the course in accordance with the established procedure.
- 23.4 Once a course has been approved as meeting the requirement an advance will be made to the employee of one-half (1/2) of the authorized seventy-five percent (75%) of the cost of the course tuition and books. The remainder of the course reimbursement will be paid to the employee upon presentation of a certificate of satisfactory completion of the course.
- 23.5 Approval for courses will be considered on the basis of relevancy of the course, number of employees applying and funds available.
- 23.6 If a course is paid for in whole or in part through a Federal or State program then the City will not reimburse for such amount, it being the intent of this section to eliminate double payment for any course.

ARTICLE 24
LIFE INSURANCE

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

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

ARTICLE 25
HOSPITAL/MEDICAL INSURANCE

- 25.1 Effective July 1, 2021, the City will offer three health insurance plans. The HDHP coupled with an HSA, the Access Blue New England Site of Service HMO 250 and the Access Blue New England HMO 1250 Plan all of which are more particularly described in the attached Appendix C.
- 25.1.1 Effective July 1, 2021, any employee enrolled in the Access Blue New England Site of Service HMO 100 Plan shall be grandfathered and allowed to stay on that plan notwithstanding its elimination. The Plan is more particularly described in the attached Appendix C.
- 25.2 Bargaining unit member hired before ratification (2021), may select either the HDHP coupled with an HSA or the Access Blue New England Site of Service HMO 250.
- 25.3 Bargaining unit members hired on or after ratification (2021), shall be limited to the HDHP coupled with an HSA or, if they do not qualify for the HDHP, the Access Blue New England HMO 1250 Plan. Unless otherwise agreed, such bargaining unit members are required to stay on the HDHP for so long as the City continues to contribute seventy-five (75%) percent to the applicable deductible to the member's HSA account on an annual basis as set forth herein.
- 25.4 For unit members hired prior to May 1, 2012, the City will pay eighty-three percent (83%) of the eligible premiums.
- 25.5 For unit members hired on or after May 1, 2012, the City will pay eighty percent (80%) of the eligible premiums.
- 25.6 The City shall offer a high deductible health insurance plan (HDHP) accompanied by the establishment of a Health Savings Account (HSA) for each enrolled bargaining unit member with an annual contribution of \$1,500.00 for an individual and \$3,000.00 for a two person or a family plan to an HSA for the term of this Agreement. The City retains the right to set the annual City contribution and shall each year prior to the open enrollment period disclose any changes to high deductible benefit plan and/or its contribution to the HSA or continuation of the HSA in the following fiscal year. Notwithstanding the City's practice of paying this stipend in two increments, employees in the first year of employment may request their entire stipend at one time in the event of catastrophic illness or injury and payment arrangements with the health provider are not available.

- 25.7 To a bargaining unit member who elects not to receive coverage under any City health insurance plan the City shall pay \$4,000.00 annually in lieu of health insurance coverage. The City shall make said payment in two equal payments of \$2,000.00 in a separate check if feasible. The first payment, in arrears, will be made in January/February and the second payment, in arrears will be made in July/August. Bargaining unit members who encounter a qualifying event so as to make them eligible for enrollment in the City's health insurance plans during either six-month period will receive a pro rata amount based on the next \$2,000.00 payment. Bargaining unit members will be able to enroll in the City health plans notwithstanding a qualifying event in the annual open enrollment period.
- 25.8 It is agreed by all parties concerned that the City reserves and shall have the right to change insurance carriers after consultation with the union provided that the benefits are not decreased and the costs to bargaining unit members do not increase above those percentages set forth in paragraphs 25.4 & 25.5.
- 25.9 The City shall provide all bargaining unit members a Northeast Delta Dental plan equivalent to other City employees having such a benefit with a yearly maximum of \$1,500.00. The City shall pay eighty-five (85.0%) percent of each monthly premium for the entire year for the coverage selected by each employee. The City agrees to provide coverage under Delta Dental Insurance Plan Coverage A, B, and C as set forth in Appendix D attached hereto and made part of this Agreement. The City shall pay an amount not to exceed eighty-five percent (85.0%).
- 25.10 Employees on the Access Blue New England Site of Service HMO 100 during the 2021-22 plan year shall be grandfathered and allowed to stay on that plan notwithstanding its elimination.
- 25.11 Effective July 1, 2007, school nurses and school LPNs shall receive year- round hospital/medical insurance coverage; provided, however, they shall be required to sign a letter of intent to return the following school year and if they fail to do so, they will be responsible to repay the City for its actual premium costs from the end of the school year to termination of coverage. The City shall have the right to pursue and recourse available should the school nurse/LPN refuse or neglect to reimburse the City.

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

ARTICLE 26
UNIFORMS

- 26.1 The City agrees it will no longer require Community Health Nurses and School Nurses to routinely wear uniforms as provided for in previous agreements, provided that the manner of dress for all nurses shall be neat and professional in appearance. School Nurses shall also comply with the Dress Code for all Manchester School District Staff.

Community Health Nurses and School Nurses will be provided lab coats and will be required to wear Health Department issued name tags.

The City agrees to utilize funds in lieu of School Nurse uniforms to be used to purchase health reference books, and or membership in state and national organizations such as NASN or NHSNA per contract year. The selection of references purchased shall be determined by Health Department administration and the books shall remain the property of the Health Department unless otherwise determined by the Department.

- 26.2 An initial uniform allowance not to exceed \$100.00 will be provided newly employed Nurses upon presentation of receipts. Such uniform allowance will be paid only upon satisfactory completion of the initial probation period.
- 26.3 The uniform replacement allowance for Community Health Nurses shall be \$100.00 per contract year.

ARTICLE 27
TRAVEL ALLOWANCE

- 27.1 Effective upon ratification, the prevailing IRS mileage reimbursement rate shall be paid to those employees who are required to provide private transportation means to conduct their daily work activities, including schools, home, clinics and business location visits.
- 27.2 In the event the Department provides a City vehicle for an employee to conduct daily work activities the monthly travel allowance will be discontinued.

ARTICLE 28
SAFETY

- 28.1 The Department shall have the right to make regulations for the safety and health of its employees during their hours of employment. Representatives of the Department and the Union may meet once in ninety (90) days at the request of either party, to discuss such regulations. The Union agrees that its members who are employees of the Department will comply with the Department's rules and regulations relating to safety, economy, and efficiency of services to the Department and the Public.
- 28.2 The Union and its members agree to exercise proper care and to be responsible for all Department property issued or entrusted to them during their working hours. Where safe storage space is provided by the Department, employees shall be responsible for replacing articles issued to them if the same type of article has been lost twice in the same twelve-month period. In such cases the employee shall replace the second lost article.
- 28.3 The City shall furnish gloves, special clothing, safety vests, safety helmets, goggles, respiratory protection, lab coats and name tags as needed for the health and safety of its employees.
- 28.4 The City shall provide annual fit testing and training on the use of supplied respiratory protection. All employees shall be scheduled for testing and training during regular work hours.

ARTICLE 29
BULLETIN BOARDS

- 29.1 The Department shall provide space for bulletin boards for the posting of notices of the department addressed to the employees and notices of the Union addressed to the members. The Department shall locate its bulletin board at convenient places within the Department. No Union notice shall be posted in or around the Department's property except on such boards and no notice shall be

posted until it has been signed either by the President or Secretary of the Union with the approval of the Department head or his/her designated representative.

- 29.2 Any and all positions for hire or promotion within the department shall be posted on the bulletin board as described in Article 29.1

ARTICLE 30
DISCIPLINARY PROCEDURES

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

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

(b) If the Department does not follow Section 30.2 (A) above in the case of a suspension then it shall be deemed that the suspension is without merit. When Section 30.2 (A) above is not followed in the case of a discharge said discharge shall be changed to a two (2) week suspension which shall be grievable.

- 30.3 Disciplinary actions will normally be taken in the following order:

- (a) Verbal warning
- (b) Written warning
- (c) Suspension without pay
- (d) Discharge

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

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

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

- 30.5 The Personnel record of an employee will be cleared of verbal or written reprimands after a period of eighteen (18) month from the date of the reprimand, provided there are no similar infractions committed during the intervening period.

- 30.6 The personnel record of an employee will be cleared of suspension notices after a period of four (4) years from the date of suspension, provided there are no similar infractions committed during the intervening period.

ARTICLE 31
GRIEVANCE PROCEDURE

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

31.2 **STEP 1**

An employee having a grievance must discuss the grievance with the employee's immediate supervisor or the supervisor responsible for the matter being grieved within ten (10) working days from the date of the event giving rise to the grievance or the date the employee could reasonably have been first made aware of the event. Such grievance shall be discussed between the employee, a Union representative and the supervisor. The supervisor shall give his/her answer within two (2) working days from the date he/she receives notice of the grievance.

31.3 **STEP 2**

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

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

(2) If no settlement is reached as a result of the meeting as stated in 31.4 (1) above, the Union may submit in writing a request to a mutually agreed upon neutral arbitration agency or to the New Hampshire Employee Labor Relations Board to appoint an arbitrator to resolve said grievance, such action to be filed within ten (10) working days after the meeting under 31.4 (1) has occurred or a decision has been reached, but not later than ten (10) working days after the meeting.

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

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

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

- 31.6 The arbitrator shall not have the power to add to, ignore or modify any of the terms and conditions of this agreement.
- 31.7 The decision of the arbitrator shall be final and binding upon the parties as to the matter in dispute.
- 31.8 The expenses of the arbitrator shall be borne by the losing party. The arbitrator shall be required to declare the losing party. Each party shall make arrangements for and pay the expenses of witnesses who are not City employees who are called by them.
- 31.9 Nothing contained herein shall be construed as limiting the right of any employee having a grievance to discuss the matter informally with any appropriate member of the Department, and having the grievance adjusted without the intervention of the Union, provided the adjustment is not inconsistent with the terms of this agreement and that the Union has been given the opportunity to be present at such adjustment and to state its views.
- 31.10 If said grievance is not reported and/or processed within the time limits set forth in Sections 31.2, 31.3, 31.5 and 31.6 the matter shall be dismissed and no further action shall be taken with respect to such grievance. In the event that management does not render an answer in accordance with the above-mentioned

timelines the grievance shall be deemed denied and the grievant may process said grievance to the next step in the process.

- 31.11 The above times may be extended or by-passed by mutual written agreement of the parties.
- 31.12 All decisions involving wages, wage rates, promotions, transfers, hours worked and not worked, shall be retroactive to the date the grievance first occurred, at the discretion of the arbitrator. Within thirty calendar days of receiving the decision of the arbitrator either party may appeal said decision pursuant to NH-RSA 542.

ARTICLE 32 **MANAGEMENT'S RIGHTS**

- 32.1 The direction of Department operations and the determination of the methods and the means by which such operations are to be conducted shall be the function of Management. All rights and responsibilities not specifically modified by this agreement shall remain the function of Management and in accordance with the provisions of RSA 273-A:1,XI. RSA 273:1: XII.
- 32.2 It shall be the right of the Union, however, to present and process grievances of its members whose wages, working conditions or status of employment are changed as a result of Management's exercising the above mentioned rights, whenever such grievances exist.

ARTICLE 33 **STRIKES PROHIBITED**

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

ARTICLE 34 **CONTRACTING AND SUBCONTRACTING OUT**

- 34.1 The City recognizes the concern of the Union in regard to contracting or subcontracting work which results in a reduction of the work force.
- 34.2 If the City or Department covered by this agreement changes its method of operations which involves contracting out work which is now being performed by

bargaining unit employees, the City and/or Department will give notice to the Union of its intention. Furthermore, the City will make every effort to absorb affected employees into other City positions. In those cases, where employees are not absorbed into other City positions, the City and/or Department will provide as much advance notice of pending lay-offs as reasonably possible.

ARTICLE 35
STABILITY OF AGREEMENT

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

ARTICLE 36
INTENTIONALLY LEFT BLANK

ARTICLE 37
MISCELLANEOUS

- 37.1 The City agrees to provide for a payroll deduction slot for an insurance program, subject to approval by the City Finance Department.
- 37.2 The Union agrees to accept the City's Family and Medical Leave Act (FMLA) Policy, subject to its review by the Union's attorney, with the understanding that the policy will not be changed except by mutual agreement.
- 37.3 The Department agrees to provide electronic copies of this agreement along with one (1) hard copy to the Union within thirty (30) days of signing.

SUCCESSOR AGREEMENT CLAUSE


All Local 298 AFSCME Council 93 contracts shall remain in effect, except wages until a successor agreement has been reached between the City of Manchester and all AFSCME Local 298 units. This clause shall not be considered an Evergreen provision.

ARTICLE 38
DURATION AND TERMINATION

38.1 Upon ratification by the respective parties, and except as otherwise set forth herein, this Agreement shall be in effect from July 1, 2021 through June 30, 2022, with effective dates for specific provisions as stated in the various Articles.

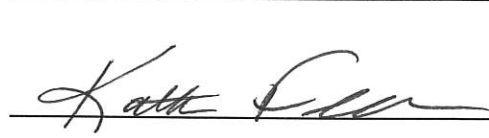
NOTE: Pursuant to RSA 273-A:3, II (a), if either party desires to bargain a successor agreement, it must give written notice to the other party no later than December 1, 2021.

FOR LOCAL 298, AFSCME, AFL-CIO



DATE SIGNED: 4-11-22

FOR ALDERMANIC NEGOTIATING TEAM



DATE SIGNED: 4/11/22

APPENDIX A
EMPLOYEE DEVELOPMENT APPEALS PROCESS

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

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

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

An appeals committee shall be comprised of the following representatives:

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

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

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

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

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

Appendix-B

A-STEP REQUIREMENT FOR AFSCME-HEALTH

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

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

APPENDIX C
HEALTH INSURANCE SUMMARY OF BENEFITS

Your summary of benefits



Anthem® Health Plans of NH, INC. (DBA Anthem® Blue Cross and Blue Shield)
 Your Plan: Anthem BlueChoice New England POS SOS 100/0%/6350 Rx 3 Tier
 Your Network: Blue Choice NE POS

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$100 person / \$200 family	\$100 person / \$300 family
Out-of-Pocket Limit	\$6,350 person / \$12,700 family	\$500 person / \$1,500 family
<p>The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.</p>		
Preventive Care / Screening / Immunization	No charge	20% coinsurance after medical deductible is met
<u>Doctor Home and Office Services</u>		
Primary Care Visit	\$20 copay per visit	20% coinsurance after medical deductible is met
Specialist Care Visit	\$20 copay per visit	20% coinsurance after medical deductible is met
Prenatal and Post-natal Care	0% coinsurance after medical deductible is met	20% coinsurance after medical deductible is met
<u>Other Practitioner Visits:</u>		
Retail Health Clinic	\$20 copay per visit	20% coinsurance after medical deductible is met
Live Health On-line Telehealth Visits <i>Includes Mental Health and Substance Abuse</i> <i>(www.livehealthonline.com)</i>	\$20 copay per visit	20% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Other Participating Provider On-line Visit <i>Includes Mental Health and Substance Abuse</i>	\$20 copay per visit	20% coinsurance after medical deductible is met
Manipulation Therapy <i>Coverage is limited to 20 visits per benefit period.</i>	\$20 copay per visit	20% coinsurance after medical deductible is met
Acupuncture <i>Coverage is limited to 20 visits per benefit period.</i>	Not covered	Not covered
<u>Other Services in an Office:</u>		
Allergy Testing	No charge	20% coinsurance after medical deductible is met
Chemo/Radiation Therapy	\$20 copay per visit*	20% coinsurance after medical deductible is met
Dialysis/Hemodialysis	No charge	20% coinsurance after medical deductible is met
Prescription Drugs - Dispensed in the office <i>For the drug itself dispensed through infusion/injection.</i>	No charge	20% coinsurance after medical deductible is met
<u>Diagnostic Services</u>		
Lab:		
Office	No charge	20% coinsurance after medical deductible is met
Freestanding Lab/Reference Lab	No charge	20% coinsurance after medical deductible is met
Outpatient Hospital	\$50 copay per visit medical deductible does not apply	20% coinsurance after medical deductible is met
X-Ray:		
Office	No charge	20% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Freestanding Radiology Center	No charge	20% coinsurance after medical deductible is met
Outpatient Hospital	\$125 copay per visit medical deductible does not apply	20% coinsurance after medical deductible is met
Advanced Diagnostic Imaging:		
Office	No charge	20% coinsurance after medical deductible is met
Freestanding Radiology Center	No charge	20% coinsurance after medical deductible is met
Outpatient Hospital	\$250 copay per visit medical deductible does not apply	20% coinsurance after medical deductible is met
<u>Emergency and Urgent Care</u>		
Urgent Care <i>In-Network Urgent Care benefit limited to preferred New Hampshire locations.</i>	\$75 copay per visit	Covered as In-Network
Urgent Care Doctor and Other Services	No charge	Covered as In-Network
Emergency Room Facility Services <i>Copay waived if admitted.</i>	\$150 copay per visit	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	Covered as In-Network
Ambulance	No charge	Covered as In-Network
<u>Outpatient Mental/Behavioral Health and Substance Abuse</u>		
Doctor Office Visit	\$20 copay per visit	20% coinsurance after medical deductible is met
Facility Visit:		
Facility Fees	No charge	20% coinsurance after medical deductible is met
Doctor Services	No charge	20% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><u>Outpatient Surgery</u></p> <p>Facility Fees:</p> <p>Hospital</p> <p>Freestanding Surgical Center</p> <p>Doctor and Other Services:</p> <p>Hospital</p> <p>Freestanding Surgical Center</p>	<p>\$250 copay per visit</p> <p>No charge</p> <p>No charge</p> <p>No charge</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>
<p><u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u></p> <p>Facility Fees <i>Coverage for Inpatient Rehabilitation is limited to 60 days and Skilled Nursing services is limited to 100 days per benefit period. Applies to In-Network and Out of Network.</i></p> <p>Doctor and other services</p>	<p>0% coinsurance after medical deductible is met</p> <p>0% coinsurance after medical deductible is met</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>
<p><u>Recovery & Rehabilitation</u></p> <p>Home Health Care <i>Limit is combined with Private Duty Nursing and it is 100 days per benefit period.</i></p>	<p>No charge</p>	<p>20% coinsurance after medical deductible is met</p>
<p>Rehabilitation services:</p> <p>Office <i>Coverage for physical therapy, occupational therapy and speech therapy is 60 visits combined per member per plan year. Applies to In-Network and Out of Network. Limit is combined across professional visits and outpatient facilities.</i></p>	<p>No charge</p>	<p>20% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital <i>Coverage for physical therapy, occupational therapy and speech therapy is 60 visits combined per member per plan year. Applies to In-Network and Out of Network. Limit is combined across professional visits and outpatient facilities.</i>	No charge	20% coinsurance after medical deductible is met
Cardiac rehabilitation Office <i>Coverage is unlimited per benefit period.</i>	\$20 copay per visit	20% coinsurance after medical deductible is met
Outpatient Hospital <i>Coverage is unlimited per benefit period.</i>	\$20 copay per visit	20% coinsurance after medical deductible is met
Skilled Nursing Care (facility) <i>Coverage for Inpatient Rehabilitation is limited to 60 days and Skilled Nursing services is limited to 100 days per benefit period. Applies to In-Network and Out of Network.</i>	0% coinsurance after medical deductible is met	20% coinsurance after medical deductible is met
Hospice	No charge	20% coinsurance after medical deductible is met
Durable Medical Equipment <i>Unlimited</i>	No charge	20% coinsurance after medical deductible is met
Prosthetic Devices <i>DME External Prosthetics subject to \$200 deductible separate from medical deductible.</i>	No charge	20% coinsurance after medical deductible is met
Fitness Club Reimbursement	Up to \$100 per six months and \$200 per plan year per contract.	
Vision Hardware <i>Per member every 2 years.</i>	\$100 maximum reimbursement for frames and lenses.	

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out of Pocket	Combined with In-Network medical	Combined with Non-Network medical
Prescription Drug Coverage <i>National Drug List</i> <i>This product has NO 90-day Retail Pharmacy Network available. A 90 day supply is not available at most retail pharmacies. No coverage for non-formulary drugs.</i>		
Tier 1 - Typically Generic <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$10 copay per prescription, deductible does not apply (retail) and \$20 copay per prescription, deductible does not apply (home delivery)	\$10 copay per prescription, deductible does not apply (retail) and \$20 copay per prescription, deductible does not apply (home delivery)
Tier 2 – Typically Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$30 copay per prescription, deductible does not apply (retail) and \$60 copay per prescription, deductible does not apply (home delivery)	\$30 copay per prescription, deductible does not apply (retail) and \$60 copay per prescription, deductible does not apply (home delivery)
Tier 3 - Typically Non-Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$50 copay per prescription, deductible does not apply (retail) and \$100 copay per prescription, deductible does not apply (home delivery)	\$50 copay per prescription, deductible does not apply (retail) and \$100 copay per prescription, deductible does not apply (home delivery)

Notes:

- Your medical and prescription copays, coinsurance and deductible count toward your out of pocket amount.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- *Your cost share may be reduced when services are provided in a PCP's office.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

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Questions: (833) 621-0307 or visit us at www.anthem.com

NH/LG/Anthem BlueChoice New England POS 100/0%/6350 Rx 3 Tier/5]7J/07-01-2021



Your summary of benefits

Matthew Thornton Health Plan, Inc./Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Access Blue NE HMO 1250/0%/6350 Rx 3 Tier

Your Network: Access Blue NE HMO

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$1,250 person / \$2,500 family	Not covered
Out-of-Pocket Limit	\$6,350 person / \$12,700 family	Not covered
The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.		
Preventive Care / Screening / Immunization	No charge	Not covered
Doctor Home and Office Services		
Primary Care Visit	\$30 copay per visit medical deductible does not apply	Not covered
Specialist Care Visit	\$50 copay per visit medical deductible does not apply	Not covered
Prenatal and Post-natal Care	0% coinsurance after medical deductible is met	Not covered
Other Practitioner Visits:		
Retail Health Clinic	\$30 copay per visit medical deductible does not apply	Not covered
Live Health On-line Telehealth Visits <i>Includes Mental Health and Substance Abuse</i> <i>(www.livehealthonline.com)</i>	\$30 copay per visit medical deductible does not apply	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Other Participating Provider On-line Visit <i>Includes Mental Health and Substance Abuse</i>	\$30 copay per visit medical deductible does not apply	Not covered
Manipulation Therapy <i>Coverage is limited to 20 visits per benefit period.</i>	\$50 copay per visit medical deductible does not apply	Not covered
Acupuncture <i>Coverage is limited to 20 visits per benefit period.</i>	Not covered	Not covered
<u>Other Services in an Office:</u>		
Allergy Testing	No charge	Not covered
Chemo/Radiation Therapy	\$50 copay per visit medical deductible does not apply ²	Not covered
Dialysis/Hemodialysis	No charge	Not covered
Prescription Drugs - <i>Dispensed in the office For the drug itself through infusion/injection.</i>	No charge	Not covered
<u>Diagnostic Services</u>		
Lab:		
Office	No charge	Not covered
Freestanding Lab/Reference Lab	No charge	Not covered
Outpatient Hospital	No charge	Not covered
X-Ray:		
Office	No charge	Not covered
Freestanding Radiology Center	No charge	Not covered
Outpatient Hospital	No charge	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Advanced Diagnostic Imaging:		
Office	No charge	Not covered
Freestanding Radiology Center	No charge	Not covered
Outpatient Hospital	No charge	Not covered
<u>Emergency and Urgent Care</u>		
Urgent Care <i>In-Network Urgent Care benefit limited to preferred New Hampshire locations.</i>	\$75 copay per visit	Covered as In-Network
Urgent Care Doctor and Other Services	No charge	Covered as In-Network
<u>Emergency Room Facility Services</u>		
<i>Copay waived if admitted.</i>	\$150 copay per visit	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	Covered as In-Network
<u>Ambulance</u>		
	No charge	Covered as In-Network
<u>Outpatient Mental/Behavioral Health and Substance Abuse</u>		
Doctor Office Visit	\$30 copay per visit medical deductible does not apply	Not covered
Facility Visit:		
Facility Fees	No charge	Not covered
Doctor Services	No charge	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Outpatient Surgery</u>		
Facility Fees:		
Hospital	0% coinsurance after medical deductible is met	Not covered
Freestanding Surgical Center	0% coinsurance after medical deductible is met	Not covered
Doctor and Other Services:		
Hospital	No charge	Not covered
Freestanding Surgical Center	No charge	Not covered
<u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u>		
Facility Fees <i>Coverage for Inpatient Rehabilitation is limited to 60 days and Skilled Nursing services are limited to 100 days per benefit period. Applies to In-Network.</i>		
	0% coinsurance after medical deductible is met	Not covered
Doctor and other services		
	No charge	Not covered
<u>Recovery & Rehabilitation</u>		
Home Health Care <i>Limit is combined with Private Duty Nursing and it is 100 days per benefit period.</i>		
	No charge	Not covered
Rehabilitation services:		
Office <i>Coverage for physical therapy, occupational therapy and speech therapy is limited to a combined maximum of 60 visits per member per plan year. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.</i>		
	No charge	Not covered
Outpatient Hospital <i>Coverage for physical therapy, occupational therapy and speech therapy is limited to a combined maximum of 60 visits per member per plan year. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.</i>		
	No charge	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Cardiac rehabilitation Office <i>Coverage is unlimited per benefit period.</i> Outpatient Hospital <i>Coverage is unlimited per benefit period.</i>	\$50 copay per visit medical deductible does not apply \$50 copay per visit medical deductible does not apply	Not covered Not covered
Skilled Nursing Care (facility) <i>Coverage for Inpatient Rehabilitation is limited to 60 days and Skilled Nursing services are limited to 100 days per benefit period. Applies to In-Network.</i>	0% coinsurance after medical deductible is met	Not covered
Hospice	No charge	Not covered
Durable Medical Equipment <i>Unlimited</i>	No charge	Not covered
Prosthetic Devices <i>DME External Prosthetics are subject to a \$200 deductible separate from the medical deductible.</i>	No charge	Not covered
Fitness Club Reimbursement Vision Hardware <i>Per member every 2 years.</i>	Up to \$100 per six months and \$200 per plan year per contract. \$100 maximum reimbursement for frames and lenses.	

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Pharmacy Deductible	Not applicable	Not covered
Pharmacy Out of Pocket	Combined with In-Network medical	Not covered
Prescription Drug Coverage <i>National Drug List</i> <i>This product has NO 90-day Retail Pharmacy Network available. A 90 day supply is not available at most retail pharmacies. No coverage for non-formulary drugs.</i>		
Tier 1 - Typically Generic <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$10 copay per prescription, deductible does not apply (retail) and \$20 copay per prescription, deductible does not apply (home delivery)	Not covered (retail and home delivery)
Tier 2 – Typically Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$30 copay per prescription, deductible does not apply (retail) and \$60 copay per prescription, deductible does not apply (home delivery)	Not covered (retail and home delivery)
Tier 3 - Typically Non-Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$50 copay per prescription, deductible does not apply (retail) and \$100 copay per prescription, deductible does not apply (home delivery)	Not covered (retail and home delivery)

Notes:

- Your medical and prescription copays, coinsurance and deductible count toward your out of pocket amount.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- * Your cost share may be reduced when services are provided in a PCP's office.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

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NH/LG/Anthem Access Blue NE HMO 1250/0%/6350 Rx 3 Tier/5J7G/07-01-2021



Your summary of benefits

Matthew Thornton Health Plan, Inc./Anthem® Blue Cross and Blue Shield
 Your Plan: Anthem Access Blue NE HMO SOS 250/0%/6350 Rx 3 Tier
 Your Network: Access Blue NE HMO

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$250 person / \$500 family	Not covered
Out-of-Pocket Limit	\$6,350 person / \$12,700 family	Not covered
The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.		
Preventive Care / Screening / Immunization	No charge	Not covered
Doctor Home and Office Services		
Primary Care Visit	\$20 copay per visit medical deductible does not apply	Not covered
Specialist Care Visit	\$20 copay per visit medical deductible does not apply	Not covered
Prenatal and Post-natal Care	0% coinsurance after medical deductible is met	Not covered
Other Practitioner Visits:		
Retail Health Clinic	\$20 copay per visit medical deductible does not apply	Not covered
Live Health On-line Telehealth Visits <i>Includes Mental Health and Substance Abuse</i> <i>(www.livehealthonline.com)</i>	\$20 copay per visit medical deductible does not apply	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Other Participating Provider On-line Visit <i>Includes Mental Health and Substance Abuse</i>	\$20 copay per visit medical deductible does not apply	Not covered
Manipulation Therapy <i>Coverage is limited to 20 visits per benefit period.</i>	\$20 copay per visit medical deductible does not apply	Not covered
Acupuncture <i>Coverage is limited to 20 visits per benefit period.</i>	Not covered	Not covered
Other Services in an Office:		
Allergy Testing	No charge	Not covered
Chemo/Radiation Therapy	\$20 copay per visit medical deductible does not apply*	Not covered
Dialysis/Hemodialysis	No charge	Not covered
Prescription Drugs - <i>Dispensed in the office For the drug itself through infusion/injection.</i>	No charge	Not covered
Diagnostic Services		
Lab:		
Office	No charge	Not covered
Freestanding Lab/Reference Lab	No charge	Not covered
Outpatient Hospital	\$50 copay per visit medical deductible does not apply	Not covered
X-Ray:		
Office	No charge	Not covered
Freestanding Radiology Center	No charge	Not covered
Outpatient Hospital	\$125 copay per visit medical deductible does not apply	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Advanced Diagnostic Imaging:		
Office	No charge	Not covered
Freestanding Radiology Center	No charge	Not covered
Outpatient Hospital	\$250 copay per visit medical deductible does not apply	Not covered
<u>Emergency and Urgent Care</u>		
Urgent Care <i>In-Network Urgent Care benefit limited to preferred New Hampshire locations.</i>	\$75 copay per visit	Covered as In-Network
Urgent Care Doctor and Other Services	No charge	Covered as In-Network
<u>Emergency Room Facility Services</u>		
<i>Copay waived if admitted.</i>	\$150 copay per visit	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	Covered as In-Network
<u>Ambulance</u>		
	No charge	Covered as In-Network
<u>Outpatient Mental/Behavioral Health and Substance Abuse</u>		
Doctor Office Visit	\$20 copay per visit medical deductible does not apply	Not covered
Facility Visit:		
Facility Fees	No charge	Not covered
Doctor Services	No charge	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Surgery		
Facility Fees:		
Hospital	\$250 copay per visit	Not covered
Freestanding Surgical Center	No charge	Not covered
Doctor and Other Services:		
Hospital	No charge	Not covered
Freestanding Surgical Center	No charge	Not covered
Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):		
Facility Fees <i>Coverage for Inpatient Rehabilitation is limited to 60 days and Skilled Nursing services are limited to 100 days per benefit period. Applies to In-Network.</i>	0% coinsurance after medical deductible is met	Not covered
Doctor and other services	No charge	Not covered
Recovery & Rehabilitation		
Home Health Care <i>Limit is combined with Private Duty Nursing and it is 100 days per benefit period.</i>	No charge	Not covered
Rehabilitation services:		
Office <i>Coverage for physical therapy, occupational therapy and speech therapy is limited to a combined maximum of 60 visits per member per plan year. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.</i>	No charge	Not covered
Outpatient Hospital <i>Coverage for physical therapy, occupational therapy and speech therapy is limited to a combined maximum of 60 visits per member per plan year. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.</i>	No charge	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Cardiac rehabilitation Office <i>Coverage is unlimited per benefit period.</i> Outpatient Hospital <i>Coverage is unlimited per benefit period.</i>	\$20 copay per visit medical deductible does not apply \$20 copay per visit medical deductible does not apply	Not covered Not covered
Skilled Nursing Care (facility) <i>Coverage for Inpatient Rehabilitation is limited to 60 days and Skilled Nursing services are limited to 100 days per benefit period. Applies to In-Network.</i>	0% coinsurance after medical deductible is met	Not covered
Hospice	No charge	Not covered
Durable Medical Equipment <i>Unlimited</i>	No charge	Not covered
Prosthetic Devices <i>DME External Prosthetics are subject to a \$200 deductible separate from the medical deductible.</i>	No charge	Not covered
Fitness Club Reimbursement Vision Hardware <i>Per member every 2 years.</i>	Up to \$100 per six months and \$200 per plan year per contract. \$100 maximum reimbursement for frames and lenses.	

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Pharmacy Deductible	Not applicable	Not covered
Pharmacy Out of Pocket	Combined with In-Network medical	Not covered
Prescription Drug Coverage <i>National Drug List</i> <i>This product has NO 90-day Retail Pharmacy Network available. A 90 day supply is not available at most retail pharmacies.</i> <i>No coverage for non-formulary drugs.</i>		
Tier 1 - Typically Generic <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$10 copay per prescription, deductible does not apply (retail) and \$20 copay per prescription, deductible does not apply (home delivery)	Not covered (retail and home delivery)
Tier 2 – Typically Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$30 copay per prescription, deductible does not apply (retail) and \$60 copay per prescription, deductible does not apply (home delivery)	Not covered (retail and home delivery)
Tier 3 - Typically Non-Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$50 copay per prescription, deductible does not apply (retail) and \$100 copay per prescription, deductible does not apply (home delivery)	Not covered (retail and home delivery)

Notes:

- Your medical and prescription copays, coinsurance and deductible count toward your out of pocket amount.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- * Your cost share may be reduced when services are provided in a PCP's office.

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NH/LG/Anthem Access Blue NE HMO SOS 250/0%/6350 Rx 3 Tier/5J7K/07-01-2021

Your summary of benefits



Matthew Thornton Health Plan, Inc./Anthem® Blue Cross and Blue Shield
 Your Plan: Anthem BlueChoice Open Access Advantage HSA All Net 2000/0%/2000
 Your Network: Blue Choice POS

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$2,000 person /\$4,000 family	
Out-of-Pocket Limit	\$2,000 person / \$4,000 family	\$4,000 person / \$8,000 family
The family deductible and out-of-pocket maximum are non-embedded meaning the cost shares of all family members apply to one shared family deductible and one shared family out-of-pocket maximum. The individual deductible and individual out-of-pocket maximum only apply to individuals enrolled under single coverage.		
Preventive Care / Screening / Immunization	No charge	30% coinsurance after deductible is met
Doctor Home and Office Services		
Primary Care Visit	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Specialist Care Visit	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Prenatal and Post-natal Care	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Other Practitioner Visits:		
Retail Health Clinic	0% coinsurance after deductible is met	30% coinsurance after deductible is met
On-line Visit <i>Includes Mental Health and Substance Abuse (www.livehealthonline.com)</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Manipulation Therapy <i>Coverage is limited to 20 visits per benefit period.</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Acupuncture <i>Coverage is limited to 20 visits per benefit period.</i>	Not covered	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Other Services in an Office:</u>		
Allergy Testing	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Dialysis/Hemodialysis	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Prescription Drugs - <i>Dispensed in the office</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<u>Diagnostic Services</u>		
Lab:		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Lab/Reference Lab	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
X-Ray:		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Radiology Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Advanced Diagnostic Imaging:		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Radiology Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<u>Emergency and Urgent Care</u>		
Urgent Care	0% coinsurance after deductible is met	Covered as In-Network
Urgent Care Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
<u>Emergency Room Facility Services</u>		
Emergency Room Facility Services	0% coinsurance after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
<u>Ambulance</u>		
Ambulance	0% coinsurance after deductible is met	Covered as in-Network
<u>Outpatient Mental/Behavioral Health and Substance Abuse</u>		
Doctor Office Visit	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Facility Visit:		
Facility Fees	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor Services	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<u>Outpatient Surgery</u>		
<u>Facility Fees:</u>		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Doctor and Other Services:		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u>		
Facility fees (for example, room & board) <i>Coverage for Inpatient Rehabilitation is limited to 60 days and Skilled Nursing services are limited to 100 days per benefit period. Applies to In-Network.</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor and other services	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<u>Recovery & Rehabilitation</u>		
Home Health Care <i>Limit is combined with Private Duty Nursing and it is 100 days per benefit period.</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Rehabilitation services:		
Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy is limited to 60 visits combined per benefit period.</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy and speech therapy is limited to 60 visits combined per benefit period.</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation		
Office <i>Coverage is unlimited per benefit period.</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital <i>Coverage is unlimited per benefit period.</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (facility) <i>Coverage for Inpatient Rehabilitation is limited to 60 days and Skilled Nursing services are limited to 100 days per benefit period. Applies to In-Network.</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Hospice	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment <i>Unlimited</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Prosthetic Devices	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Fitness Club Reimbursement	Up to \$100 per six months and \$200 per plan year per contract.	
Vision Hardware <i>(Per member every 2 years)</i>	\$100 maximum reimbursement for frames and lenses.	

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out of Pocket	Combined with In-Network medical	Combined with Non-Network medical
Prescription Drug Coverage <i>National Drug List</i> <i>This product has NO 90-day Retail Pharmacy Network available. A 90-day supply is not available at most pharmacies.</i> <i>No coverage for non-formulary drugs.</i>		
Tier 1 - Typically Generic <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	0% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	0% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	0% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)

Notes:

- Your medical and prescription copays, coinsurance and deductible count toward your out of pocket amount.

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- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

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APPENDIX D

City of Manchester
 Group Number: 3203

Outline of Coverage
 Delta Dental PPO plus Premier Network



Northeast Delta Dental

Read Your Dental Plan Description Carefully--This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR Dental Plan Description CAREFULLY! Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.

Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)
DIAGNOSTIC: Evaluations twice in a 12-month period X-rays (complete series or panoramic film) once in a 3-year period Bitewing x-rays once in a 12-month period X-rays of individual teeth as necessary Oral cancer screening in a 12-month period PREVENTIVE: Two cleanings in a 12-month period Fluoride once in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19	RESTORATIVE: Amalgam (silver) fillings; Composite (white) fillings (on anterior teeth only) ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Periodontal maintenance (cleaning) <i>Note: Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of each.</i> Treatment of gum disease Clinical crown lengthening once per tooth per lifetime DENTURE REPAIR: Repair of a removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT	PROSTHODONTICS: Removable and fixed partial dentures (bridge), complete dentures Rebase and reline (dentures) Crowns Onlays Implants
Delta Dental Pays: 100%	Delta Dental Pays: 60%	Delta Dental Pays: 50%
Calendar Year Maximum: \$1500 per Person Health through Oral Wellness* program included (please see reverse for details)		

Eff 07/1/2020