## **AGREEMENT**

## between the

# MONROE TOWNSHIP ASSOCIATION OF EDUCATIONAL SECRETARIES

## and the

## MONROE TOWNSHIP BOARD OF EDUCATION

July 1, 2006-June 30, 2007 July 1, 2007-June 30, 2010

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## **PREAMBLE**

Know all men by these presents, that pursuant to the provisions set forth in Title 34, Chapter 303, Laws of 1968, and P.L. 123, Laws of 1974 State of New Jersey, entitled, "New Jersey Employer-Employee Relations Act," the Monroe Township Board of Education, hereinafter called the "Board" and the Monroe Township Association of Educational Secretaries, hereinafter called the "Association" do hereby enter into this Agreement the 1<sup>st</sup> day of July, 2006.

Any use of a pronoun in this text is intended for general reference rather than any particular person or sex.

#### ARTICLE I – RECOGNITION

- 1:1 The Monroe Township Board of Education hereby recognizes the Monroe Township Association of Educational Secretaries as the exclusive and sole representative for collective negotiations concerning the terms and conditions of employment for all personnel under contract to the Monroe Township Board of Education as indicated herein:
  - 1. Computer Operator/Accounts Payable
  - 2. Computer Operator/Payroll
  - 3. Computer Software Support Specialist/SASI Database Coordinator
  - 4. Secretaries
  - Secretarial Clerks

But excluding confidential employees as indicated hereafter:

- 1. Secretary to Superintendent of Schools
- 2. Secretaries to the Assistant Superintendents of Schools
- 3. Secretary to the Board Secretary
- 4. Confidential Assistant to Board Secretary

#### ARTICLE II - NEGOTIATION OF SUCCESSOR AGREEMENT

- 2:1 The parties agree to enter into collective negotiations over a successor agreement, Chapter 123, P.L. of New Jersey, 1974, to reach agreement on matters concerning the terms and conditions of employment.
- 2:2 Consistent with Chapter 123, P.L. of New Jersey, 1974, the Board shall not effect any change in policy concerning terms and conditions of employment except those so negotiated and included as part of this Agreement and contained herein.
- 2:3 Such negotiations shall begin according to the rules and regulations as set forth by PERC, and the Agreement negotiated between the parties shall be reduced to writing and signed by authorized representatives of both parties.
- Whenever members of the bargaining unit are mutually scheduled by the parties hereto to participate during working hours in conferences, meetings or in negotiations respecting the collective bargaining agreement, they will suffer no loss of pay.
- 2:5 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.

#### ARTICLE III – GRIEVANCE PROCEDURE

## 3:1 DEFINITION

**Grievance:** A "grievance" is any dispute between the parties concerning the meaning or application of the terms and conditions of employment of this Agreement or administrative decisions or Board policies.

#### 3:2 PURPOSE

The purpose of the following grievance procedures will be to secure, at the most immediate possible administrative level, equitable solutions to the issues which may arise from time to time. Grievances shall be presented in writing in not less than duplicate, and shall be signed by the employee presenting the grievance. The Board and the Association agree that these proceedings will be kept as informal and confidential as may be appropriate at any level of the procedure.

#### 3:3 PROCEDURE

**Level One** – Principal or Immediate Supervisor (Informal)
Within 14 school days of the event giving rise to the grievance, an employee with a grievance shall first discuss it with the principal or immediate supervisor, either directly or through the Association's designated representative, with the objective of resolving this matter informally.

**Level Two** – Principal or Immediate Supervisor (Formal)
If the aggrieved person is not satisfied with the disposition of his/her grievance at Level One, s/he may formally express his/her grievance in writing within five (5) school days to the principal or immediate supervisor. If no decision has been rendered within five (5) school days after the presentation of the grievance in writing, the aggrieved person may proceed to Level Three. The grievance shall include the date of occurrence.

## **Level Three** – Superintendent

In the event a satisfactory settlement is not reached as provided for in Level Two, an employee or his/her representative may within five (5) additional school days present the grievance to the Superintendent. The Superintendent shall grant a hearing to the aggrieved and/or his/her representative within five (5) school days after the date the grievance is received. The Superintendent's written disposition shall be returned to the employee and/or his/her representative within five (5) school days after the date of the hearing.

#### **Level Four** – Board of Education

If the grievant is not satisfied with the disposition of his/her grievance at Level Three, s/he may within five (5) additional school days submit the grievance to the Board of Education. The Board shall grant a hearing and render a written disposition to the employee or his/her representative within 30 school days of the presentation.

#### ARTICLE III - GRIEVANCE PROCEDURE

#### **Level Five** – Arbitration

- A. Within 10 school days after the written notice of 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 are unable to obtain such a commitment within the specific period, a request for a list of arbitrators may be made to PERC. The parties then shall be bound by the rules and procedures of PERC.
- B. The arbitrator so selected shall confer with the representatives of the Board and the Association and hold hearings promptly and shall issue a decision not later than 20 days from the date of the close of the hearing, or if oral hearings have been waived, then from the date the final statements and proofs on the issue are submitted. The arbitrator shall be without power or authority to make any decisions which require the commission of an act prohibited by law or which is in violation of the terms of this Agreement. The decision of the arbitrator shall be submitted to the Board and the Association and shall be binding.
- C. The Board reserves to itself the right to manage the school district on behalf of the public except for those rights contained herein.
- D. The cost of arbitration shall be shared equally by both parties.
- E. The Arbitrator shall be limited to the issues submitted to him/her and shall consider nothing else. The arbitrator can add nothing to, nor subtract anything from, the Agreement between the parties or any policy of the Board of Education. Only the Board, the aggrieved and his/her representatives shall be given copies of the arbitrator's report of findings and recommendations. This shall be accomplished within 30 days of the completion of the arbitrator's hearings.

#### Group Grievance

If in the judgment of the Association a grievance affects a group of employees, the Association may submit such grievance in writing to the Superintendent directly, and the processing of such grievance shall commence at this point as long as the immediate supervisor does not have authority to act on the grievance. A group grievance shall be filed within 14 school days, and the Superintendent shall have seven (7) school days within which to respond.

#### ARTICLE IV - EMPLOYEE RIGHTS

- 4:1 No employee shall be disciplined, reprimanded or reduced in rank or compensation without just cause. Any such action asserted by the Board or any agent or representative thereof shall be subject to the grievance procedure herein set forth.
- 4:2 Whenever any employee is required to 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 position, employment or the salary or any increments pertaining thereto, then s/he shall be given prior written notice of the reasons for such meeting or interview and shall be entitled to have a representative of his/her choice present.
- 4:3 No employee shall be prevented from wearing pins or other identification of membership in the Association or its affiliates.

#### ARTICLE V - ASSOCIATION RIGHTS AND PRIVILEGES

- 5:1 Representatives of the Association may be permitted to transact official Association business on school property at reasonable times provided it is not done during regularly scheduled working hours and provided that permission has been granted by the Superintendent or his designee. If permission is denied by the Superintendent or his designee, such denial shall be in writing.
- 5:2 The Association and its representatives may have the right to the use of school buildings at reasonable hours for meetings, provided it does not interfere with the daily educational programs and permission has been granted by the Superintendent or his/her designee. If permission is denied by the Superintendent or his/her designee, such denial shall be in writing.
- 5:3 The Association shall have use of a bulletin board in each office in each building. Copies of all materials to be posted on such bulletin boards shall be given to the building Principal and Superintendent for approval. If permission is denied by the superintendent or his/her designee, such denial shall be in writing.
- 5:4 The Association may use the school mailboxes in a reasonable manner with the permission of the building Principal. If permission is denied by the building Principal, such denial shall be in writing.

#### ARTICLE V - ASSOCIATION RIGHTS AND PRIVILEGES

The President of the Association shall enjoy freedom to leave his/her assigned building to visit other buildings at reasonable times when school is in session. This can only occur when s/he has no other assigned responsibilities and has notified his/her building Principal or Supervisor, and the building Principal or Supervisor of the building s/he is visiting.

#### ARTICLE VI - EMPLOYEE/ADMINISTRATIVE LIAISON

6:1 At the request of either party, the Association's representatives shall meet with the Superintendent or his/her designee at least once every calendar quarter during the year to review and discuss current problems and practices of mutual interest and the administration of this Agreement.

#### ARTICLE VII - WORK YEAR AND WORK DAY

- 7:1 The work year of all 10-month employees shall be September 1 through June 30 of each year.
  - The work year of all 12-month employees shall be July 1 through June 30 of each year.
- 7:2 Each employee shall have a normal work day of seven (7) hours and 30 minutes, excluding a duty-free lunch period of at least 30 minutes.
- 7:3 Summer work hours will be defined as from the first Monday subsequent to the closing of school to the opening of school for district staff as determined by the adopted school calendar.
- 7:4 After three (3) years and one (1) day of uninterrupted continuous service, each employee shall be appointed for an unfixed term as to provide the tenure protection available to such employee under the provisions of Chapter 137, P.L. of 1960 (18A:17-3 and 18A:17-4).
- 7:5 After seven (7) calendar days, the building administrator will submit a letter requesting that either:
  - » The clerk performing secretarial duties be reimbursed for such duties at the secretary's regular rate of pay, prorated, retroactive to the eighth calendar day or
  - » That in the absence of a clerk, the request will be made for extra clerical help to assist the secretary.
  - » The letter shall be forwarded to the Superintendent, the Board President, the Association President and the employee involved.

#### ARTICLE VIII – OVERTIME

- 8:1 Overtime shall be defined as work in excess of 40 hours per week. Overtime compensation shall be one and one-half (1-1/2) times the hourly rate.
- When requested to work during the time school is closed for holidays and vacation periods, the employee shall be compensated additionally at straight time rate for the first 40 hours and time and one-half for all over 40 hours in any weekly period.
- 8:3 All overtime must be mutually agreed upon by both parties and have prior approval by the immediate supervisor and Superintendent of Schools.

#### ARTICLE IX – EDUCATIONAL IMPROVEMENT

- 9:1 Any employee who takes a course or courses in the employee's field related to his/her position shall be reimbursed toward the tuition of such course or courses to a maximum of \$600 per employee for any given year.
  - An employee may be reimbursed up to \$600 of his/her yearly tuition reimbursement money to cover the costs of attending professional workshops, training sessions and meetings subject to prior approval of the Superintendent.
- 9:2 Sole approval for the tuition reimbursement must be secured from the Superintendent prior to the employee taking the course.
- 9:3 Courses or workshops not directly related to the secretarial area may be considered upon application to the Superintendent.
- 9:4 Maximum expenditure in any given year shall not exceed:

<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>	<u>2009-2010</u>
\$5,750	\$6,000	\$6,000	\$6,000

#### ARTICLE X – VACATION SCHEDULE

10:1 All 12-month employees shall receive 10 days vacation upon completion of one (1) year's service.

Over 3 years to 5 years	12 days
Over 5 years to 10 years	15 days
Over 10 years to 15 years	17 days
Over 15 years	20 days
20 years and over	22 days

- 10:2 New employees hired prior to January 31 shall accrue vacation time.
- 10:3 Vacation time shall be taken subject to the approval of the immediate supervisor.
- 10:4 All vacation days must be used in the year earned.
- 10:5 A maximum of 10 vacation days may be carried over to the next year with the approval of the immediate supervisor.

An agreement must be agreed upon between the employee and the immediate supervisor to use left over vacation days.

#### **ARTICLE XI - POSTING PROCEDURES**

11:1 All notices of vacancies shall be posted as far in advance as possible, except in emergencies, at least 15 days before the date when applications must be submitted.

#### **ARTICLE XII – EVALUATION**

12:1 All employees shall receive written evaluations of their job performance by their immediate supervisor and acknowledge same no less than twice a year.

#### ARTICLE XIII – TEMPORARY LEAVES OF ABSENCE

## 13:1 **Death in Family Allowance**

In the event of death in the immediate family, members shall be granted allowance with pay for attending the deathbed, funeral or make funeral arrangements as hereinafter stated.

- a. An allowance of five (5) days shall be granted in the case of death in any of the following:
  - 1. Employee's parents, spouse, children, brothers, sisters, parents of the employee's spouse and other persons residing as a member of the household of the employee.
  - 2. Legally adopted members of the family and step-relationships as outlined in a.1.
- b. An allowance of three (3) days shall be granted to attend the funeral of any of the following:
  - 1. Uncle, aunt, grandparents and grandchildren of the employee.
  - 2. Brother-in-law, sister-in-law, son-in-law and daughter-in-law of the employee.
- c. In the event of a teacher, secretary, secretarial clerk, computer operator, or student death in Monroe Township School District, the principal or immediate supervisor of said employee or student shall grant to an appropriate number of employees sufficient time off to attend the funeral.

#### 13:2 Personal Business

Each full-time employee shall be allowed an absence of three (3) days each year with full pay for personal business at the discretion of the Superintendent of Schools. The employee need not state the reason for requesting a personal business day unless the day is contiguous to a vacation period.

It is expected that the day will be used for personal affairs, which cannot be done on other than a school day. In general, the situation should be such that the employee would otherwise take time off without pay. The employee must give at least three (3) days notice. Up to three (3) personal days per year if unused may be applied to accumulated sick leave.

#### 13:3 **Professional Business**

Each full-time employee shall be granted two (2) professional days per year at the discretion of the Superintendent.

#### ARTICLE XIII - TEMPORARY LEAVES OF ABSENCE

## 13:4 *In-Service Day*

Half of the staff will attend the first scheduled in-service day. The remaining staff will attend the second scheduled in-service day.

The in-service programs will be planned jointly between the Administration and the Association.

#### ARTICLE XIV – EXTENDED LEAVE OF ABSENCE

## 14:1 Leave of Absence – Without Pay

A one (1) year's leave of absence may be granted without pay upon the recommendation of the Superintendent and approval of the Board of Education. The employee may request an extension of one (1) year's leave of absence in writing. Said extension may be granted without pay upon the recommendation of the Superintendent and approval of the Board of Education.

If the employee desires to return prior to the time determined by either leaves of absence, s/he may be permitted to do so upon 60 days written notice of intent to return and recommendation of the Superintendent and approval of the Board of Education.

## 14:2 Leave of Absence – Professional Improvement

When an employee is granted an extended leave of absence for the purpose of professional improvement in the area of employment, said employee shall be granted salary determination as if s/he had been in continuous employment in the district upon the recommendation of the Superintendent and approval of the Board of Education.

## 14:3 Leave of Absence – Maternity

Nothing herein prevents utilization of sick leave by pregnant employees subject to federal and state laws. Employees may utilize the provisions of 14:1.

## 14:4 Leaves of Absence – Child Caring

An employee anticipating birth of his/her child may apply for and will be granted an unpaid leave of absence subject to the following:

- a. The employee provides medical certification of the anticipated date of birth.
- b. The employee applies in writing for such leave no less than 60 days prior to the commencement of leave.
- c. The employee continues such leave until the beginning of the next academic year.

#### ARTICLE XIV – EXTENDED LEAVE OF ABSENCE

- d. Such employee may apply also for an additional one (1) year leave, and such leave shall be granted. Application for such extension must be made no later than April 1 of the prior school year.
- e. Child-caring leave shall not exceed a maximum of two (2) years.
- f. Entitled benefits at the time of commencement of child caring leave shall be frozen until return from such leave.
- g. Any employee may apply for and will be granted this leave in the case of adoption by the employee of a child five (5) years of age or younger under the same terms as specified herein.
- h. Any employee on such leave may apply for reinstatement during this leave and shall be reinstated provided that a suitable vacancy exists.

#### ARTICLE XV - SICK LEAVE

All regular 10-month employees shall be allowed 10 days absence due to personal illness, two (2) of which may be used as family illness days, each year without deduction from pay. Any unused sick days shall be accumulated.

All regular 12-month employees shall be allowed 12 days absence due to personal illness, two (2) of which may be used as family illness days, each year without deduction from pay. Any unused sick days shall be accumulated.

- All employees absent in excess of three (3) days may be required to provide a physician's certificate forwarded to Central Office. In cases of questionable recurring absences, a doctor's certificate may be required more frequently.
- In the event of extended illness after exhaustion of entitled sick leave, the differential between regular pay and substitute pay may be granted at the sole discretion of the Board for such days on extended illness. Such determination shall be on a case-by-case basis.
- 15:4 Should absence due to illness exceed the sick leave granted, full salary deductions shall be made as follows:

**10-month employees** – 1/200 of annual salary for each day of absence

**12-month employees** – 1/240 of annual salary for each day of absence

#### ARTICLE XV - SICK LEAVE

#### 15:5 Retirement/Sick Leave Benefit

Upon retirement from this district, employees will be reimbursed for all unused sick leave. Payment shall be based on 30% of the per diem rate for Step 5 of the salary guide for their classification rate in their year of retirement.

#### ARTICLE XV I – PAYROLL DEDUCTIONS

- The Secretary of the Board shall deduct from the paycheck of any employee, upon request of said employee, for any of the following, provided the employee has filed written authorization for such deduction on the appropriate authorization form:
  - a. A single unit dues deduction in the sum specified by the Association
  - b. Supplemental annuity deductions
  - c. Washington National Insurance Company or another designation of the Association.

#### **ARTICLE XVII – INSURANCE PROTECTION**

- 17:1 The Board agrees to pay the full cost for family coverage for all full-time employees for PPO (Preferred Provider Organization) or POS (Point of Service) Coverage for Blue Cross, Blue Shield for the term of this contract. A summary of the benefits is attached as Schedule B.
- 17:2 The Board will pay full cost for a \$10.00/\$15.00/1X co-pay prescription plan for employee and family. Oral contraceptives will be included effective July 1, 2006.
- 17:3 The Board will pay the full family dental premium for 2006-2010. Such premium costs will be capped at the premium in effect at the end of the contract. The maximum annual benefit will be \$1,500 per insured effective July 1, 2006.

#### ARTICLE XVII – INSURANCE PROTECTION

17:4 Employees retiring from the Monroe Township Public Schools after 25 years of service in the district will be accorded the opportunity to continue all health insurance coverage(s) provided herein, including health, dental and prescription, at the expense of the Board of Education, to the extent that the terms of the contracts and policies with the insurance carriers permit. Coverage will be for the employee and spouse where applicable at the time of retirement.

Employees retiring with less than 25 years of service will be accorded the opportunity to continue the health insurance coverage at their expense through the Board's group rate.

Said employee must have a minimum of 10 years of service in Monroe Township Public Schools and submit payment in a timely fashion as prescribed by the Board Secretary to continue in this program.

- 17:5 Commencing July 1, 1988, the Board will obtain catastrophic benefits coverage for employees and their dependents at the employee's expense.
- 17:6 The employees will receive any and all increases in benefits that the other negotiating units receive.

## **ARTICLE XVIII - SALARIES**

18:1	2006-2007	4.75%
	2007-2008	4.75%
	2008-2009	4.75%
	2009-2010	4.75%

The total increase over the term of the contract for the Step 1 salary of each position not to exceed 8.0%.

#### ARTICLE XIX - MISCELLANEOUS

- 19:1 When schools are closed due to inclement weather, no employee shall be required to work.
- 19:2 When a "delayed opening" is declared, the secretarial staff will report to work one hour after the regular start day or 9:00 a.m.

#### ARTICLE XX – AGENCY 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 representative.

#### B. AMOUNT OF FEE

#### 1. **Notification**

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 nonmembers will be determined by the Association in accordance with the law.

## 2. Legal Maximum

In order to adequately offset the per capita cost of services rendered by the Association as majority representative, the representation fee should be equal in amount to the regular membership dues, initiation fees and assessments charged by the Association to its own members, and the representation fee may be set up to 85% of that amount as the maximum presently allowed by law. If the law is changed in this regard, the amount of the representation fee automatically will be increased to the maximum allowed, said increase to become effective as of the beginning of the Association membership year immediately following the effective date of the change.

## C. DEDUCTION AND TRANSMISSION OF FEE

#### 1. **Notification**

Once during each membership year covered in whole or in part by this Agreement, the Association will submit to the Board a list of those employees who have not become members of the Association for the current membership year. The Board will deduct from the salaries of such employees in accordance with MTAES, the full amount of the representation fee and promptly will transmit the amount so deducted to the Association.

#### 2. 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:

#### ARTICLE XX - AGENCY FEE

- a. 10 days after receipt of the aforesaid list by the Board; or
- b. 30 days after the employee begins his/her employment in a bargaining unit position, unless the employee previously served in a bargaining unit position and continued in the employment 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 10 days after the resumption of the employee's employment in a bargaining unit position, whichever is later.

## 3. **Termination of Employment**

If an employee who is required to pay a representation fee, terminates his/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.

#### 4. **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.

## 5. Changes

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

#### 6. **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 30-day period. The list will include names, job titles and dates of employment for all such employees.

# ARTICLE XXI – DURATION OF AGREEMENT

21:1	This Agreement shall be effective as of July 1, 2006 and shall continue in effect until June 30, 2010.						
21:2	This Agreement shall not be extended orally; and it is expressly understood that it shall expire on the date indicated. Any extension shall be mutually agreed upon in writing by the parties of the Agreement; and unless such extensions are agreed upon, this contract shall expire on the date indicated herein.						
21:3	signed by their respective preside	eto have caused this Agreement to be nts, attested by their respective eals to be placed hereon, and all on the day					
	E TOWNSHIP ASSOCIATION UCATIONAL SECRETARIES	MONROE TOWNSHIP BOARD OF EDUCATION					
	President	President					
	Secretary	Secretary					

## **Schedule B - Summary of Benefits**

		B - Summary of I		
	Preferrred Provider In-Network	Organization (PPO)		ervice (POS)
Deductible (Total combined per year)	In-Network	Out-of-Network \$400 per indiv./two ded. per family	In-Network	Out-of-Network \$200 per indiv./two ded. per family
Hospital/Facility	None	5100 per marritino dedi per ranni	None	\$200 per mart stwo deal per ranning
Professional	None		None	
Supplemental	\$300 per indiv/two ded. per family		None	
Coinsurance				
Hospital/Facility	100%	80%	100%	80%
Professional	100%	80%	100%	80%
Supplemental	80%	80%	100%	80%
Out of pocket maximum		\$3,000 per ind./\$6000 per fam.		\$1,000 per ind./2 per fam.
Hospital/Facility	N/A	35,000 per mu./30000 per fami.	None	31,000 per ma./2 per ram.
Professional	N/A		None	
Supplemental	N/A		None	
Maximums				
Benefit Period	Unlimited	\$1,000,000	Unlimited	Unlimited
Lifetime	Unlimited	\$1,000,000	Unlimited	Unlimited
		ILITY SERVICES		ILITY SERVICES
Inpatient Services	In-Network 100%	Out-of-Network 80% after deductible	In-Network 100%	Out-of-Network 80% after deductible
Room & Board (semi-private room) Intensive Care & Other Hospital Services	100%	80% after deductible	100%	80% after deductible
(therapy/diagnostic services, blood				
administration, general nursing,	100%	80% after deductible	100%	80% after deductible
operating room, etc.)				
Maternity Benefits	100%	80% after deductible	100%	80% after deductible
Maternity Benefits for dependents	100%	80% after deductible	Complications only	Complications only
Organ Transplants (Includes ABMT)	100%	80% after deductible	100%	80% after deductible
Outpotient Services	In Network	Out of Notwork	In Network	Out of National
Outpatient Services (operating room, blood	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Services (operating room, blood administration, general nursing, therapy/	1			1
diagnostic services, etc.)	100%	80% after deductible	100%	80% after deductible
Pre-Admission Testing	100%	80% after deductible	100%	80% after deductible
Medical Emergency/Accidental Injury		r \$50 copay		r \$35 copay
Surgical Center	100%	80% after deductible	100%	80% after deductible
Diagnostic X-ray & Lab	100%	80% after deductible	100%	80% after deductible
Chemotherapy	100%	80% after deductible	100%	80% after deductible
Skilled Nursing Facility	100%	80% after deductible	100%	80% after deductible
W W 14 G		ng a 3 or more day prior hospital stay.	100 days per BP	60 days per benefit period
Home Health Care	100%	80% after deductible r benefit, direct admission	100%	80% after deductible benefit period
Hospice Care	100%	80% after deductible	100%	80% after deductible
nospiec cuic		000 maximum		000 maximum
			-	
	Proformed Provider			
	Fielelileu Fiovidei	Organization (PPO)		ervice (POS)
	PHYSICIAN	N SERVICES	PHYSICIA	N SERVICES
Inpatient Services	PHYSICIAN In-Network	SERVICES Out-of-Network	PHYSICIA In-Network	N SERVICES Out-of-Network
Medical Care (including consultations)	PHYSICIAN	N SERVICES	PHYSICIA	N SERVICES
Medical Care (including consultations) Surgical Services (including assistant	In-Network 100%	Out-of-Network 80% after deductible	PHYSICIA In-Network 100%	Out-of-Network 80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia)	In-Network 100%	N SERVICES Out-of-Network 80% after deductible 80% after deductible	PHYSICIAI In-Network 100%	N SERVICES Out-of-Network 80% after deductible 80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia	In-Network 100%	Out-of-Network 80% after deductible	PHYSICIA In-Network 100%	Out-of-Network 80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery,	In-Network 100%	SERVICES Out-of-Network 80% after deductible 80% after deductible 80% after deductible	PHYSICIAI In-Network 100%	N SERVICES Out-of-Network 80% after deductible 80% after deductible 80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia	PHYSICIAN In-Network 100% 100%	N SERVICES Out-of-Network 80% after deductible 80% after deductible	PHYSICIAI In-Network 100% 100% 100%	N SERVICES Out-of-Network 80% after deductible 80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion)	PHYSICIAN In-Network 100% 100% 100% 100%	SERVICES  Out-of-Network  80% after deductible	PHYSICIAI In-Network 100% 100% 100% 100%	NSERVICES
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services	PHYSICIAN In-Network 100% 100% 100% 100%	SERVICES  Out-of-Network  80% after deductible  80% after deductible  80% after deductible  80% after deductible	PHYSICIAI In-Network 100% 100% 100% 100%	NSERVICES Out-of-Network 80% after deductible 80% after deductible 80% after deductible 80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Dagnostic/Therapy Services Outpatient/Out-of-Hospital Services Office Visits (including related	PHYSICIAN In-Network 100% 100% 100% 100% 100% 100%	SERVICES  Out-of-Network  80% after deductible	PHYSICIAI In-Network 100% 100% 100% 100% 100% 100%	NSERVICES
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when	PHYSICIAN In-Network 100% 100% 100% 100% 100% 100% In-Network	SERVICES  Out-of-Network  80% after deductible  Out-of-Network	PHYSICIAI In-Network 100% 100% 100% 100% 100% 100% In-Network	NSERVICES Out-of-Network 80% after deductible 00% after deductible 00% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay	SERVICES Out-of-Network  80% after deductible  80% after deductible  80% after deductible  80% after deductible  Out-of-Network  80% after deductible	PHYSICIAI In-Network 100% 100% 100% 100% 100% 100% 100% 100	NSERVICES  Out-of-Network  80% after deductible  80% after deductible  80% after deductible  80% after deductible  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, esarean section, abortion) Diagnostic/Therapy Services Outpattent/Unct-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100% after \$20 cop	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible	PHYSICIAI In-Network 100% 100% 100% 100% 100% 100% 100% In-Network 100% after \$5 copay 100% after \$5 copay	NSERVICES Out-of-Network 80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges	In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   100% after \$20 copay   100% after \$20	SERVICES  Out-of-Network  80% after deductible  80% after deductible  80% after deductible  80% after deductible  Out-of-Network  0ut-of-Network  80% after deductible  80% after deductible  80% after deductible	PHYSICIAI In-Network 100% 100% 100% 100% 100% 100% 100% 100	NSERVICES  Out-of-Network  80% after deductible  80% after deductible  80% after deductible  80% after deductible  Out-of-Network  0ut-of-Network  80% after deductible  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Dagnostic/Therapy Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100% after \$20 cop	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible	PHYSICIA    In-Network	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges	In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   100% after \$20 copay   100% after \$20	SERVICES  Out-of-Network  80% after deductible  80% after deductible  80% after deductible  80% after deductible  Out-of-Network  0ut-of-Network  80% after deductible  80% after deductible  80% after deductible	PHYSICIAI In-Network 100% 100% 100% 100% 100% 100% 100% 100	NSERVICES  Out-of-Network  80% after deductible  80% after deductible  80% after deductible  80% after deductible  Out-of-Network  0ut-of-Network  80% after deductible  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and amesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Matemity Care Fertility Services	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100% after \$20 cop	SERVICES  Out-of-Network  80% after deductible	PHYSICIA    In-Network	NSERVICES  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Matemity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20)	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   300%	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatlent/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100% after	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Matemity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20)	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   300%	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Dagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100%	SERVICES  Out-of-Network  80% after deductible	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  No coverage
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatlent/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100% after	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstericial Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Maternity Care Fertility Services Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate)	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100%	SERVICES  Out-of-Network  80% after deductible  0ut-of-Network  80% after deductible  80% (no deductible)  100% (no deductible)  80% (no deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  No coverage  80% foo deductible)  No coverage
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Dagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100%	SERVICES  Out-of-Network  80% after deductible	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  No coverage
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100%	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  80% (no deductible)  80% (no deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  No coverage  80% (no deductible)  No coverage  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstericial Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Maternity Care Fertility Services Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate)	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100%	SERVICES  Out-of-Network  80% after deductible  0ut-of-Network  80% after deductible  80% (no deductible)  100% (no deductible)  80% (no deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  No coverage  80% foo deductible)  No coverage
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100%	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  80% (no deductible)  80% (no deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  No coverage  80% (no deductible)  No coverage  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Matemity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam Pap & Mammography Mandates Short Term Therapies: Physicals, Speech,	PHYSICIAN   In-Network	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  80% (no deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network   80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Maternity Care Fertility Services Outpatient Charges Maternity Care Fertility Services Maternity Care Fertility Services Outpatient Charges Maternity Care Fertility Services Maternity Care Matern	PHYSICIAN   In-Network	SERVICES  Out-of-Network  80% after deductible  80% (no deductible)  80% (no deductible)  80% (no deductible)  80% (no deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  No coverage  80% (no deductible)  No coverage  80% after deductible  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessay Physician Charges-Non Surgical Second Opinion Charges Matemity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam Pap & Mammography Mandates Short Term Therapies: Physical, Speech, Occupational, Respiratory/Inhalation Therapy	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100%	SERVICES  Out-of-Network  80% after deductible  80% (no deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network   100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network   80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam Pap & Mammography Mandates Short Term Therapies: Physical, Speech, Occupational, Respiratory/Inhalation	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   In-Network   100% after \$20 copay   100%	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  80% (no deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay	NSERVICES  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Disterorical Services (i.e., normal delivery, cesarean section, abortion) Disterorical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic-therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Matemity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations-Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam Pap & Mammography Mandates Short Term Speech, Occupational, Respiratory/Inhalation Therapy Chiropractic Care	In-Network	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  80% (no deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network   100% after \$5 copay  25 visits in a 60 d	NSERVICES  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Disagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam Pap & Mammography Mandates Short Term Therapies: Physical, Speech, Occupational, Respiratory/Inhalation Therapy Chiropractic Care Vision-Exam	PHYSICIAN   In-Network   100%   100	SERVICES  Out-of-Network  80% after deductible  80% (no deductible)  80% after deductible  80% after deductible	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay  25 visits in a 60 d  100% after \$5 copay  25 visits in a 60 d	NSERVICES  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Anesthesia Obstetrical Services (i.e., normal delivery, cesarean section, abortion) Disterorical Services (i.e., normal delivery, cesarean section, abortion) Disterorical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic-therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Matemity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations-Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam Pap & Mammography Mandates Short Term Speech, Occupational, Respiratory/Inhalation Therapy Chiropractic Care	In-Network	SERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible  80% (no deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network   100% after \$5 copay  25 visits in a 60 d	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam Pap & Mammography Mandates Short Term Therapies: Physical Speech, Occupational, Respiratory/Inhalation Therapy Chrispentic Care Vision-Exam	PHYSICIAN   In-Network   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   100%   30m   20m   20	SERVICES  Out-of-Network  80% after deductible  80% (no deductible)  80% after deductible)  80% after deductible)  80% after deductible)  80% after deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  100%  In-Network   100% after \$5 copay  25 visits in a 60 d  100% after \$5 copay  \$5 c	NSERVICES  Out-of-Network  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam Pap & Mammography Mandates Short Term Therapies: Physical Speech, Occupational, Respiratory/Inhalation Therapy Chrispentic Care Vision-Exam	In-Network	SERVICES  Out-of-Network  80% after deductible  80% (no deductible)  80% after deductible  80% after deductible  80% after deductible  80% after deductible	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay  25 visits in a 60 d  100% after \$5 copay  \$50 every 2 years  \$50 every 2 years	NSERVICES  Out-of-Network  80% after deductible  No coverage  80% fon deductible  No coverage  80% after deductible  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam Pap & Mammography Mandates Short Term Therapies: Physical Speech, Occupational, Respiratory/Inhalation Therapy Chrispentic Care Vision-Exam	In-Network	SERVICES  Out-of-Network  80% after deductible  80% (no deductible)  80% after deductible)  80% after deductible)  80% after deductible)  80% after deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  In-Network  100% after \$5 copay  25 visits in a 60 d  100% after \$5 copay  \$50 every 2 years  \$50 every 2 years	NSERVICES  Out-of-Network  80% after deductible  0ut-of-Network  80% after deductible  No coverage  80% (no deductible)  No coverage  80% after deductible  80% after deductible  80% after deductible  90% after deductible  80% after deductible
Medical Care (including consultations) Surgical Services (including assistant surgeon and anesthesia) Anesthesia Obsterical Services (i.e., normal delivery, cesarean section, abortion) Diagnostic/Therapy Services Outpatient/Out-of-Hospital Services Outpatient/Out-of-Hospital Services Office Visits (including related diagnostic/therapy services) when medically necessary Physician Charges-Non Surgical Second Opinion Charges Maternity Care Fertility Services Diagnostic X-ray & Lab Well Child Care (up to age 20) Child Immunizations/Lead Testing Routine Adult Physicals Prostate Screening (NJ Mandate) Annual Routine Ob/Gyn Exam Pap & Mammography Mandates Short Term Therapies: Physical Speech, Occupational, Respiratory/Inhalation Therapy Chrispentic Care Vision-Exam	In-Network	SERVICES  Out-of-Network  80% after deductible  80% (no deductible)  80% after deductible  80% after deductible  80% (no deductible)	## PHYSICIA  In-Network  100%  100%  100%  100%  100%  100%  100%  100%  In-Network   100% after \$5 copay  25 visits in a 60 d  100% after \$5 copay  25 visits in a 60 d  100% after \$5 copay  25 visits in a 60 d  100% after \$5 copay  27 visits in a 60 d  100% after \$5 copay  28 visits in a 60 d  100% after \$5 copay  29 visits in a 60 d  100% after \$5 copay  20 visits in a 60 d  100% after \$5 copay  20 visits in a 60 d  100% after \$5 copay  20 visits in a 60 d  100% after \$5 copay  20 visits in a 60 d	NSERVICES  Out-of-Network  80% after deductible  Out-of-Network   80% after deductible  No coverage  80% (no deductible)  80% after deductible  80% after deductible  90% after deductible  80% after deductible

	Preferrred Provider (	Organization (PPO)	Point of Service (POS)		
	SUPPLEMENTA	AL SERVICES	SUPPLEMENTAL SERVICES		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Ambulance ground and air	100%	80% after deductible	100%	80% after deductible	
Private Duty Nursing	100%	not covered	100%	No benefit	
	240 hours per benefit period subject to medical necessity; services of an RN or				
	LPN are eligible out-of-hospital only.		30 visits per benefit period		
Durable Medical Equipment	100%	80% after Deductible	100% \$5000 benefit p	80% after Deductible period maximum	
Blood Charges	100%	80% after deductible	100%	80% after deductible	

	MENTAL HEALTH/SUBSTANCE ABUSE *		MENTAL HEALTH/SUBSTANCE ABUSE *	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Services	100%	80% after deductible	100%	80% after deductible
	45 days per benefit period		45 days per benefit period	
Outpatient Services	50%	50%	100% after \$5 copay	80% after deductible
	up to 48 visits per BP in eligible expenses, subject to deductible	up to 48 visits per BP in eligible expenses, subject to deductible	50 days per benefit period 150 days per lifetime	20 days per benefit period 60 days per lifetime

	ELIGI	BILITY	ELIGI	BILITY
	In-Network	Out-of-Network	In-Network	Out-of-Network
Children covered to end of calendar year in which they turn age:	23	23	23	23

2006-2007

	10 Month	12 Month	Computer		Computer Software Support
<u>Step</u>	Secretarial	Secretarial	Operator	<u>Secretary</u>	Specialist/SASI
	Clerk	Clerk			Database
					<u>Coordinator</u>
1	25,391	30,470	32,286	31,488	35,000
2	26,180	31,417	33,254	32,446	37,300
3	26,180	31,417	33,254	32,446	37,300
4	26,180	31,417	33,254	32,446	37,300
5	27,502	33,004	34,841	34,033	42,800
6	27,502	33,004	34,841	34,033	42,800
7	28,926	34,712	36,549	35,741	44,500
8	28,926	34,712	36,549	35,741	44,500
9	31,658	37,991	39,828	39,020	47,700
10	31,658	37,991	39,828	39,020	47,700
11	34,954	41,947	43,784	42,976	50,800

2007-2008

<u>Step</u>	10 Month Secretarial Clerk	12 Month Secretarial Clerk	<u>Computer</u> <u>Operator</u>	<u>Secretary</u>
1	25,835	31,003	32,851	32,039
2	26,639	31,967	33,836	33,014
3	27,238	32,686	34,597	33,757
4	27,238	32,686	34,597	33,757
5	28,612	34,337	36,248	35,408
6	28,612	34,337	36,248	35,408
7	30,094	36,114	38,025	37,185
8	30,094	36,114	38,025	37,185
9	32,937	39,525	41,436	40,596
10	32,937	39,525	41,436	40,596
11	36,366	43,641	45,552	44,711

2008-2009

					Computer Software
	10 Month	12 Month	<u>Computer</u>		<u>Support</u>
<u>Step</u>	<u>Secretarial</u>	<u>Secretarial</u>	<b>Operator</b>	<u>Secretary</u>	Specialist/SASI
	<u>Clerk</u>	<u>Clerk</u>			<u>Database</u>
					<b>Coordinator</b>
1	26,223	31,468	33,344	32,519	38,404
2	27,038	32,447	34,344	33,509	40,928
3	27,646	33,176	35,116	34,263	40,928
4	28,041	33,651	35,618	34,753	40,928
5	29,457	35,350	37,318	36,453	46,963
6	29,457	35,350	37,318	36,453	46,963
7	30,982	37,180	39,147	38,282	48,828

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8	30,982	37,180	39,147	38,282	48,828
9	33,909	40,692	42,659	41,794	52,339
10	33,909	40,692	42,659	41,794	52,339
11	37,439	44,929	46,896	46,031	55,741

2009-2010

					Computer Software
	10 Month	<u> 12 Month</u>	<u>Computer</u>		<u>Support</u>
<u>Step</u>	<u>Secretarial</u>	<u>Secretarial</u>	<u>Operator</u>	<u>Secretary</u>	Specialist/SASI
	<u>Clerk</u>	<u>Clerk</u>			<u>Database</u>
					<u>Coordinator</u>
1	27,043	32,452	34,387	33,536	40,228
2	27,884	33,461	35,418	34,557	42,872
3	28,511	34,214	36,214	35,335	42,872
4	28,918	34,703	36,732	35,840	42,872
5	30,378	36,456	38,485	37,592	49,194
6	30,378	36,456	38,485	37,592	49,194
7	31,951	38,343	40,372	39,479	51,147
8	31,951	38,343	40,372	39,479	51,147
9	34,969	41,964	43,993	43,101	54,825
10	34,969	41,964	43,993	43,101	54,825
11	38,610	46,334	48,363	47,470	58,389