

**AGREEMENT**

**between**

**THE WAYNE BOARD OF EDUCATION**

**and**

**THE WAYNE CUSTODIAL-MAINTENANCE ASSOCIATION**

**covering**

**CUSTODIAL AND MAINTENANCE PERSONNEL**

**2017-2018**

**2018-2019**

**2019-2020**

**2020-2021**

**Approved by the Board of Education:**

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**PREAMBLE**

The Agreement is made and entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 2018 by and between the BOARD OF EDUCATION OF THE TOWNSHIP OF WAYNE in the County of Passaic, hereinafter referred to as the "Board", and the WAYNE CUSTODIAL-MAINTENANCE ASSOCIATION, hereinafter referred to as the "Association"; and

**WHEREAS**, the Association is the sole representative of the full-time custodial and maintenance workers (which shall include custodian employees, maintenance personnel, bus mechanics, storekeepers and groundskeepers) in collective negotiations with the Board; and

**WHEREAS**, pursuant to negotiations under the provision of the New Jersey Public Employer-Employee Relations Act, Chapter 123, Public Laws of 1974, the Board and the Association have reached agreement with respect to terms and conditions of employment for custodial and maintenance workers for the school years 2017-2018, 2018-2019, 2019-2020 and 2020-2021;

**WHEREAS**, said Public Employer-Employee Labor Relations Act requires that when such agreement has been reached its terms shall be embodied in writing and signed by the respective parties:

**NOW, THEREFORE**, it is mutually agreed between the parties hereto as follows:

**SECTION I**

**RECOGNITION**

The Board of Education hereby recognized the Wayne Custodial-Maintenance Association as the exclusive and sole representative for collective negotiations concerning grievances and terms and conditions of employment for the following full-time employees: custodians, maintenance personnel, bus mechanics, storekeepers and groundskeepers.

**SECTION II**

**NEGOTIATIONS FOR A SUCCESSOR AGREEMENT**

The parties to this Agreement shall commence negotiations for a successor agreement in accordance with the procedures of the New Jersey State Public Employment Relations Commission.

**SECTION III**

**SALARIES**

All salaries are set forth in Appendix A (hourly rate). The guide reflects a 2.1% salary increase, inclusive of increment, for the 2017-2018 school year effective July 1, 2017, a 2.4 % salary increase for the 2018-2019 school year, inclusive of increment, effective July 1, 2018, a 2.5% increase for the 2019-2020 school year, inclusive of increment, effective July 1, 2019, and a 2.5% increase for the 2020-2021 school year, inclusive of increment, effective July 1, 2020.

A. Salaries for the 2017-2018, 2018-2019, 2019-2020 and 2020-2021 school years shall be paid in accordance with the salary schedules annexed hereto, made a part hereof, and identified as Schedules A-1 through A-4.

B. Head Custodians

Each Head Custodian shall receive the following appropriate annual contract salary in addition to his/her annual custodian's salary as set forth on the current year's salary guide (Schedule A-1, A-2, A-3 or A-4):

	<u>2017-2021</u>
Elementary School:	\$1300
Middle School:	\$2450
High School:	\$3600

All salary guides to be developed and mutually agreed to by the parties.

C. Employee Licenses

Licensed Personnel assigned to work within their respective trade and licensed by the State of New Jersey to perform such work as a contractor or operator in such trade shall receive a stipend as follows for each month they serve in such a capacity. The employee is responsible to maintain his/her license in good standing and keep such records of valid licensure on hand with the Director of Facilities Management or his/her designee. This shall apply to the following licenses:

Electrical Contractors License	\$200/month
Master Plumber License	\$200/month
EPA Certified Universal Freon Recovery and Reclamation	\$75/month
Black Seal Low Pressure Boiler Operator	\$50/month
Commercial Pesticide Applicator or Operator	\$50/month
ASE School Bus Certifications (there are 7)	\$30/210/month
Master ASE School Bus Certification	\$250/month
Locksmith	\$50/month
HVAC State-Licensed Technician	\$200/month
Heavy Equipment Operator	\$50/month

All WCMA employees shall be entitled to claim no more than two (2) stipends in any fiscal year. Any stipend claimed must be required within the employee's regular job responsibilities.

The Board shall be responsible for the license renewal, including the renewal fees, for all employees licensed as Black Seal Low Pressure Boiler Operators. Employees possessing any other licenses set forth above, shall be responsible to maintain his/her/their licenses in good standing, including license renewal and the payment of any initial and/or renewal fees.

**SECTION IV**

**WORKING HOURS AND CONDITIONS -**

**CUSTODIAL, MAINTENANCE, GROUNDS AND NIGHT SECURITY PERSONNEL**

**A. Employee Work Schedules**

**CUSTODIANS**

Day Shift (8.5 hour workday with 1/2 hour lunch)	Start Between 5:00AM and 12:00PM
Night Shift (8 hour workday inclusive of lunch)	Start between 12PM and 12AM
Elementary Head Custodian (8 hour 5 Minute workday)	7:00 a.m. to 3:05 p.m.
Secondary Head Custodian	7:30 am. to 4:00 p.m.
Summer Hours	6:30 a.m. to 3:00 p.m.

**MAINTENANCE and GROUNDS PERSONNEL**

Day Shift (8.5 hour workday with 1/2 hour lunch)	Start Between 5:00AM and 12:00PM
Night Shift (8 hour workday inclusive of lunch)	Start between 12PM and 12AM
Winter/Spring Recess	7:00 a.m. to 3:30 p.m.
Summer Hours	6:30 a.m. to 3:00 p.m.

## NIGHT SECURITY

Hours

11:00 p.m. to 7:00 a.m.

1. Any deviation from the above hours must be mutually agreed upon by the Principal/Building Administrator and the Director of Facilities or his/her designee. When such deviation is of a permanent nature, the custodial and maintenance representative will be asked to participate in the discussion prior to the decision of becoming part of the regulations.
2. With reference to the day shift in schools where there are two (2) or more custodial employees on the day shift, the Building Principal may set an 11:00 a.m. to 11:30 a.m. lunch break for one (1) custodial employee and 11:30 a.m. to 12:00 noon for another custodial employee or some other reasonable variation in order to provide each custodial person with their lunch period. Each employee's lunch break shall occur no later than six (6) hours from the start of his or her work day in accordance with the needs of the school.

In schools where there is one custodial and maintenance employee on duty, the Principal/Building Administrator may set a one-half (1/2) hour lunch period at a reasonable time and at such time as is possible to provide the custodian and maintenance employee with a one-half (1/2) hour lunch period.

Night shift schedule shall include a one-half (1/2) hour paid lunch period. This period shall be considered part of the eight (8) hour day.

The split-time shift schedule shall include a one-half (1/2) hour paid lunch period and fifteen (15) minutes traveling time included in the eight (8) hour working day.

### B. Overtime Hours

1. Overtime shall be paid at the rate of one and one-half (1-1/2) times the custodial and maintenance employee's hourly rate.
2. Overtime shall be paid after eight (8) working hours in one day. Overtime shall be paid for all regular hours in excess of forty (40) regular working hours in any one week.
3. Overtime hours shall be worked at the direction of the employee's immediate supervisor and/or the request of the Principal/Building Administrator with the approval of the employee's immediate supervisor.
4. Overtime hours shall be worked when deemed necessary by the Building Principal/Building Administrator, or employee's immediate supervisor.
5. Holiday work shall be paid time and one-half (1-1/2) plus the day's pay.

6. Overtime shall be within each position category:

- Custodians by location
- Maintenance
- Groundskeeper
- Bus Mechanic

And shall be assigned on a rotating basis based on seniority, except in cases of emergency in which case may be assigned overtime without regard to seniority. The school district may invoke its management rights as provided for under Section XXII, paragraph 6 of this agreement “to take whatever actions may be necessary to carry out the mission of the school district in situations of emergency.”

C. Work Week

1. A regular work week shall be Monday through Friday inclusive except in the case of custodial and maintenance employees hired after July 1, 1972. These custodial and maintenance employees may be asked to assume a work week of Tuesday through Saturday. In such cases, these custodial and maintenance employees shall consider Sunday and Monday as eligible overtime days subject to stipulations listed below in 2 and 3.
2. Eligible overtime days where required, shall be paid at the hourly rate of one and one-half (1-1/2) times the custodial and maintenance employee’s basic hourly rate for each hour worked.

Saturday and/or Sunday hours shall be worked when deemed necessary by the Building Principal/Building Administrator or employee’s immediate supervisor.

D. School Closing or Vacation

When school is closed during a school vacation (excluding summer break) the regular hours for all custodial and maintenance employees will be from 7:00 a.m. to 3:30 p.m., which includes one-half (1/2) hour for lunch. If activities are scheduled in the building during the evening, the Building Principal/Building Administrator may change the duty hours of the custodial and maintenance employee with the approval of the Director of Facilities or his/her designee.

E. All employees are considered essential and must report to work per their designated shift. Attendance recording will be registered by a swipe card and or biometrics at the building location. If the swipe card and/or biometrics does not work, employee must call his/her immediate supervisor. Proven tampering with the attendance recorder or swiping in and out for another employee will result in immediate termination.

**SECTION V**

**HOLIDAYS**

A. There shall be twelve (12) set holidays as set forth below and four (4) additional holidays in lieu of Lincoln's Birthday, Washington's Birthday, Columbus Day and Veteran's Day to be set by the Director of Facilities or his/her designee and Transportation Fleet Supervisor, based on assignment. Said schedule will be provided to the Association no later than June 15 of the preceding school year. If any of the set holidays set forth below conflict with the school calendar, alternate holiday dates will be selected by the Director of Facilities or his/her designee upon advance notice to the Association of the alternate holiday dates selected.

Fourth of July	Christmas Eve
Labor Day	Christmas Day
Yom Kippur	New Year's Eve
Friday of Teacher's Convention	New Year's Day
Thanksgiving Day	Good Friday
Friday after Thanksgiving	Memorial Day

B. If, for any reason, a building is required to be open on any of these days or any alternate holiday dates, the custodial and maintenance employees directed will report for work as usual. For time so worked on these stated holidays or any alternate holiday dates, time and one-half (1-1/2) for each hour worked will be paid in addition to the day's pay for the holiday.

C. Any of the outlined holidays falling on Saturday or Sunday shall be rescheduled by the Director of Facilities or his/her designee at a time when school is not in session.

A. To be eligible for holiday pay, all Association members are expected to report for work the days preceding and following a holiday, if those days are regularly scheduled work days. An employee shall not be paid for any of the above holidays if he does not report for work the days preceding and following the holiday when those days are regularly scheduled work days unless he has prior approval to use vacation or personal days. A sick day may be considered an approved absence under this paragraph. A medical certificate of illness may be asked to be provided by the employee's physician.

**SECTION VI**

**SICK DAYS**

A. Thirteen (13) sick days with full pay shall be allowed each year which will be cumulative without limit. In case absence of custodial and maintenance employees is of greater duration than accumulated sick leave, this situation will be referred to the Board of Education for special consideration.

B. Payment for unused sick days for custodial and maintenance employees leaving the school system based on a minimum of ten (10) years of service in the Wayne School District and

only upon actual certified age service retirement pursuant to the Public Employees Retirement System, shall be entitled to payment for one-third (1/3) of their unused accumulated sick days at the then current salary to a maximum of one hundred (100) days. In the event of the death of an employee, this payment will be made to the employee's estate so long as the employee was eligible for the payment at the time of his/her death under the provisions of this paragraph or he/she has a minimum of twenty (20) years of service in the Wayne Schools. A day's salary shall be defined as 1/200 of the annual salary for 10-month employees and 1/240 for 12-month employees.

C. Custodial and maintenance employees will be entitled to a pro rata portion of the number of sick days to which they may be entitled in the last year of employment if the custodial and maintenance employee works less than one year.

D. When an employee has taken sick days for three (3) consecutive workdays he/she shall be required to submit documentation from a physician to the Principal/Building Administrator and/or employee's immediate supervisor certifying the medical necessity for the absence and expected date of return to work. Nothing contained herein, however, shall be interpreted to limit any of the Board's rights pursuant to N.J.S.A. 18A:30-4.

E. Sick Day Bank

1. The Sick Day Bank is a program to offer assistance to employees in time of extended illness in the form of extension of their accrued personal sick days. It is not the purpose of the Bank to provide for an illness of a brief nature. The Sick Day Bank is a cooperative program whose implementation and maintenance is dependent on employee support.
2. The Bank will be built up once annually, as needed, by the employees contributing one or more of their accumulated sick leave days to the Bank. No days will be added to the Bank until the number drops below 300 days. At the end of the school year, any unused sick days remaining in the Bank will be carried over to the next year.
3. In the event that the Board of Education and the Association agree to dissolve the Bank for whatever reason, all days left in the Bank will be divided equally by the employees. No employee will receive more days than he/she has contributed to the Bank.
4. The Board of Trustees shall consist of five (5) Association members, appointed by the Association annually to receive requests for the use of sick leave days in the Bank and to determine whether to recommend such requests for approval.
5. The Trustees shall provide the Board annually with the names of employees who contributed to the sick leave bank and the number of days they contribute. The Board of Education shall maintain records on the donation and usage of sick leave bank days, which shall be the records relied on by all parties involved. At the end of each school year, the Board of Education shall provide the Association a written

accounting of donation and usage for that year to support the total number of days shown by the Board of Education as remaining in the Bank.

6. The Board of Trustees reserves to itself, the right to have a second medical opinion of the employee making the claim for Bank use. The cost for such examination shall be paid for by the employee and the doctor used will be of the Bank's choice.
7. The trustees of the Bank will be limited to granting up to sixty (60) school days at one time. A member may request additional sick leave by submitting a request and a doctor's certificate.
8. If in the judgment of the Trustees the employee qualifies, the Trustees shall submit the request to the Board of Education. If the Board of Education agrees with the Trustees, the Board of Education will arrange payment to the employee. If the Board of Education rejects the request, the Board will notify the Trustees of the Bank.
9. The parties acknowledge that the decision of the Board of Education shall be final and binding and shall not be reviewable by a court or agency of competent jurisdiction or subject to the contractual grievance or arbitration procedures. The Board of Education shall not withhold its approval for illegal reasons.
10. When an employee is on sick leave beyond his/her allotted number of days with pay, the deductions from his/her pay will be in the amount of 1/200th (10-month employees) and 1/240th (12 month employees) of his/her annual salary per day.
11. Prior to any recommendation or approval of the use of sick leave bank days, every applicant must sign an agreement to indemnify defend and hold harmless the Board of Education, the Association, their members, agents, servant, and employees from any and all claims, liabilities, damages, and costs related to:
  - a. The solicitation and/or contributions of sick leave days to the Bank;
  - b. The communication of the names of Association members who contribute to the Bank and/or the number of days they contribute;
  - c. The application for use of sick leave days in the Bank and/or the Association's committee review and recommendation process; and
  - d. The Board of Education's approval or denial of recommendations to allow the use of sick leave days in the Bank.

## **SECTION VII**

### **PERSONAL DAYS, DEATH IN FAMILY, PREGNANCY AND CHILD CARE LEAVE - CUSTODIAL AND MAINTENANCE PERSONNEL**

#### **A. Personal Days**

A maximum of two (2) personal days may be granted by the employee's immediate supervisor or Principal/Building Administrator upon the recommendation of the employee's supervisor for legal, business or family matters which require the employee's absence during school hours. Written Application for these days shall be made at least three (3) days before the requested leave day(s), except in cases of emergency. Any unused personal days shall accumulate to unused accumulated sick days.

#### **B. Death in Family**

Up to five (5) days shall be granted in the event of death in the immediate family (employee's spouse, children, parent, brother, sister, mother-in-law, father-in-law, grandchild) or for persons residing within the household for which the employee has a family-like responsibility. Up to two (2) days shall be granted in the event of the death of a grandparent. Up to one day shall be granted to attend the funeral of employee's relative outside the employee's immediate family or household as defined above. Funeral home visitations are to be scheduled after working hours.

#### **C. Family Illness Days**

Employees shall be granted three (3) family illness days each year subject to verification by Board. Family is as defined in Section VII, B.

#### **D. Pregnancy and Child Care**

A pregnant Association member shall be deemed to be sick for purposes of this Article during the period thirty (30) calendar days before and thirty (30) calendar days after termination of pregnancy. All other claims for sick leave based on pregnancy shall be supported by a detailed physician's certification which shall state the reason(s) that the member is sick and unable to perform her duties.

A pregnant member shall notify her immediate supervisor in writing as soon as practical after her pregnant condition has been established. Such notice shall include a physician's certification of pregnancy, the anticipated date of delivery, and anticipated leave date. A pregnant member may continue working as long as her condition permits; if, in the Board's opinion, the member's job performance is being adversely affected by the pregnancy, the Board may also, in its sole discretion, require a physician's certificate as to her ability to continue her employment.

**E. Child Care Leave**

1. An employee may ask the Board for a child care leave for his/her minor child for a period not exceeding one (1) year. The request shall be made in writing to the Board. The decision to grant or deny the request shall be made solely by the Board. Such leave, if granted, shall be without pay and for such period of time as may be set by the Board. Non-tenured employees shall not be granted leave beyond the period of their contract.
2. During child care leave, an employee may not hold other full-time employment or the Board may terminate the child care leave.
3. At the end of a child care leave, the Association member shall at his/her request, unless the position has been eliminated by attrition, or has otherwise been filled, be offered a comparable position.

**SECTION VIII**

**MISCELLANEOUS LEAVE OF ABSENCE PROVISIONS**

**A. Absence from Work**

Absence known to occur on the next work day of the day shift must be reported to the Principal/Building Administrator and the employee's immediate supervisor's office by telephone the preceding evening before 10:00 p.m. for custodial and maintenance employees who are assigned to the day shift. Custodial and maintenance employees on the evening shift shall report their absences to the employee's immediate supervisor's office before 10:00 a.m. on that day.

An employee who fails to notify his/her immediate supervisor of his/her absence as required by this paragraph shall not be paid for the period of said absence except where his/her failure to provide such notification is caused by an emergency.

**SECTION IX**

**VACATIONS - CUSTODIAL AND  
MAINTENANCE PERSONNEL**

**A.** Custodial and maintenance employee vacations shall be scheduled at the discretion of the Principal/Building Administrator and employee's immediate supervisor.

- B.**
1. Upon hire, employees shall be granted ten vacation days, on a pro-rated basis. Employees shall not be eligible to use any vacation days for a period of three months from date of hire, except upon approval of the Director of Facilities or his/her designee.
  2. Service of one (1) through five (5) years, ten (10) days will be allowed.

3. After the completion of sixty (60) months from date of hire, fifteen (15) days will be allowed.
4. After the completion of sixty (60) months from date of hire, employees will receive an additional day of vacation for each twenty-four (24) months of service. All other employees shall be entitled to a maximum of twenty (20) days vacation.

C. Vacation schedules during June, July and August shall be so staggered that each school shall have at least one custodial and maintenance employee in attendance every weekday.

D. When a holiday falls within a custodial and maintenance employee's vacation period, an extra day shall be given at any time at the discretion of the Director of Facilities or his/her designee and Transportation Fleet Supervisor.

- E.
1. A school year is defined as the period from July to June 30.
  2. The Board and the Association agree that the maximum number of vacation days which may be carried over from one school year to a second school year (June 30 to July 1), is forty (40) days.
  3. Each employee who carries forty (40) or fewer vacation days over from one school year to a second school year shall only be obligated to use as many new vacation days during the second school year as may be necessary to leave the employee with forty (40) or fewer unused vacation days on June 30 of that second year.
  4. Failure to use the days as required in this Section IX (F) shall result in forfeiture without pay, on June 30th, of all unused vacation days which were supposed to be used by the end of the school year.
  5. The Board agrees that it shall notify all employees, each year no later than September 15, of the number of days carried over from the prior June 30 to July 1, the days newly credited as of July 1, and the total number of days which must be used by the following June 30. The purpose of this procedure is to notify employees about the number of days which must be used, to give employees the greater part of the year to use their days, and to allow employees to bring down their total accrued vacation days to no more than then forty (40) days by June 30th of the current school year per year.

F. No vacation may be scheduled during the week prior to the opening of school. Exceptions must have approval of Director of Facilities or his/her designee.

## SECTION X

### INSURANCE

Effective March 1, 2018, employees will transition to the revised (change in emergency room co-pay from \$25 to \$100 if not admitted) Horizon Direct Access Plan. Employees may also enroll in the Omnia 10, Horizon EPO or Horizon HSA as per the Benefits Plan Summary attached as Schedule B. All employees hired on or after February 1, 2018 shall be enrolled in the Omnia 10 Plan. Employees hired on or after February 1, 2018 may also elect to buy up (employee bears 100% of the premium cost differential between the Omnia 10 Plan and the revised Direct Access Plan) to the revised Horizon Direct Access Plan from the Omnia 10 Plan.

Effective March 1, 2018, unit members will transition to a prescription drug plan with the following co-pay amounts: \$10 for generic drug prescriptions; \$20 for preferred brand prescriptions; and \$30 for non-preferred brands, all with a 1x mail order co-payment, for individual employees and their families, if eligible.

1. Unit members hired on or after January 1, 1999 to work thirty (30) or more hours per week shall be provided insurance coverage in the manner hereinafter provided:
  - a. Commensurate with New Jersey Public Law 2010, Chapter 2, effective May 22, 2010 employees must contribute 1.5% of base salary towards their health benefits.
2. Current unit members hired to work thirty (30) or more hours per week shall be provided complete family hospitalization and medical coverage, a dental service plan, a prescription plan and a selected optical plan.
3. Any employee who has dependent coverage through his or her spouse's employer (other than the Wayne Township Board of Education) may waive all insurance coverages from the Board and shall receive 50% of the single coverage costs. Payment shall be prorated bi-monthly and will be added to the employee's payroll check. The employee shall, however, not be entitled to payment until the effective date of the enrollment change. Employees who elect this option will have the right to re-enroll for another coverage, should their family circumstances change. Re-enrollment is subject to the plan's requirements. The effective date of coverage is subject to the plan's requirements.
4. At the request of the Association the Board shall establish within thirty days of the date of this contract, a plan pursuant to Section 125 of the Internal Revenue Code (26 U.S.C. 125) for payment by the employee of the medical insurance premium costs and any other qualifying costs.
5. In the event of a change of insurance carrier or carriers, the coverage provided by the carrier shall be at least as comprehensive and extensive as the initial coverage heretofore provided.

6. According to the attached Addendum 1, the Board of Education shall provide dental insurance under a UCR Fee Program for the individual employee, if eligible, and for the full family, if eligible. The Board's maximum contribution shall be the amount required to be paid per year for employee only coverage and for supercomposite coverage effective for June 30, 1997. An addendum to this paragraph shall be incorporated into this Agreement when the amounts required to be paid by the Board are determined.
7. Usual and customary rates (UCR) for all coverage.
8. Vision care services, if the employee is eligible, as referred to above, shall be contained in Addendum 2 and all of the other above referenced services shall be contained in Addendum 3.

## **SECTION XI**

### **OTHER COMPENSATION**

#### **A. Stipends**

##### **1. Supervisory**

An additional Twenty Dollars (\$20.00) per day stipend for duties temporarily assumed as Head Custodian in the elementary, middle, and high schools after the completion of the fifth day retroactive to the first day assuming managerial responsibility.

#### **B. Professional Development**

1. There will be a pool of \$4,000.00 provided for professional development. Employees may apply for reimbursement on a first-come, first-served basis until the money is distributed. Excluded from the pool of \$4,000.00 is an employee's reimbursement for courses taken and/or renewal fees for the employee's renewal of his/her electrical, HVAC and/or plumbing license. Also excluded from the pool of \$4,000.00 is an employee's reimbursement for the renewal fee of the employee's Black Seal License. Requests for taking courses must be pre-approved before the employee takes the courses by the employee's immediate supervisor, Director of Facilities Management, Business Administrator and Superintendent or designee. Courses must be related to employee's current job responsibilities. Requests for approval should be submitted on the form entitled "Tuition Reimbursement Certification". An annual accounting will be provided upon request.

2. On scheduled days designated for district professional development per Board approved annual school calendar, the district will provide opportunities for specialized training and issuance of certificates for that training. Employees covered by this Agreement are required to attend this training as part of their salary.

C. Jury Duty

If an employee is assigned to jury duty, any monies received from said duty shall be retained by the employee.

**SECTION XII**

**TOOLS**

The Board shall purchase and maintain those tools that pursuant to an approved purchase order are necessary for the vehicle mechanics to perform their assigned duties. If the maintenance mechanic tools are damaged or stolen on the Board's premises during the course of the maintenance mechanic's employment by the Board, they shall be repaired or replaced by the Board.

**SECTION XIII**

**UNIFORM ALLOWANCE**

A. Custodians and maintenance employees shall receive five (5) sets of uniforms (pants and work shirts) and five (5) t-shirts per year at no cost to them. Custodians and maintenance employees may wear the work shirt or the t-shirt with the District logo. The aforementioned uniforms are mandatory and shall be worn while on regular or overtime duty, unless said overtime duty is the result of an emergency in the school district. Any employee who violates this provision shall be subject to the following disciplinary actions:

1. First offense shall result in a verbal warning.
2. Second offense shall result in a formal written reprimand.
3. Third offense shall result in the employee being suspended without pay for the day on which he/she did not wear his/her uniform.

B. Custodians and maintenance employees shall have the option to receive a sweatshirt without a hood with the District logo every two (2) years in addition to the five (5) sets of uniforms.

C. Custodians and maintenance employees shall receive a winter coat upon initial employment with the Board. Every fifth year, custodians with winter coats that are three (3) years old or older shall receive a new winter coat in lieu of the three (3) sets of uniforms and the three (3) t-shirts they would otherwise have received that year, provided, however, if an employee's winter coat is destroyed, damaged or worn out so as to be unfit for use performing duties in the course and scope of his/her employment, it shall be replaced after the third year.

D. The Board will reimburse employees for the purchase of one (1) pair of shoes annually to all custodial and maintenance staff members at a cost not to exceed one hundred and twenty

dollars (\$120.00) per employee upon presentation of a receipt no later than June 15 of each school year. Employees eligible for safety shoes shall select from the American National Standards Institute (ANSI) approved “safety-toe footwear” shoe styles. Each employee may select the correct size and style/model from the selections available. The selection will range from sneaker style to traditional work boots, which meet the ANSI criteria for protective footwear. The aforementioned safety shoes are mandatory and shall be worn while on regular or overtime duty, unless said overtime duty is the result of an emergency in the school district. Any employee who violates this provision shall be subject to the following disciplinary actions:

1. First offense shall result in a verbal warning.
2. Second offense shall result in a formal written reprimand.
3. Third offense shall result in the employee being suspended without pay for the day on which he/she did not wear his/her safety shoes.

#### **SECTION XIV**

#### **STORM WEATHER CONDITIONS CUSTODIAL AND MAINTENANCE PERSONNEL**

During stormy, freezing, or inclement weather, regardless of whether or not the schools are closed that day, custodial and maintenance employees shall report to their schools or shop for storm work, to permit schools to operate on schedule as quickly as possible. Should absence from work occur, when in the opinion of the Principal/Building Administrator and Director of Facilities or his/her designee storm conditions did not warrant such absence, or the employee did not provide medical certification of his/her illness, the employee shall forfeit his/her salary for that day. The Board shall provide all custodial and maintenance employees “Emergency Personnel Identification” identifying them as essential personnel in the event of an emergency effecting the Wayne Schools.

On days when the District is closed due to stormy, freezing or inclement weather, each WCMA member who reports to work on that day shall be paid at the hourly rate of one and one-half (1 ½) times his or her basic hourly rate for each hour worked that day.

#### **SECTION XV**

#### **TRANSFERS AND VACANCIES**

##### **A. Vacancies**

Approved vacancies in full-time positions in the Facilities Department which are created due to death, retirement, resignation or non-renewal will be posted and filled within 150 days of the vacancy.

Vacancies, which are defined as an opening in a position which needs to be filled on a permanent basis, shall be posted for a period of not less than ten (10) school days.

B. Transfers

All requests for transfers or reassignments shall be submitted in writing to the Director of Facilities or his/her designee. The deciding factor in the selection of employees to other or different positions shall be performance.

C. A transfer is the change of an employee's job location between buildings, and a reassignment is a change of location or shift within the same building.

D. Involuntary transfers or reassignments shall be made only after a meeting between the Superintendent (or designee) and the employee so affected at which time the reasons for the transfer or reassignment shall be given.

E. Involuntary transfers shall not result in an employee being reduced in compensation.

**SECTION XVI**

**REDUCTION IN FORCE**

Any reduction in the work force shall be accommodated on the basis of seniority.

**SECTION XVII**

**PERFORMANCE EVALUATION/INCREMENTS  
CUSTODIAL AND MAINTENANCE PERSONNEL**

A. Review of performance evaluation shall be conducted each year before July 1, to determine if the custodial and maintenance employee qualifies for an increment. Salary increases, if applicable, shall become effective in accordance with the salary guide, on July 1, of each year. All employee's evaluations will be conducted in accordance with New Jersey State law.

B. The employee's immediate supervisor shall review job performance of new custodial and maintenance employees within six (6) months of their employment date and take appropriate action to retain or dismiss the custodial and maintenance employee after conference with the Principal/Building Administrator.

C. If an adverse decision on a salary increment is reached, the custodial and maintenance employee will be asked to meet with the Director of Facilities or his/her designee and Principal/Building Administrator at which time he/she will be apprised of the reason therefor. The custodial and maintenance employee may, at his/her request, have a representative of the Association present. Such decision will then be forwarded to the Superintendent for transmittal to the Board of Education.

## **SECTION XVIII**

### **GRIEVANCE PROCEDURE**

In no event shall a grievance be presented later than ten (10) working days from the date of the alleged act which is the subject of the complaint. The following procedure shall be required for the filing of a grievance. Failure to follow the timelines set forth herein shall constitute a waiver of the grievance. Timelines may be waived by mutual consent.

1. An individual problem or disagreement within the framework of a building shall be discussed with the Principal/Building Administrator, the individual involved, his/her immediate custodial or maintenance supervisor, and their designated representative, the grievance having first been submitted to the Principal/Building Administrator in writing within five (5) working days prior to the requested meeting. A second copy of the grievance must also be given to the Assistant Director of Facilities. If agreement or understanding cannot be made at this point, the procedure shall go to Step 2 at the request of either party. A memo documenting the meeting must be completed in writing by the Building Administrator or Custodial/Maintenance Supervisor and included with the copy of the written grievance when proceeding to Step 2.

2. A conference shall be held with the Director of Facilities, Principal/Building Administrator, individual involved, his/her immediate custodial or maintenance supervisor, and their designated representative. If agreement cannot be made at this point, the procedure shall go to Step 3.

3. A conference with the Superintendent or Business Administrator, the individual involved, and the President of the Association will be held. If no resolution can be determined at this time, proceed to Step 4.

4. A conference meeting shall be held with the whole Board of Education and the individuals mentioned in Step 2. Within ten (10) days after the conclusion of the meeting, the Board shall render a decision on the grievance in writing.

5. a. In the event that the aggrieved employee is dissatisfied with the determination of the Board of Education, he/she may, with prior written approval of the Association Executive Board, request that his/her grievance be submitted to arbitration. A request for arbitration shall be made within ten (10) days of the Board's determination. The aggrieved employee and the Board may mutually agree to extend the period of time in which arbitration may be requested.

b. Within ten (10) days after such written request for submission to arbitration, the Board and the Association shall attempt to agree upon a mutually acceptable arbitrator and shall obtain a commitment from said arbitrator to serve. If the parties are unable to agree upon an arbitrator or to obtain such a commitment within the specified period, a request for a list of arbitrators may be made to the Public Employment Relations Commission by either party. The Parties shall then be bound by the rules and procedures of P.E.R.C. in the selection of an arbitrator.

- c. The arbitrator so selected shall limit him/herself to the issues submitted to him/her and shall consider nothing else. He/she can add nothing to nor subtract anything from this Agreement between the parties or any applicable policy of the Board.
- d. The parties in interest shall be afforded a full opportunity to present any evidence, written or oral, which may be judged pertinent to the matter in dispute.
- e. The decision of the arbitrator regarding the violation, interpretation or application of this Agreement shall be advisory only and not binding on either party.
- f. Each grievance will be arbitrated separately except those of a similar nature and when mutually agreed to by both parties.
- g. All charges made by the arbitrator shall be shared equally between the Board and the Association. All other costs related to arbitration, such as the payment for legal services, shall be paid for by the respective parties.

#### **SECTION XIX**

#### **EMPLOYEE RIGHTS AND PRIVILEGES**

A. Whenever any employee is required to participate in any disciplinary meeting or interview, or appear before the Board or any committee or member thereof concerning any matter which could adversely affect the continuation of that employee in his/her office, position or employment or the salary or any increments pertaining thereto, then he/she shall be given prior notice of the time, date, location, and reasons for such meeting or interview and shall be entitled to have a person of his/her own choosing present to advise and represent him/her during such meeting or interview.

B. Any suspension of a custodian or maintenance employee shall be with pay, except when the employee has been indicted for a crime, is the subject of tenure charges certified by the Board, or under such other circumstances as provided for by law.

#### **SECTION XX**

#### **ASSOCIATION**

The Board shall provide a storage closet for use by the Association for official business.

## SECTION XXI

### REPRESENTATION FEE

#### A. Purpose of Fee

If an employee does not become a member of the Association during any membership year (i.e., from September 1 to the following August 31) which is covered in whole or in part by this Agreement, said employee will be required to pay a representation fee to the Association for that membership year. The purpose of this fee will be to offset the employee's per capita cost of services rendered by the Association as majority representatives.

#### B. Notification and Amount of Fee

Prior to the beginning of each membership year, the Association will notify the Board in writing of the amount of the regular membership dues, initiation fees and assessments charged by the Association to its own members for that membership year. The representation fee to be paid by non-members will be no greater than eighty-five percent (85%) of that amount.

#### C. Payroll Deduction Schedule

The Board will deduct the representation fee in equal installments, as nearly as possible, from the paychecks paid to each employee on the aforesaid list during the remainder of the membership year in question. The deductions will begin with the first paycheck paid:

1. Ten (10) days after receipt of the aforesaid list by the Board; or
2. Thirty (30) days after the employee begins his or her employment in a bargaining unit position, unless the employee previously served in a bargaining unit position and continued in the employ of the Board in a non-bargaining unit position or was on layoff, in which event the deductions will begin with the first paycheck paid ten (10) days after the resumption of the employee's employment in a bargaining unit position, whichever is later.

##### a. Termination of Contract

If an employee who is required to pay a representation fee terminates his or her employment with the Board before the Association has received the full amount of the representation fee to which it is entitled under this Article, the Board will deduct the unpaid portion of the fee from the last paycheck paid to said employee during the membership year in question.

##### b. Mechanics

Except as otherwise provided in this Article, the mechanics for the deduction of representation fees and the transmission of such fees to the Association will, as nearly as possible, be the same as those used for the deduction and transmission of regular membership dues to the Association.

3. Changes

The Association will notify the Board in writing of any changes in the list provided for in Paragraph (a) above and/or the amount of the representation fee, and such changes will be reflected in any deductions made more than ten (10) days after the Board received said notice.

4. New Employees

On or about the last day of each month, beginning with the month this Agreement becomes effective, the Board will submit to the Association, a list of all employees who began their employment in a bargaining unit position during the preceding thirty (30) day period. The list will include names, job titles, and dates of employment for all such employees.

- D. The Association shall indemnify and hold harmless the Board against any and all claims, demands, suits and other forms of liability, including liability for reasonable counsel fees and other legal costs and expenses that may arise out of, or by reason of, any action taken or not taken by the Board in conformance with this Section.

**SECTION XXII**

**MANAGEMENT'S RIGHTS**

Except as limited by existing law and the terms of this Agreement, the Board reserves to itself sole jurisdiction and authority:

- 1) to direct employees of the school district;
- 2) to hire, promote, transfer, assign, and retain employees in positions in the school district, and to suspend, demote, discharge, or take other disciplinary action against employees;
- 3) to relieve employees from duty because of lack of work or for other legitimate reasons;
- 4) to maintain efficiency of the school district operations entrusted to them;
- 5) to determine the methods, means, and personnel by which such operations are to be conducted; and
- 6) to take whatever actions may be necessary to carry out the mission of the school district in situations of emergency.

**SECTION XXIII**

**MISCELLANEOUS PROVISIONS**

A. All Board policies pertaining to the welfare of the custodial and maintenance employees in effect at the time of the agreement will continue as such. Any changes or additions must be negotiated to agreement with the Association.

B. Non-certified, contracted employees who have completed fifteen (15) years of service in Wayne shall be granted a one-time payment of \$500.00 in recognition of services rendered. In each case this amount shall be given in a lump sum to the employee at the time he/she ceases to be employed by the Wayne Public Schools.

C. This Agreement shall not be modified in whole or in part by the parties except by an instrument in writing duly executed by both parties.

D. The failure of either party to exercise any right it may have under this Agreement shall not constitute a waiver of that right.

E. If any provision of the Agreement or any application of this Agreement to any employee or group of employees is held to be contrary to law, then such provision or application shall not be deemed valid and subsisting except to the extent permitted by law, but all other provisions or applications shall continue in full force and effect. Further, this contract is subject to the laws of the State of New Jersey.

**SECTION XXIV**

**DURATION**

This Agreement shall be for a period of four years, commencing July 1, 2017 and ending June 30, 2021.

IN WITNESS WHEREOF, the parties hereunto have set their hand and seals on this 1<sup>ST</sup> day of February, 2018.

**WITNESS:**



\_\_\_\_\_  
Daisy Ayala, SBA,  
Business Admin./Board Secretary  
Wayne Twp. Board of Education

**FOR WAYNE TWP. BOARD OF  
EDUCATION**



\_\_\_\_\_  
Donald Pavlak, Jr., President  
Wayne Twp. Board of Education

**WITNESS:**



\_\_\_\_\_  
Vice President  
Wayne Custodial-Maintenance  
Association

**FOR THE ASSOCIATION**



\_\_\_\_\_  
President  
Wayne Custodial-Maintenance  
Association

**SCHEDULE A-1**

**WAYNE CUSTODIAL-MAINTENANCE SALARIES**

**2017-2018**

<b>Step</b>	<b>CUST</b>	<b>MAINT</b>	<b>GRNDS</b>	<b>STKPR</b>
<b>1</b>	<b>43,230</b>	<b>46,830</b>	<b>43,230</b>	<b>44,930</b>
<b>2</b>	<b>44,130</b>	<b>47,730</b>	<b>44,130</b>	<b>45,830</b>
<b>3</b>	<b>45,330</b>	<b>48,930</b>	<b>45,330</b>	<b>47,030</b>
<b>4</b>	<b>46,805</b>	<b>50,405</b>	<b>46,805</b>	<b>48,505</b>
<b>5</b>	<b>48,640</b>	<b>52,240</b>	<b>48,640</b>	<b>50,340</b>
<b>6</b>	<b>50,540</b>	<b>54,140</b>	<b>50,540</b>	<b>52,240</b>
<b>7</b>	<b>52,525</b>	<b>56,125</b>	<b>52,525</b>	<b>54,225</b>



Head Custodians at the elementary, middle and high schools shall receive the additional annual compensation set forth in Section III of this Agreement, in addition to their appropriate step on the Custodian/Copy Center guide. Licensed personnel assigned to work within their respective trade shall receive the additional compensation set forth in Section III of this Agreement, in addition to their appropriate step on the above salary guide. The annual compensation paid to the Head Custodian pursuant to this subparagraph shall be subject to pension and group life insurance contributions and creditable for retirement and death benefits in the Public Employees Retirement Fund.

\*As part of negotiations over any successor to this Agreement, the Association and the Board agree to discuss salary guide structure for the purpose of establishing and maintaining reasonable and regular increment costs.

**SCHEDULE A-2**

**WAYNE CUSTODIAL-MAINTENANCE SALARIES**

**2018-2019**

<b>Step</b>	<b>CUST</b>	<b>MAINT</b>	<b>GRNDS</b>	<b>STKPR</b>
<b>1</b>	<b>44,015</b>	<b>47,615</b>	<b>44,015</b>	<b>45,715</b>
<b>2</b>	<b>44,915</b>	<b>48,515</b>	<b>44,915</b>	<b>46,615</b>
<b>3</b>	<b>46,115</b>	<b>49,715</b>	<b>46,115</b>	<b>47,815</b>
<b>4</b>	<b>47,590</b>	<b>51,190</b>	<b>47,590</b>	<b>49,290</b>
<b>5</b>	<b>49,425</b>	<b>53,025</b>	<b>49,425</b>	<b>51,125</b>
<b>6</b>	<b>51,325</b>	<b>54,925</b>	<b>51,325</b>	<b>53,025</b>
<b>7</b>	<b>53,310</b>	<b>56,910</b>	<b>53,310</b>	<b>55,010</b>



Head Custodians at the elementary, middle and high schools shall receive the additional annual compensation set forth in Section III of this Agreement, in addition to their appropriate step on the Custodian/Copy Center guide. Licensed personnel assigned to work within their respective trade shall receive the additional compensation set forth in Section III of this Agreement, in addition to their appropriate step on the above salary guide. The annual compensation paid to the Head Custodian pursuant to this subparagraph shall be subject to pension and group life insurance contributions and creditable for retirement and death benefits in the Public Employees Retirement Fund.

\*As part of negotiations over any successor to this Agreement, the W.C.M.A. and the Board agree to discuss salary guide structure for the purpose of establishing and maintaining reasonable and regular increment costs.

**SCHEDULE A-3**

**WAYNE CUSTODIAL-MAINTENANCE SALARIES**

**2019-2020**

<b>Step</b>	<b>CUST</b>	<b>MAINT</b>	<b>GRNDS</b>	<b>STKPR</b>
<b>1</b>	<b>44,940</b>	<b>48,540</b>	<b>44,940</b>	<b>46,640</b>
<b>2</b>	<b>45,840</b>	<b>49,440</b>	<b>45,840</b>	<b>47,540</b>
<b>3</b>	<b>47,040</b>	<b>50,640</b>	<b>47,040</b>	<b>48,740</b>
<b>4</b>	<b>48,515</b>	<b>52,115</b>	<b>48,515</b>	<b>50,215</b>
<b>5</b>	<b>50,350</b>	<b>53,950</b>	<b>50,350</b>	<b>52,050</b>
<b>6</b>	<b>52,250</b>	<b>55,850</b>	<b>52,250</b>	<b>53,950</b>
<b>7</b>	<b>54,235</b>	<b>57,835</b>	<b>54,235</b>	<b>55,935</b>



Head Custodians at the elementary, middle and high schools shall receive the additional annual compensation set forth in Section III of this Agreement, in addition to their appropriate step on the Custodian/Copy Center guide. Licensed personnel assigned to work within their respective trade shall receive the additional compensation set forth in Section III of this Agreement, in addition to their appropriate step on the above salary guide. The annual compensation paid to the Head Custodian pursuant to this subparagraph shall be subject to pension and group life insurance contributions and creditable for retirement and death benefits in the Public Employees Retirement Fund.

\*As part of negotiations over any successor to this Agreement, the W.C.M.A. and the Board agree to discuss salary guide structure for the purpose of establishing and maintaining reasonable and regular increment costs.

**SCHEDULE A-4**

**WAYNE CUSTODIAL-MAINTENANCE SALARIES**

**2020-2021**

<b>Step</b>	<b>CUST</b>	<b>MAINT</b>	<b>GRNDS</b>	<b>STKPR</b>
<b>1</b>	<b>45,975</b>	<b>49,575</b>	<b>45,975</b>	<b>47,675</b>
<b>2</b>	<b>46,875</b>	<b>50,475</b>	<b>46,875</b>	<b>48,575</b>
<b>3</b>	<b>48,075</b>	<b>51,675</b>	<b>48,075</b>	<b>49,775</b>
<b>4</b>	<b>49,550</b>	<b>53,150</b>	<b>49,550</b>	<b>51,250</b>
<b>5</b>	<b>51,385</b>	<b>54,985</b>	<b>51,385</b>	<b>53,085</b>
<b>6</b>	<b>53,285</b>	<b>56,885</b>	<b>53,285</b>	<b>54,985</b>
<b>7</b>	<b>55,270</b>	<b>58,870</b>	<b>55,270</b>	<b>56,970</b>

Head Custodians at the elementary, middle and high schools shall receive the additional annual compensation set forth in Section III of this Agreement, in addition to their appropriate step on the Custodian/Copy Center guide. Licensed personnel assigned to work within their respective trade shall receive the additional compensation set forth in Section III of this Agreement, in addition to their appropriate step on the above salary guide. The annual compensation paid to the Head Custodian pursuant to this subparagraph shall be subject to pension and group life insurance contributions and creditable for retirement and death benefits in the Public Employees Retirement Fund.

\*As part of negotiations over any successor to this Agreement, the W.C.M.A. and the Board agree to discuss salary guide structure for the purpose of establishing and maintaining reasonable and regular increment costs.



SCHEDULE B



**DIRECT ACCESS DESIGN 8**  
**Wayne Township Public Schools**

Benefit	In-Network	Out-of-Network
<b>Benefit Period</b>	Calendar Year	
<b>Deductible</b>		
Individual	None	\$300
Family	None	\$600
	Deductible is Calendar Year.	
<b>Coinsurance</b>	100%	70%
<b>Maximum Out of Pocket</b>		
Individual	\$400	\$3,000
Family	\$800	\$6,000
	Maximum Out of Pocket is Calendar Year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.	
<b>Benefit Period Maximum</b>	Unlimited	Unlimited
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Primary Care Physician Selection</b>	Not Required	
<b>Doctor's Office Visits</b>		
Primary Care Office Visit	100% after \$10 copay A primary care physician is a general or family practitioner, internist or pediatrician	70% after deductible
Specialist Office Visit	100% after \$25 copay A referral is not required to visit a specialist.	70% after deductible
Maternity Visits	100% after \$25 copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits.	70% after deductible
Allergy Testing and Treatment	100%	70% after deductible
<b>Preventive Care</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	70% (no deductible)
Well Child Exams	100%	70% (no deductible)
Well Child Immunizations and Lead Screening	100%	70% (no deductible)
<b>Diagnostic Procedures</b>		
Laboratory	100% in Office or Labcorp 100% in Outpatient facility 100% in office	70% after deductible
Outpatient X-ray/Radiology Services	100% in Outpatient facility	70% after deductible
CT/CTA Scans, PET Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling CareCore National, LLC (CCN) at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at 1-866-969-1234 to schedule an appointment.		
<i>Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.</i>		
<b>Hospital Care</b>		
Inpatient Admission (including maternity)	100%	70% after deductible and \$200 copay
Room and Board	100%	70% after deductible
Pre-admission Testing	100%	70% after deductible
Surgery in Hospital	100%	70% after deductible
Inpatient Physician Services	100%	70% after deductible
Outpatient Dept. Services	100%	70% after deductible
<b>Emergency Care</b>	100% after \$100 facility copayment	
Emergency Room	Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100%	70% after deductible

**DIRECT ACCESS DESIGN 8**  
**Wayne Township Public Schools**

<b>Outpatient Surgery</b>		
Hospital Outpatient Surgery	100%	70% after deductible
Surgery in an Ambulatory SurgiCenter	100%	70% after deductible
Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ's Payment Allowance and therefore may result in significant out of pocket costs.		
<b>Mental Health Services</b>		
Inpatient	100%	70% after deductible and \$200 copay
Outpatient department	100%	70% after deductible
Office setting	100% after \$25 copay	70% after deductible
<b>Substance Abuse Services</b>		
Inpatient	100%	70% after deductible and \$200 copay
Outpatient department	100%	70% after deductible
Office setting	100% after \$25 copay	70% after deductible
<b>Alcohol Abuse Services</b>		
Inpatient	100%	70% after deductible and \$200 copay
Outpatient department	100%	70% after deductible
Office setting	100% after \$25 copay	70% after deductible
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Magellan Behavioral Health at 1-800-626-2212.		
<b>Other Services</b>		
Acupuncture	100%	70% after deductible
Bariatric Surgery	100%	70% after deductible
Diabetic Education	100% after \$25 copay	70% after deductible
Diabetic Supplies	100%	70% after deductible
Durable Medical Equipment	100%	70% after deductible
Home Health Care	100%	70% after deductible
Hospice Care	100%	70% after deductible
Infertility (including in-vitro fertilization)	100% after \$25 copay	Limited to 4 egg retrievals per lifetime 70% after deductible
Nutritional Counseling	100% after \$25 copay	Limited to 3 visits per benefit period 70% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after \$10 copay	70% after deductible
Physical Rehabilitation Facility Inpatient Services	100%	70% after deductible
Private Duty Nursing	100%	Unlimited 70% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$10 copay	70% after deductible
Skilled Nursing Facility/Extended Care Center	100% up to 120 days	70% after deductible up to 60 days
Therapeutic Manipulation (Chiropractic Care)	100% after \$25 copay	70% after deductible 30 visit maximum per benefit period
Vision - Routine Eye Exam	100% after \$25 copay	70% after deductible
Vision Hardware	\$110 reimbursement in each calendar year	
<b>Prescription Drugs</b>	Covered under a freestanding program	
<b>Eligibility</b>	Dependent children, including full-time students are covered until the end of the month in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.	



## **DIRECT ACCESS DESIGN 8**

### **Wayne Township Public Schools**

<b>Pre-Existing Conditions</b>	The plan includes a "pre-existing conditions" limitation. A "pre-existing condition" is an illness or injury for which medical advice, diagnosis, care or treatment was received during the six month period immediately prior to a covered person's enrollment date. If this limitation applies, no benefits will be paid for charges incurred for the covered person's pre-existing condition until 12 months after the enrollment date. But this limitation does not apply to: pregnancy; any individual or enrollee age 18 and under; genetic information, in the absence of a diagnosis of the condition related to that information; or a newborn child's birth defect. Other exceptions may also apply. Even if the limitation applies, the 12 month period may be reduced by the time during which a person was covered under certain other healthcare coverage (Creditable Coverage) that was continuously in force up to a date not more than 63 days prior to the enrollment date.
<b>Grandfathered</b>	Not Applicable
<b>Prior Authorization</b>	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> .
<b>24/7 Nurse Line</b>	24/7 Nurse Line is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. 24/7 Nurse Line nurses do not diagnose or recommend any treatment. Instead, they provide the member with the necessary health information needed to make informed medical decisions. This helps members determine if their health ailment requires a doctor's visit.

You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

Please note that the benefit highlights are provided for informational purposes. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to State and Federal requirements.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

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 Three Penn Plaza East, Newark, New Jersey 07105

**OMNIA 10 (with BlueCard)**  
**Wayne Township Public Schools**  
 Effective January 1, 2018

Benefit	OMNIA Tier 1	Tier 2
<b>Benefit Period</b>	Calendar Year	
<b>Deductible</b>	Deductible is Calendar Year	
Individual	\$0	\$1,500
Family	\$0	\$3,000
<b>Coinsurance</b>	100%	100%
<b>Maximum Out of Pocket</b>	Deductible is Calendar Year	
Individual	\$400	\$2,000
Family	\$800	\$4,000
Tier 1 Ded/MOOP accumulates to Tier 2 Ded/MOOP but Tier 2 Ded/MOOP does not accumulate to Tier 1 Ded/MOOP. Once Tier 2 Ded/MOOP has been met, Tier 1 will also have been met.		
Split Maximum Out of Pocket is Calendar Year. The deductible, coinsurance, and copayments apply to the Maximum Out of Pocket.		
<b>Benefit Period Maximum</b>	Unlimited	Unlimited
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Primary Care Physician Selection</b>	Not Required	
<b>Doctor's Office Visits</b>	Deductible is Calendar Year	
Primary Care Office Visit	100% after \$5 copay A primary care physician is a general or family practitioner, internist or pediatrician	100% after \$10 copay
Specialist Office Visit	100% after \$5 copay A referral is not required to visit a specialist.	100% after \$10 copay
Maternity Visits	100% after \$5 copay Dependent children are eligible for maternity/obstetrical benefits.	100% after \$10 copay
Allergy Testing and Treatment	100% after \$5 copay *Copay only applies if office visit is billed	100% after \$10 copay
	100% outpatient facility	100% after deductible outpatient facility
<b>Preventive Care</b>	Deductible is Calendar Year	
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	100%
Well Child Exams	100%	100%
Well Child Immunizations and Lead Screening	100%	100%
<b>Diagnostic Procedures</b>	Deductible is Calendar Year	
Laboratory	100% in office or LabCorp 100% in outpatient facility	100% in office or LabCorp 100% in outpatient facility
X-ray/Radiology Services	100% in office or LabCorp 100% in outpatient facility	100% in office or LabCorp 100% in outpatient facility
Advanced Imaging Services (CT/CTA, Pet Scans, MRI/MRA)	100% in office or LabCorp 100% in outpatient facility	100% in office or LabCorp 100% after deductible in outpatient facility
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling eviCore at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore at 1-866-969-1234 to schedule an appointment.		
Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from eviCore replace the need for a paper referral.		
<b>Hospital Care</b>	Deductible is Calendar Year	
Inpatient Admission	100%	\$150 copay per admission after deductible (does not apply to hospice)
Room and Board	100%	100% after deductible
Pre-admission Testing	100%	100% after deductible
Surgery in Hospital	100%	100% after deductible
Inpatient Physician Services	100%	100% after deductible
Outpatient Department Services (Non-Surgical)	100%	100% after deductible

**OMNIA 10 (with BlueCard)**  
**Wayne Township Public Schools**  
**Effective January 1, 2018**

<b>Emergency Care</b>		
	100% after \$25 facility copay (copay waived if admitted)	100% after \$25 facility copay (copay waived if admitted)
<b>Emergency Room</b>	Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
<b>Ambulance</b>	100%	100%
<b>Outpatient Surgery</b>		
<b>Hospital Outpatient Surgery</b>	100%	100% after deductible
<b>Surgery in an Ambulatory SurgiCenter</b>	100%	100% after deductible
<b>Mental Health Services</b>		
<b>Inpatient</b>	100%	\$150 copay per admission after deductible
<b>Outpatient Department</b>	100%	100% after deductible
<b>Office setting</b>	100% after \$5 copay	100% after \$10 copay
<b>Substance Abuse Services</b>		
<b>Inpatient</b>	100%	\$150 copay per admission after deductible
<b>Outpatient Department</b>	100%	100% after deductible
<b>Office setting</b>	100% after \$5 copay	100% after \$10 copay
<b>Alcohol Abuse Services</b>		
<b>Inpatient</b>	100%	\$150 copay per admission after deductible
<b>Outpatient Department</b>	100%	100% after deductible
<b>Office setting</b>	100% after \$5 copay	100% after \$10 copay
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Horizon Behavioral Health at 1-800-626-2212.		
<b>Other Services</b>		
<b>Acupuncture</b>	100% after \$5 copay office visit	100% after \$10 copay office visit
<b>Bariatric Surgery</b>	100%	\$150 copay per admission after deductible
<b>Diabetic Education</b>	100% after \$5 copay office visit	100% after \$10 copay office visit
<b>Diabetic Supplies</b>	100%	100%
<b>Durable Medical Equipment</b>	100%	100%
<b>Orthotics and Prosthetics</b> (Per NJ mandate)	100% after \$5 copay	100% after \$10 copay
<b>Home Health Care</b>	100%	100%
<b>Hospice Care</b>	100%	100%
<b>Infertility (including in-vitro fertilization)</b>	100% after \$5 copay office visit 100% outpatient facility Limited to 4 egg retrievals per lifetime	100% after \$10 copay office visit 100% after deductible in outpatient facility
<b>Physical Rehabilitation Facility Inpatient Services</b>	100%	\$150 copay per admission after deductible
<b>Short-term Therapies: Physical, Occupational, Speech, Respiratory</b>	100% after \$5 copay office visit 100% outpatient facility 30 visit maximum per therapy, per benefit period	100% after \$10 copay office visit 100% after deductible in outpatient facility
<b>Private Duty Nursing</b>	100%	Limited to 30 visits per benefit period (8-hour shifts) 100% after deductible
<b>Skilled Nursing Facility/Extended Care Center</b>	100%	\$150 copay per admission after deductible Limited to 100 days per benefit period
<b>Therapeutic Manipulation (Chiropractic Care)</b>	100% after \$5 copay office visit 25 visit maximum per benefit period	100% after \$10 copay office visit
<b>Vision - Routine Eye Exam</b>	100% after \$5 copay office visit	100% after \$10 copay office visit
<b>Adult Vision Hardware</b>	Not Covered	
<b>Pediatric Vision and Vision Hardware</b>	Routine Pediatric Vision Covered 1/year and Hardware Services are covered up to \$125	
<b>Telemedicine Services</b>	100% after \$5 copay	
<b>Prescription Drugs</b>	Covered under freestanding prescription program	

**OMNIA 10 (with BlueCard)  
 Wayne Township Public Schools  
 Effective January 1, 2018**

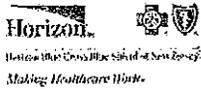
<b>Eligibility</b>	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31. Please refer to your benefit booklet for further information as this benefit highlight is not an exhaustive list.
<b>Pre-Existing Conditions</b>	Not Applicable
<b>Prior Authorization</b>	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> .

The OMNIA plans cover eligible expenses rendered by providers in Horizon's Managed Care network. When you utilize participating providers, you generally only pay your copayment and any applicable in-network coinsurance or deductible. No benefits are available out-of-network, except in emergent situations.

Please note that the benefit highlights are provided for informational purposes. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to State and Federal requirements.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

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## Prescription Drug Program Wayne Board of Education

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

The Horizon Prescription Formulary is a list of prescription medications developed by an independent Pharmacy and Therapeutics (P&T) Committee comprised of practicing physicians and pharmacists in New Jersey. The Horizon P&T Committee determines which drugs will be placed into preferred and non-preferred status within our open formulary. The priority consideration is clinical efficacy and safety, followed by other considerations such as second line therapies, and availability of commonly used and safe generics. At least two drugs from each therapeutic class are placed in the preferred status on the formulary. Once a quality review has determined that two or more drugs are equal to other therapeutic alternatives, the P&T Committee may place the most cost effective drug(s) into preferred status.

Type of Program	Preferred Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Drugs
<b>Three Tier Copayment Plan:</b>			
<b>Retail:</b> Up to a 90 day supply <small>(1 retail copay applies for a 90 day supply)</small>	\$10	\$20	\$30
<b>Mail Order:</b> Up to 90 day supply <small>(1 mail order copay applies for the 90-day supply)</small>	\$10	\$20	\$30
<b>Front End Deductible:</b> Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.		Not Applicable	
<b>Benefit Period Maximum</b>		\$500 single/ \$1,000 family	
<b>Plan includes:</b>	Contraceptive drugs & devices obtained at a pharmacy Diabetic Supplies Erectile Dysfunction drugs - limit of 12 per month Anti-Obesity Drugs Fertility Drugs Self-Administered Contraceptives & Injectable Contraceptives		
<b>Mandatory Generic:</b>	Not Applicable		

**Specialty Pharmacy Program:**

Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Syncytial Virus, and Rheumatoid Arthritis.

- Personal attention from a pharmacist-led team that provides condition-specific education, administration instruction and expert advice to help manage therapy.
- Claims assistance to help determine individual coverage and file the necessary paperwork.
- Easy access to pharmacists and other health experts 24 hours a day, seven days a week.
- Single, reliable source for specialty medication needs.
- Easy ordering with a dedicated toll-free number.
- Confidential and convenient delivery to the location of choice (i.e., home, physician's office.)
- Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions.
- NOTE: Specialty pharmacies are considered "mail order" pharmacies and are always subject to the mail order copayment levels, even if the specialty pharmaceutical is obtained through the mail.

**Exclusions:**

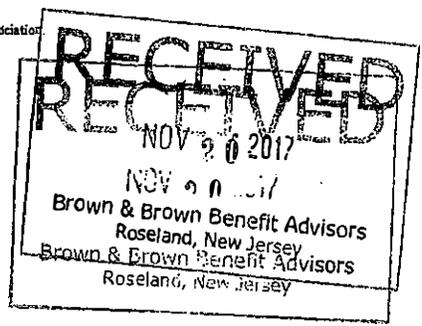
- Over The Counter Vitamins & Minerals
- Growth Hormones (unless prior authorized)
- Drugs for Cosmetic Purposes
- Immunization Agents and Allergy Serum

Dependent children, including full-time students, are covered until the end of the month in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.

For more information about your prescription drug plan, please refer to our website at [www.horizon-bcbnsj.com](http://www.horizon-bcbnsj.com) under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on your identification card.

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Benefit	In-Network Benefits Only (Includes Bluecard network)
<b>Benefit Period</b>	Calendar year
<b>Deductible</b>	
Individual	None
Family	None
<b>Coinsurance</b>	100%
<b>Maximum Out of Pocket</b>	
Individual	\$2,500
Family	\$5,000
Maximum Out of Pocket is Calendar year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket.	
<b>Benefit Period Maximum</b>	Unlimited
<b>Lifetime Maximum</b>	Unlimited
<b>Primary Care Physician Selection</b>	Not Required
<b>Doctor's Office Visits</b>	
Primary Care Office Visit	100% after \$20 copay A primary care physician is a general or family practitioner, internist or pediatrician
Specialist Office Visit	100% after \$40 copay A referral is not required to visit a specialist.
Maternity Visits	100% after \$40 copay Copay applies to 1st visit only Dependent children are ineligible for Maternity/Obstetrical Benefits.
Allergy Testing and Treatment	100% Note: A copay will only apply when an office visit is billed.
<b>Preventive Care</b>	
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%
Well Child Exams	100%
Well Child Immunizations and Lead Screening	100%
<b>Diagnostic Procedures</b>	
Laboratory	100% in office setting or Labcorp 100% in outpatient facility
Outpatient X-ray/Radiology Services	100% in office setting 100% in outpatient facility
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling CareCore National, LLC (CCN) at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at 1-866-969-1234 to schedule an appointment.	
<i>Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.</i>	
<b>Hospital Care</b>	
Inpatient Admission (including maternity)	100% after \$250 copay per day (up to 5 days)
Room and Board	100%
Pre-admission Testing	100%
Surgery in Hospital	100%
Inpatient Physician Services	100%
Outpatient Dept. Services	100%
<b>Emergency Care</b>	
Emergency Room	100% after \$100 facility copay
Ambulance	100%



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

## Advantage EPO DESIGN 1

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<b>Outpatient Surgery</b>	
Hospital Outpatient Surgery	100% after \$200 copay
Surgery in an Ambulatory SurgiCenter	100% after \$100 copay
<b>Mental Health Services</b>	
Inpatient	100% after \$250 copay per day (up to 5 days)
Outpatient department	100%
Office setting	100% after \$40 copay
<b>Substance Abuse Services</b>	
Inpatient	100% after \$250 copay per day (up to 5 days)
Outpatient department	100%
Office setting	100% after \$40 copay
<b>Alcohol Abuse Services</b>	
Inpatient	100% after \$250 copay per day (up to 5 days)
Outpatient department	100%
Office setting	100% after \$40 copay
	Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Magellan Behavioral Health at 1-800-626-2212.
<b>Other Services</b>	
Acupuncture	Not covered
Bariatric Surgery	100%
Diabetic Education	100% after office copayment
Diabetic Supplies	100%
Durable Medical Equipment	50%
Orthotics and Prosthetics (Per NJ mandate)	100% after \$20 copay
Home Health Care	100%
Hospice Care	100%
	100% after copayment in office setting 100% in outpatient facility Limited to 4 egg retrievals per lifetime
<b>Infertility (including in-vitro fertilization)</b>	
Physical Rehabilitation Facility Inpatient Services	100% Limited to 60 days per benefit period
	100%
Private Duty Nursing	Limited to 30 visits per benefit period (8-hour shifts)
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after \$20 copay 30 visit maximum per therapy, per benefit period
Skilled Nursing Facility/Extended Care Center	100% Limited to 100 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after \$20 copay 25 visit maximum per benefit period
Vision - Routine Eye Exam	100% after \$40 copay
Vision Hardware	\$50 every two years
<b>Prescription Drugs</b>	Covered under a freestanding prescription program
<b>Eligibility</b>	Dependent children, including full-time students, are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.
<b>Prior Authorization</b>	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> .
<b>24/7 Nurse Line</b>	Not applicable



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## Horizon MyWay HSA Direct Access

Addendum 3    pg. 1 of 4

Health Saving Account (HSA)	Employer Contribution	
You may access your Health Savings Account for out of pocket expenses.	The employer and/or employee can contribute to the Health Savings Account up to the statutory maximum regardless of the individual's deductible.	
<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Benefit Period</b>	Calendar Year	
<b>Deductible</b>		
Individual	\$1500 per indiv./\$3000 True Family Deductible	
Family	True Family Aggregate - Entire family deductible must be met before any benefits are paid. Deductible is Calendar Year.	
<b>Coinsurance</b>	100%	70%
<b>Maximum Out of Pocket</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Maximum Out of Pocket is Calendar Year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.		
<b>Benefit Period Maximum</b>	Unlimited	
<b>Lifetime Maximum</b>	Unlimited	
<b>Primary Care Physician Selection</b>	Not Required	
<b>Doctor's Office Visits</b>		
Primary Care Office Visit	100% after deductible A primary care physician is a general or family practitioner, internist or pediatrician	70% after deductible
Specialist Office Visit	100% after deductible A referral is not required to visit a specialist.	70% after deductible
Maternity Visits	100% after deductible Female child dependents are ineligible for maternity/obstetrical benefits.	70% after deductible
Allergy Testing and Treatment	100% after deductible	70% after deductible
<b>Preventive Care</b>		
Routine Adult Physicals, GYN Exams. PAP. Mammograms. Prostate Cancer Screening, Colorectal Screening. Immunizations	100% (no deductible)	70% (no deductible)
Well Child Exams	100% (no deductible)	70% (no deductible)
Well Child Immunizations and Lead Screening	100% (no deductible)	70% (no deductible)
<b>Diagnostic Procedures</b>		
Laboratory	100% after deductible	70% after deductible
Outpatient X-ray/Radiology Services	100% after deductible	70% after deductible
<p>CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling CareCore National, LLC (CCN) at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at 1-866-969-1234 to schedule an appointment.</p> <p><i>Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.</i></p>		
<b>Hospital Care</b>		
Inpatient Admission (including maternity)	100% after deductible	70% after deductible
Room and Board	100% after deductible	70% after deductible
Pre-admission Testing	100% after deductible	70% after deductible
Surgery in Hospital	100% after deductible	70% after deductible
Inpatient Physician Services	100% after deductible	70% after deductible
Outpatient Dept. Services	100% after deductible	70% after deductible



Horizon Blue Cross Blue Shield of New Jersey  
Making Healthcare Work.



## Horizon MyWay HSA Direct Access

Addendum 3 pg. 2 of 4

<b>Emergency Care</b>	100% after deductible	
Emergency Room	Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100% after deductible	70% after deductible
<b>Outpatient Surgery</b>		
Hospital Outpatient Surgery	100% after deductible	70% after deductible
Surgery in an Ambulatory SurgiCenter	100% after deductible	70% after deductible
Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ's Payment Allowance and therefore may result in significant out of pocket costs.		
<b>Mental Health Services</b>		
Inpatient	100% after deductible	70% after deductible
Outpatient department	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
<b>Substance Abuse Services</b>		
Inpatient	100% after deductible	70% after deductible
Outpatient Substance Abuse	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
<b>Alcohol Abuse Services</b>		
Inpatient	100% after deductible	70% after deductible
Outpatient department	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Magellan Behavioral Health at 1-800-626-2212.		
<b>Other Services</b>		
Bariatric Surgery	100% after deductible	70% after deductible
Diabetic Education	100% after deductible	70% after deductible
Diabetic Supplies	100% after deductible	70% after deductible
Durable Medical Equipment	100% after deductible	70% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after deductible	70% after deductible
Physical Rehabilitation Facility	100% after deductible	70% after deductible
Inpatient Services	Limited to 60 days per benefit period	
Home Health Care	100% after deductible	70% after deductible up to 100 visits
Hospice Care	100% after deductible	70% after deductible
	100% after deductible	70% after deductible
<b>Infertility (including in-vitro fertilization)</b>	Limited to 4 egg retrievals per lifetime	
	100% after deductible	70% after deductible
<b>Private Duty Nursing</b>	Limited to 30 visits per benefit period (8-hour shifts)	
<b>Short-term Therapies: Physical, Occupational, Speech, Respiratory</b>	100% after deductible	70% after deductible
	30 visit maximum per therapy, per benefit period	
<b>Skilled Nursing Facility/Extended Care Center</b>	100% after deductible Limited to 100 days per benefit period	70% after deductible Limited to 60 days per benefit period
<b>Therapeutic Manipulation (Chiropractic Care)</b>	100% after deductible	70% after deductible
	25 visit maximum per benefit period	
<b>Vision - Routine Eye Exam</b>	100% after deductible	70% after deductible
<b>Vision Hardware</b>	Not covered	
<b>Prescription Drugs</b>	70% after deductible	

## Horizon MyWay HSA Direct Access

<b>Eligibility</b>	Dependent children, including full-time students are covered until their 26th birthday. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.
<b>Grandfathered</b>	Not Applicable
<b>Prior Authorization</b>	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at <a href="http://www.HorizonBlue.com">www.HorizonBlue.com</a> .
<b>24/7 Nurse Line</b>	24/7 Nurse Line is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. 24/7 Nurse Line nurses do not diagnose or recommend any treatment. Instead, they provide the member with the necessary health information needed to make informed medical decisions. This helps members determine if their health ailment requires a doctor's visit.

You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ networks. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

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**WAYNE BOARD OF EDUCATION  
GROUP # 7582  
Delta Dental Premier®/Advantage Program**

Preventive & Diagnostic	100%
<ul style="list-style-type: none"> <li>* Exams, Cleanings &amp; Bitewing X-rays (each twice in a calendar year)</li> <li>* Fluoride Treatment (once in a calendar year, children to age 19)</li> </ul>	
Remaining Basic	70%
<ul style="list-style-type: none"> <li>* Fillings, Extractions</li> <li>* Endodontics (root canal)</li> <li>* Periodontics, Oral Surgery</li> <li>* Sealants</li> </ul>	
Crowns	70%
<ul style="list-style-type: none"> <li>* Crowns, Gold Restorations</li> </ul>	
Prosthetics	50%
<ul style="list-style-type: none"> <li>* Bridgework</li> <li>* Full &amp; Partial Dentures</li> </ul>	
Calendar Year Maximum (per patient)	\$1,200
Calendar Year Deductible (waived on Preventive & Diagnostic)	
<ul style="list-style-type: none"> <li>* Per Person \$25</li> <li>* Family Aggregate Deductible \$75</li> </ul>	
Orthodontic Benefits (child only)	50%
<ul style="list-style-type: none"> <li>* Lifetime Maximum (per patient) \$800</li> </ul>	

Delta Dental of New Jersey has over 191,000 Delta Dental Premier participating dentists, although you may choose any fully licensed dentist to render necessary services. Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-participating dentists will bill the patient directly, and Delta Dental will make payment directly to the member. Maximum benefit may be derived by utilizing the services of a participating dentist.

Advantage Program has a network of more than 5,500 dentists, all of whom are also in our Delta Dental Premier network. Advantage Program dentists have agreed to accept fees for services rendered to Advantage Program patients, which may be lower than their fees under our Delta Dental Premier program. Out-of-Advantage Program network payments are based on a scheduled table.

Combining the two programs, the Advantage Program offers those members choosing Advantage Program dentists the possibility of further reducing out-of-pocket expenses. Out-of-network benefits are based on the Delta Dental Premier program.

Visit your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call 1-800-DELTA-OK and a list of participating dentists located in your area will be mailed directly to your home or you may access our Website at [www.deltadentalnj.com](http://www.deltadentalnj.com).

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Social Security number. Your dependents, if covered, should give YOUR SOCIAL SECURITY NUMBER.

If you have any questions regarding your benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m., and Friday, 8:00 a.m. to 5:00 p.m., at 1-800-452-9310.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. The group contract would control if there should be any inconsistency or difference between the provisions and