

**COLLECTIVE BARGAINING AGREEMENT**

between

**MONROE TOWNSHIP  
FEDERATION OF  
TEACHERS/PARAPROFESSIONALS  
LOCAL 3391, AFT, AFL-CIO**

and the

**MONROE TOWNSHIP  
BOARD OF EDUCATION**

**JULY 1, 2016– JUNE 30, 2019**

MONROE FEDERATION OF TEACHERS  
AFT, Local 3391, NJSFT, AFL-CIO

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Kristina Richmond, Vice President  
Christine Scarpulla, Treasurer  
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Lucy Buffington, Whitehall

**Chairperson:**

Joyce Lambert

**MTFT State Representative**

Richard Gomes

Monroe Township Federation of Teachers  
428A Sicklerville Road  
Williamstown, New Jersey 08094  
(856) 629-7402

MONROE TOWNSHIP BOARD OF EDUCATION

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Maple Grove Administration Building  
75 East Academy Street  
Williamstown, New Jersey 08094  
(856) 629-6400  
Maple Grove Administration Building

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**ARTICLE I**  
**RECOGNITION**

- 1.1 The Board recognizes the Monroe Township Federation of Teachers, Local 3391, American Federation of Teachers, AFL-CIO as the sole and exclusive bargaining agent for all paraprofessionals, office assistants, and nurse assistants; excluding secretaries/clerks/computer operators, certificated staff, custodians, maintenance, food service workers, superintendents and assistant superintendents, principals and assistant principals, and any supervisor having the power to hire, discharge, discipline or to effectively recommend the same, and substitutes pursuant to N.J.S.A., Title 34, Chapter 123, P.L. 1974.
- 1.2 The parties agree to follow a policy of non-discrimination against any employee on the basis of race, color, creed, age, national origin, gender, marital status, sexual orientation or membership participation in or lack of participation in, association with or lack of association with the activities of any employee organization.

**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 changes 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 set forth by P.E.R.C. and the Agreement negotiated between the parties shall be reduced to writing and signed by authorized representatives of both parties.
- 2:4 Whenever members of the bargaining unit are mutually scheduled by the parties hereto participate during working hours in conferences, meetings, or in negotiations respecting the collective bargaining agreement, they will suffer no loss in 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 Definitions**

- 3:1.1 A grievance is a complaint that there has been a violation of misinterpretation of any provision of this Agreement.
- 3:1.2 The term "grievant" shall be considered to include: any individual unit member, a group of unit members, or the Federation. The individuals involved shall be specified when the Federation is the grievant.

**3:2 Time Limits**

- 3:2.1 A grievance shall be initiated in writing within thirty (30) calendar days of the event. If the grievant could not have been reasonably known of the event, the initial time period shall commence from the point at which he/she could have known. Failure to file timely in one (1) instance shall not preclude filing on a similar issue which occurs subsequently.
- 3:2.2 Failure at any step of this procedure to communicate a decision or hold a grievance meeting within the specified time limits shall permit the aggrieved to proceed immediately to the next step.
- 3:2.3 The time limits specified at any step may be extended in any particular instance by mutual agreement between the Federation and the Superintendent. Such extensions must be in writing.
- 3:2.4 Grievance occurring after May 20, may be timely and filed until September 15.

**3:3 Informal Level**

An attempt may be made to resolve any complaint by discussion between the grievant, the Federation representative and appropriate supervisor or administrator before differences become formalized as grievances.

**3:4 Formal Levels**

Grievances shall be presented and adjusted in accordance with the following procedure:

- 3:4.1 Step One – A grievance shall be presented in writing through or by the authorized Federation representative to the building principal. The principal shall within ten (10) calendar days after receipt of the grievance meet with the grievant and the authorized

Federation representative in an effort to adjust the matter to the satisfaction of all concerned. The principal shall make a decision and communicate it in writing to the grievant and the authorized Federation representative within twelve (12) calendar days of the date he/she initially received the written grievance. Step One of the grievance procedure shall be bypassed when a grievance occurs which affects two (2) or more buildings or when a grievance occurs in a building in which there is no principal. Such grievance shall commence at Step Two by the Federation who shall identify each individual on whose behalf the grievance is filed. A copy of such grievance shall also be signed with each Step One administrator in the building (s) affected.

3:4-2 Step Two – The decision of the building principal may be appealed in writing to the superintendent with ten (10) calendar days after its receipt by the grievant and the authorized Federation representative. The superintendent shall within seven (7) calendar days after receipt of the appeal meet with the grievant and the authorized federation representative in an effort to adjust the matter the satisfaction of all concerned. (If another meeting(s) is deemed necessary by the superintendent, then an additional seven (7) calendar days shall be provided). The superintendent shall within fourteen (14) calendar days of receiving the grievance (or fifteen (15) calendar days if a second meeting is held) make a decision and communicate it in writing to the grievant and the authorized Federation representative.

3:4-3 Step Three – Within seven (7) calendar days after the receipt of the decision of the superintendent, an appeal in writing may be made by the grievant to the Board. Representative of the Board shall hold a hearing within thirty (30) calendar days of the receipt of such notice of appeal and shall render a decision in writing to the grievant and the authorized Federation representative within fifteen (15) calendar days of receiving the written appeal.

3:4.4 Step Four – Within fifteen (15) calendar days after receipt of the decision of the Board, an appeal may be made by the Federation to the Public Employment Relations Commission (P.E.R.C.) for arbitration under its rules. Both parties agree to abide to P.E.R.C. rules and procedures in the selection of an arbitrator. The arbitrator shall hold a hearing within twenty (20) calendar days of his/her appointment at a mutually agreed upon time and place. The decision shall be final and binding upon the parties, but the arbitrator shall have no authority to add to, subtract from or modify this Agreement.

### 3:5 **Costs**

The fees and expenses of the arbitrator shall be shared equally by the two parties.

3:6 **General Provisions**

- 3:6.1 It is expected that meetings held under this procedure will be conducted outside of school hours and at a place which will afford an opportunity for all person proper to be present. "Person to be present," for the purposes of this section, is denied as the grievant, the authorized Federation representative, and qualified witnesses. In the event meetings are held during school time, by mutual consent, none of the persons proper to be present shall suffer any loss of pay and shall be provided class coverage.
- 3:6.2 The Federation shall be immediately notified when a grievance hearing is scheduled beyond the informal step and shall have the right to present at all such hearings.
- 3:6.3 Only the Board, the aggrieved and the authorized Federation representative shall be given copies of the arbitrator's report and recommendation.

**ARTICLE IV**  
**EMPLOYEE RIGHTS**

- 4:1 No employee shall be discipline, 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 be adversely affect the continuation of that employee in his/her position, employment or the salary or any increments pertaining thereto, then he/she 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 present.
- 4:3 No employee shall be prevented from wearing pins or other identification of membership in the Federation or its affiliates.
- 4:4 An employee shall not be reprimanded in the presence of a student, member of the public, or other staff member by an administrator without justifiable, substantive reasons.
- 4:5 a. An employee shall have the right, upon request and reasonable notice to review the contents of his/her personnel file and to receive copies of any materials contained therein. An employee who desires to review his or her file must schedule an appointment for review with the personnel office in advance. An employee may have an Association representative accompany him/her during such interview.
- b. an employee may request that any document or material contained in his personnel file which he deems obsolete to be removed. Such request shall be received by the



Superintendent or his designee who shall have complete discretion in granting or denying such request.

c. No material generated by the school district personnel of an evaluative or judgmental nature which is derogatory to an employee's conduct, service or character shall be placed in an employee's file unless the employee shall be given notice and an opportunity to review the material. The employee shall be entitled to submit a written response to such material for inclusion in the file.

d. The only personnel file shall be the one held by the Superintendent of Schools.

4:6 The Board shall reimburse paraprofessionals for the cost of any clothing or personal property damaged as a result of restraining student (s) and also, to include damage from the malfunction of any and all building equipment.

## **ARTICLE V** **FEDERATION RIGHTS**

### **5:1 Use of Facilities**

5:1.1 The Federation shall have the exclusive use of one bulletin board in each faculty lounge and faculty dining room which are regularly used by unit members for the posting of official Federation notices and announcements.

5:1.2 The Federation shall have the right to place materials in bargaining unit members' mail boxes and shall have the use of the interschool mail system. All reasonable effort will be made by the Federation to insure that students are not exposed to such communications. The Federation will be assigned a designated mailbox in each building office for Federation business.

5:1.3 The Federation shall have the privilege of using school building without cost for meetings before and after school when such facilities are in use and provided there is no additional cost to the Board.

5:1.4 The Federation shall have the right to use all office equipment when not otherwise in use in all schools. Use of a computer/copier shall be allowed for Federation use in each building provided the use does not take away from employees' job responsibilities. The Federation shall pay for the reasonable cost of materials incidental to such use.

5:1.5 The Federation president shall not be prevented from visiting schools providing notification is first given to the building administrator and that such visits shall not interrupt work or normal operations.

**ARTICLE VI**  
**WORK YEAR – WORKDAY – WORKING CONDITIONS**

- 6:1 The work year of bargaining unit members will differ and be dependent upon job responsibilities, needs, and program.

**For ten (10)-month employees, in most cases, it will not exceed the 181 days for which will be comprised of 180 student days and one (1) in-service day.**

In such cases when the employee is needed beyond his/her scheduled work day/year, he/she will be compensated on an hourly basis equal to the hourly rate received during the work year. In the case of a salaried employee receiving additional hours, he/she also will be compensated at a rate equal to his/her existing salary divided by the yearly hours.

All State/ District mandated training will be performed through existing in-service day and /or school time.

- 6:2 All members of the bargaining unit shall be classified as part-time or full-time employees. Part-time employees will not work more than five and a half hours (5 ½) per day on a regular basis. Full-time employees are classified as six (6) hours or more.

**6:3 Paraprofessional as Substitute Teacher**

- 6:4 Paraprofessional who are registered with the Board can be assigned by administration to work in the school as a substitute teacher, and shall receive their regular hourly rate or the current substitute pay, (which is currently \$85.00), whichever is greater, to include a paid prep time and an unpaid lunch time. Payment for such assignments are payable at the next pay period.

- 6:5 Any paraprofessional assigned by the administration to either chaperone an event or be part of the school's site council will be compensated at his/her hourly rate. This will be implemented anytime the certified staff also receives compensation.

**ARTICLE VII**  
**EDUCATIONAL IMPROVEMENT**

- 7:1 Any employee who has successfully complete three (3) years' employment in Monroe Township and takes course work or attends professional workshops in the employee's field related to his/her position shall be reimbursed toward the tuition of such coursework or the cost of such professional workshops. This includes reimbursement for the successful completion of the paraprofessional assessment test. Prior submittal of a Professional Day Request Form must be submitted. A copy of the PARAPRO Assessment including all pages an indicating a passing score along with a signed white voucher and receipt or payment must be submitted in order to receive reimbursement.

2016-2017  
\$500.00

2017-2018  
\$500.00

2018-2019  
\$500.00

- 7:2 Sole approval for the tuition reimbursement shall be secured from the superintendent or his designee prior to the employee taking the course.
- 7:3 The Board of Education shall pay for any in-service workshop not provided by the district. Approval for the in-service or workshop must be secured from the superintendent of his designee.

**ARTICLE VIII**  
**PROMOTIONS, TRANSFERS, AND VACANCIES**

- 8:1 All bargaining unit members shall have the right to request a transfer. Such request may indicate preference of grade, subject, and/or department assignment. Transfer requests must be made in writing to the superintendent within thirty (30) calendar days prior to April 30. Specific justification for the transfer must then be submitted in writing; and the employee requesting such transfer may arrange a meeting with the superintendent or his designee to consider or review the request before any decision is made. This is not to preclude requests at any other time during the school year for openings which any subsequently occur. Determination on all requests for transfers reside with the Board.
- 8:2 All vacancies arising because of new or special project positions shall be posted in every school clearly setting forth a description of and the qualifications necessary for the position including the duties and salary.
- 8:3 All vacancies for teaching, nonteaching, promotional or new positions shall be posted in all buildings fifteen (15) working days prior to application deadline. The notice posted shall include position title; application procedure; necessary qualifications; and when applicable, grade level and building. Transfer within the school year resides solely with the school district within the limits of the Agreement.
- 8:4 When vacancies occur during the summer months, posting notices will be mailed to the treasurer of the local AFT.
- 8:5 All Current unit employees that apply shall be given initial consideration for six (6) hour positions. The Board maintains the right and prerogative to select the most qualified applicant.

8:6 All current internal bargaining unit employees that apply shall be given initial consideration for any and all summer employment. The Board of Education maintains the right and prerogative to select the most qualified applicant.

### **ARTICLE IX** **EVALUATION**

9:1 All bargaining unit members shall receive written evaluations of their job performance by their immediate supervisor and acknowledge same no less than twice a year.

9:2 Evaluations of all unit members shall be made by building administrators with assistance, if necessary, by the classroom teacher who is directly responsible for employee performance.

9:3 The evaluation form used by the administration shall be uniform for the entire district.

### **ARTICLE X** **LEAVE OF ABSENCE**

#### **10:1 Death in Family Allowance**

10:1.1 In the event of death in the immediate family, employees shall be granted with pay for attending deathbed, funeral or to 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 outline 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 any employee or student death in Monroe Township Public School District, the principal or immediate supervisor of said employee shall grant to an appropriate number of employees sufficient time off to attend the funeral.

## 10:2 **Personal Business**

All bargaining unit members are entitled to three (3) personal leave days without requiring in advance the specific approval of the administration, subject to the following restrictions:

- a. Except in the event of an emergency making such notice impossible, at least forty—eight (48) hours notice shall be given in order to provide for substitutes.
- b. Such leave shall not be granted immediately prior to or after any scheduled vacation or school holiday. A Request Form must be completed/submitted to Building administration 30 days prior to requested day off.
- c. Such leave days will be used for a bona fide personal business normally unable to be completed after normal school hours; such as, appearance in court, real estate settlement, I.R.S. review, physical exam for the armed forces, graduation when receiving a degree.
- d. All personal days unused at the end of each school year will be converted to sick leave and added to the employee's accumulation.

## 10:3 **Sick Leave**

- 10:3.1 There will be ten (10) sick days, two (2) of which may be used as family illness days, with pay per year. Days not used shall be credited toward the employee's accumulation of sick leave.
- 10:3.2 The Board or the superintendent may require the submission of a physician's certificate as provided in N.J.S.A., Title 18A:30-4. In cases of questionable recurring absence the employee, administration, and the M.T.F.T. building representative will be advised; and a physician's certificate may be required for each subsequent absence in accordance with N.J.S.A., Title 18A:30-4.
- 10:3.3 Bargaining unit members shall be notified to the availability of accumulated sick leave days no later than September 30 of each school year.
- 10:3.4 Any bargaining unit member absent due to illness beyond annual sick leave and accumulated sick may request the differential pay between his/her regular pay and substitute rate. Such determination shall be at the discretion of the Board upon recommendation of the superintendent on a case-by-case basis.
- 10:4 Upon retirement from the district, an employee will be reimbursed for unused sick leave if he/she has accumulated at least 40 sick days. Payment shall be based on 30% of the per diem rate of Level III during the final year service.
- 10:5 An employee who is terminated or laid off having at least five (5) years of service in the district shall have his/her accumulated sick days and seniority reinstated when he/she is rehired by the district.

- 10:6 Regarding lay off and recall of unit employees, seniority may be considered as one of several factors. Seniority will not be the sole determining factor unless employed fourteen (14) years or more, as of July 1, 2010. Other factors which may be considered will be absentee rate, lateness, evaluations, college credits and the Paraprofessional Assessment Test and any other factors that may serve the best interest of the Monroe Township Board of Education.
- 10:7 Paraprofessionals will use FMLA for short term leave. If a paraprofessional does not qualify for FMLA the BOE will grant up to 12 weeks leave unpaid leave, after all sick time has been exhausted. At the end of the granted time off paraprofessionals will return to their hourly position. This leave can be granted at the Superintendent/Board sole discretion for approval. If the Superintendent rejects the request the rejection is not subject to the Grievance process.

#### **ARTICLE XI** **PAYROLL DEDUCTIONS**

- 11:1 In accordance with statutes, the Board agrees to deduct from the salary of each employee, from whom it receives authorization to do so, the required amount of payment of Federation dues. Such payments, accompanied by a list of employees from whom deductions have been made and the amount of the deductions, shall be forwarded to the Federation treasurer for the local within the first seven (7) calendar days of the following month. After the initial list is forwarded, only monthly modifications to such in addition to the appropriate sums shall be forwarded to the Federation treasurer.
- 11.2 The Board agrees to deduct from the salary of each employee from whom it receives authorization to do so, the required amount of fees for the payment toward a disability plan of the Federation's choice, and the amounts deducted shall be forwarded to the appropriate office.
- 11.3 When payday falls on an in-service day that bargaining unit members are not required to work, the paystub will be emailed to the employee and monies will be directly deposited. The bargaining unit members shall receive salary payments semi-monthly.
- 11.4 The Federation shall submit to the district a list of names of employees covered by the Agreement who are not currently dues-paying members of the Federation. The school district will deduct from such employee's pay a representation fee equal to 85% of the amount set for Federation members.

**ARTICLE XII**  
**BENEFITS AND MEDICAL COVERAGE**

- 12:1 a. The Board agrees to pay the full cost for family coverage for all full-time employees who held the six (6) hour position prior to October 29, 2002. A summary of the benefits is attached as Schedule B.
- b. The Board will pay the full cost for family coverage for all full-time employees who held the six (6) hour position prior to October 29, 2002, for a \$10.00/\$15.001X co-pay prescription plan. Oral contraceptives will be included.
- c. The Board will pay the full cost for family dental for all full-time employees who held the six(6) hour position prior to October 29, 2002, for the life of the contract. Such premiums costs will be capped at the premium in effect at the end of the contract. The maximum annual benefit will be \$1,500.00 per insured.
- 12:2 The Board agrees to pay the full cost for single coverage for full-time employees who have been hired or promoted into six (6) hour positions after October 29, 2002. This coverage is for medical prescription and dental and is identical to the full-time employees hired prior to October 29, 2002.
- 12:3 Part-time employees may purchase at group rate any health plan provided by the district at their expense as long as the carrier allows it.
- 12.4 a. New employees who are eligible will not have health insurance coverage begin until after first thirty (30) days of employment.
- b. An employee who leaves the District who is eligible will be covered by the District's health insurance coverage for thirty (30) days after their employment ends
- 12.5 The Board will provide cash payments to those eligible employees who wish to waive or "opt out" of the board provided insurance coverages.
- a. For those employees who choose to waive coverage, the Board will pay 25% of the premium of the employee's selected plan(s), up to a maximum of \$5,000. However, employees who are waiving coverage and receiving an opt-out payment as of December 31, 2016 will be grandfathered and capped at 25% of the premium rates that were in effect on December 31, 2016.
- b. Payments for waiver of coverages will be made in two (2) annual installments. The first payment will be made in December of the school year in which coverage is waived, and the second payment will be made in June of the school year in which

coverage is waived.

- c. Proof of alternative coverage must be provided in order to receive any of the payments under this plan. Waiver of coverage can be made during the open enrollment periods, and such payment for waiver will be pro-rated regarding the time of coverage.
- d. Such waiver is irrevocable for the plan year unless the employee meets one or more of the criteria of a "Family Status Change," which includes, but is not limited to:
  - Marriage, divorce, or legal separation
  - Death of a spouse or dependent
  - Birth or adoption of a dependent
  - Termination or commencement of participant's or spouse's employment
  - Participant or spouse taking an unpaid leave or absence lasting more than thirty (30) calendar days
  - Participant or spouse having a significant change in health coverage due to spouse's employment
  - Ineligibility of a dependent
  - Bankruptcy court order
- e. Employees may elect to opt out of either or all health benefits, prescription, or dental coverage. (Effective June 1, 2017).



**ARTICLE XIII**

**SALARY**

13:1 Salary Guides

Part-Time Hourly Rate

STEP	Present 2015-2016	Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019
1	\$ 12.10	\$ 12.10	\$ 12.10	\$ 12.10
2	\$ 12.15	\$ 12.15	\$ 12.15	\$ 12.15
3	\$ 12.20	\$ 12.20	\$ 12.20	\$ 12.20
4	\$ 12.30	\$ 12.30	\$ 12.30	\$ 12.30
5	\$ 12.50	\$ 12.40	\$ 12.40	\$ 12.40
6	\$ 12.55	\$ 12.55	\$ 12.55	\$ 12.50
7	\$ 12.83	\$ 12.70	\$ 12.70	\$ 12.72
8	\$ 12.95	\$ 12.95	\$ 12.95	\$ 12.85
9	\$ 13.40	\$ 13.20	\$ 13.15	\$ 13.05
10	\$ 13.93	\$ 13.75	\$ 13.55	\$ 13.45
11	\$ 14.90	\$ 14.70	\$ 14.50	\$ 14.00
12	\$ 16.50	\$ 16.15	\$ 15.60	\$ 15.30
13	\$ 19.15	\$ 19.32	\$ 17.50	\$ 16.55
14			\$ 19.50	\$ 18.50
15				\$ 19.70

**Full-Time (6-hour) Annual**

STEP	<u>2015-2016</u>	<u>2016-2017</u>	<u>2017-2018</u>	<u>2018-2019</u>
1	\$ 13,800.00	\$ 13,800.00	\$ 13,800.00	\$ 13,800.00
2	\$ 13,900.00	\$ 13,900.00	\$ 13,900.00	\$ 13,900.00
3	\$ 14,000.00	\$ 14,000.00	\$ 14,000.00	\$ 14,000.00
4	\$ 14,200.00	\$ 14,200.00	\$ 14,200.00	\$ 14,200.00
5	\$ 14,400.00	\$ 14,250.00	\$ 14,350.00	\$ 14,300.00
6	\$ 14,900.00	\$ 14,900.00	\$ 14,750.00	\$ 14,900.00
7	\$ 15,300.00	\$ 15,150.00	\$ 15,000.00	\$ 15,300.00
8	\$ 16,000.00	\$ 15,850.00	\$ 15,750.00	\$ 16,000.00
9	\$ 16,400.00	\$ 16,160.00	\$ 16,000.00	\$ 16,400.00
10	\$ 17,300.00	\$ 17,050.00	\$ 16,600.00	\$ 17,300.00
11	\$ 18,300.00	\$ 18,075.00	\$ 17,850.00	\$ 17,500.00
12	\$ 19,472.00	\$ 19,200.00	\$ 18,500.00	\$ 18,350.00
13	\$ 21,368.00	\$ 21,560.00	\$ 20,450.00	\$ 20,000.00
14			\$ 21,750.00	\$ 21,100.00
15				\$ 22,000.00

13:2 College Course Lanes/Highly Qualified Test Assessment

<u>30 Hours</u>	<u>60 Hours</u>	<u>90 Hours</u>	<u>120 Hours</u>
\$300.00	\$500.00	\$700.00	\$900.00

Highly qualified/Test Assessment \$ 200.00

13:3 Interpreter/Transliterater position will be placed on full-time paraprofessional guide + \$3,000.00 + lane credits.

Interpreter (Hourly Rate) \$55.00 per hour

14:1 **Inclement Weather Schedule**

When schools are closed due to inclement weather, no employee shall be required to work

**ARTICLE XIV**  
**MISCELLANEOUS**

**14:1 Inclement Weather Schedule**

When schools are closed due to inclement weather, no employee shall be required to work

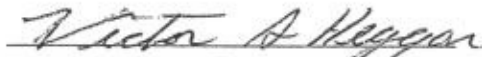
**ARTICLE XV**  
**CONFORMITY TO LAW**

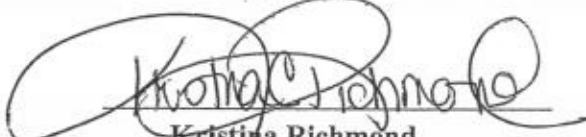
15:1 Should any provision of this Agreement be held or determined by any court or agency having jurisdiction to be invalid or unenforceable, then same shall not invalidate the other provisions hereof that are servable therefrom.

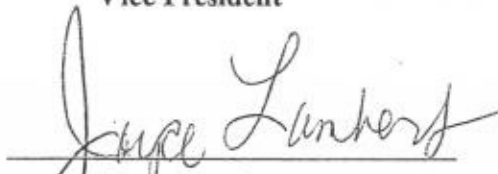
**ARTICLE XVI**  
**DURATION**

16:1 This Agreement shall commence on July 1, 2016 and shall conclude on June 30, 2019.

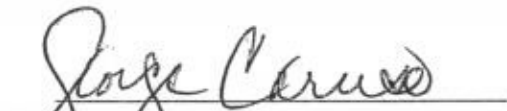
**MONROE TOWNSHIP  
FEDERATION OF TEACHERS/  
PARAPROFESSIONALS**

  
\_\_\_\_\_  
Victor Heggan  
President


  
\_\_\_\_\_  
Kristina Richmond  
Vice President

  
\_\_\_\_\_  
Joyce Lambert  
Negotiations Chairperson

**MONROE TOWNSHIP  
BOARD OF EDUCATION**

  
\_\_\_\_\_  
George Caruso  
President

  
\_\_\_\_\_  
Lisa Schulz  
Board Administrator/  
Board Secretary

  
\_\_\_\_\_  
George Caruso  
Negotiations Chairperson

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## DIRECT ACCESS DESIGN 10 Monroe Township BOE #86322

Benefit	In-Network	Out-of-Network
<b>Benefit Period</b>	Calendar year	
<b>Deductible</b>		
Individual	None	\$2,000
Family	None	Two deductibles per family
	Deductible is Calendar year.	
<b>Coinsurance</b>	100%	60%
<b>Maximum Out of Pocket</b>		
Individual	\$4,000	
Family	\$8,000	
[Split] [Consolidated] Maximum Out of Pocket is Calendar year. The deductible, coinsurance, [prescription], 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 \$30 copay A primary care physician is a general or family practitioner, internist or pediatrician	60% after deductible
Specialist Office Visit	100% after \$30 copay A referral is not required to visit a specialist.	60% after deductible
Maternity Visits	100% after \$30 copay Copay applies to 1st visit only Dependent children are ineligible for Maternity/Obstetrical Benefits.	60% after deductible
Allergy Testing and Treatment	100%	60% after deductible
<b>Preventive Care</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	60% (no deductible)
Well Child Exams	100%	60% (no deductible)
Well Child Immunizations and Lead Screening	100%	60% (no deductible)
<b>Diagnostic Procedures</b>		
Laboratory	100% in office or Labcorp 100% in Outpatient facility	60% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	60% 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 eviCore healthcare at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare 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 healthcare replace the need for a paper referral.		
<b>Hospital Care</b>		
Inpatient Admission (including maternity)	100% after \$100 copay	60% after deductible and \$100 copay
Room and Board	100%	60% after deductible
Pre-admission Testing	100%	60% after deductible
Surgery in Hospital	100%	60% after deductible
Inpatient Physician Services	100%	60% after deductible
Outpatient Dept. Services	100%	60% after deductible
<b>Emergency Care</b>		
Emergency Room	100% after \$50 facility copayment Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100%	60% after deductible



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 Monroe Township BOE #86322***

<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

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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Benefit	In-Network	Out-of-Network
<b>Benefit Period</b>	Calendar year	
<b>Deductible</b>		
Individual	None	\$2,000
Family	None	Two deductibles per family
	Deductible is Calendar year.	
<b>Coinsurance</b>	100%	60%
<b>Maximum Out of Pocket</b>		
Individual	\$4,000	
Family	\$8,000	
<p>[Split] [Consolidated] Maximum Out of Pocket is Calendar year. The deductible, coinsurance, [prescription], 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.</p>		
<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 \$30 copay A primary care physician is a general or family practitioner, internist or pediatrician	60% after deductible
Specialist Office Visit	100% after \$30 copay A referral is not required to visit a specialist.	60% after deductible
Maternity Visits	100% after \$30 copay Copay applies to 1st visit only Dependent children are ineligible for Maternity/Obstetrical Benefits.	60% after deductible
Allergy Testing and Treatment	100%	60% after deductible
<b>Preventive Care</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	60% (no deductible)
Well Child Exams	100%	60% (no deductible)
Well Child Immunizations and Lead Screening	100%	60% (no deductible)
<b>Diagnostic Procedures</b>		
Laboratory	100% in office or Labcorp 100% in Outpatient facility	60% after deductible
Outpatient X-ray/Radiology Services	100% in office 100% in Outpatient facility	60% after deductible
<p>CTACTA 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 healthcare at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare 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 eviCore healthcare replace the need for a paper referral.</i></p>		
<b>Hospital Care</b>		
Inpatient Admission (including maternity)	100% after \$100 copay	60% after deductible and \$100 copay
Room and Board	100%	60% after deductible
Pre-admission Testing	100%	60% after deductible
Surgery in Hospital	100%	60% after deductible
Inpatient Physician Services	100%	60% after deductible
Outpatient Dept. Services	100%	60% after deductible
<b>Emergency Care</b>		
Emergency Room	100% after \$50 facility copayment Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100%	60% after deductible





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<b>Outpatient Surgery</b>		
Hospital Outpatient Surgery	100% after \$100 copay	60% after deductible
Surgery in an Ambulatory SurgiCenter	100% after \$100 copay	60% 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 \$100 copay	60% after deductible and \$100 copay
Outpatient department	100%	60% after deductible
Office setting	100% after office copayment	60% after deductible
<b>Substance Abuse Services</b>		
Inpatient	100% after \$100 copay	60% after deductible and \$100 copay
Outpatient department	100%	60% after deductible
Office setting	100% after office copayment	60% after deductible
<b>Alcohol Abuse Services</b>		
Inpatient	100% after \$100 copay	60% after deductible and \$100 copay
Outpatient department	100%	60% after deductible
Office setting	100% after office copayment	60% after deductible
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>		
Acupuncture	100% after office copayment	60% after deductible
Bariatric Surgery	100%	60% after deductible
Diabetic Education	100% after office copayment	60% after deductible
Diabetic Supplies	100%	60% after deductible
Durable Medical Equipment	100%	60% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after office copayment	60% after deductible
Home Health Care	100%	60% after deductible up to 100 visits
Hospice Care	100%	60% after deductible
Infertility (including in-vitro fertilization)	100% after office copayment	Limited to 4 egg retrievals per lifetime 60% after deductible
Physical Rehabilitation Facility Inpatient Services	100%	Limited to 60 days per benefit period 60% after deductible
Private Duty Nursing	100%	Limited to 30 visits per benefit period (8-hour shifts) 60% after deductible
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after office copayment	30 visit maximum per therapy, per benefit period 60% after deductible Note: If specialist copay is higher than PCP copay, the lower copay will apply to short-term therapies. Also, if PCP copay is \$30, the STT copay will default to \$20.
Skilled Nursing Facility/Extended Care Center	100%	Limited to 100 days per benefit period 60% after deductible Limited to 60 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after office copayment	25 visit maximum per benefit period 60% after deductible
Vision - Routine Eye Exam	100% after \$30 copay	60% after deductible
Vision Hardware	\$50 in a 2 calendar year period	
<b>Prescription Drugs</b>	Covered under 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 the age 31.	
<b>Pre-Existing Conditions*</b>	Not applicable	
<b>Grandfathered</b>	Not applicable	



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<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

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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## HORIZON POS DESIGN 6 Monroe Township BOE #86322

Benefit	In-Network	Out-of-Network
<b>Benefit Period</b>	Calendar year	
<b>Deductible</b>		
Individual	None	\$2,000
Family	None	Two deductibles per family
	Deductible is Calendar year.	
<b>Coinsurance</b>	80%	60%
	Note: In-network Hospital/Facility and PCP services, and ALL Pre-admission testing are covered at 100%.	
<b>Maximum Out of Pocket</b>		
Individual	\$2,000	\$3,000
Family	\$4,000	\$7,500
	[Split] Consolidated Maximum Out of Pocket is Calendar year. The deductible, coinsurance, prescription, 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>	Required	
<b>Doctor's Office Visits</b>		
Primary Care Office Visit	100% after \$5 copay A primary care physician is a general or family practitioner, internist or pediatrician	60% after deductible
Specialist Office Visit	100% after \$5 copay A referral is required to visit a specialist.	60% after deductible
Maternity Visits	100% after \$5 copay Copay applies to 1st visit only Dependent children are ineligible for Maternity/Obstetrical Benefits.	60% after deductible
Allergy Testing and Treatment	100% Copay only applies when an office visit is billed	60% after deductible
<b>Preventive Care</b>		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	60% (no deductible)
Well Child Exams	100%	60% (no deductible)
Well Child Immunizations and Lead Screening	100%	60% (no deductible)
<b>Diagnostic Procedures</b>		
Laboratory	100% when rendered by PCP or Labcorp 100% when rendered by a specialist (office) 100% in Outpatient facility	60% after deductible
Outpatient X-ray/Radiology Services	100% when rendered by PCP 100% when rendered by a specialist (office) 100% in Outpatient facility	60% 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 eviCore Healthcare at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore Healthcare 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 Healthcare replace the need for a paper referral.		
<b>Hospital Care</b>		
Inpatient Admission (including maternity)	100%	60% after deductible
Room and Board	100%	60% after deductible
Pre-admission Testing	100%	100%
Surgery in Hospital	100%	60% after deductible
Inpatient Physician Services	100%	60% after deductible
Outpatient Dept. Services	100%	60% after deductible



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<b>Emergency Care</b>	100% after \$50 facility copayment	
<b>Emergency Room</b>	Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
<b>Ambulance</b>	80%	60% after deductible
<b>Outpatient Surgery</b>		
<b>Hospital Outpatient Surgery</b>	100%	60% after deductible
<b>Surgery in an Ambulatory SurgiCenter</b>	100%	60% 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>		
<b>Inpatient</b>	100%	60% after deductible
<b>Outpatient department</b>	100%	60% after deductible
<b>Office setting</b>	100% after \$5 copay	60% after deductible
<b>Substance Abuse Services</b>		
<b>Inpatient Substance Abuse</b>	100%	60% after deductible
<b>Outpatient department</b>	100%	60% after deductible
<b>Office setting</b>	100% after \$5 copay	60% after deductible
<b>Alcohol Abuse Services</b>		
<b>Inpatient</b>	100%	60% after deductible
<b>Outpatient department</b>	100%	60% after deductible
<b>Office setting</b>	100% after \$5 copay	60% after deductible
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 office copayment	60% after deductible
<b>Bariatric Surgery</b>	100%	60% after deductible
<b>Diabetic Education</b>	100% after \$5 copay for PCP and 100% after \$5 copay for specialists	60% after deductible
<b>Diabetic Supplies</b>	80%	60% after deductible
<b>Durable Medical Equipment</b>	80% after deductible	50% after deductible
<b>Orthotics and Prosthetics (Per NJ mandate)</b>	100% after \$5 copay	60% after deductible
<b>Home Health Care</b>	80%	60% after deductible up to 100 visits
<b>Hospice Care</b>	80%	60% after deductible
<b>Infertility (including in-vitro fertilization)</b>	100% after \$5 copay for PCP and 100% after \$5 copay for specialists 100% in outpatient facility	60% after deductible
<b>Physical Rehabilitation Facility Inpatient Services</b>	100%	60% after deductible
<b>Private Duty Nursing</b>	80%	60% after deductible
<b>Short-term Therapies: Physical, Occupational, Speech, Respiratory</b>	100% after office copayment 30 visit maximum per therapy, per benefit period	60% after deductible
<b>Skilled Nursing Facility/Extended Care Center</b>	80% Limited to 100 days per benefit period	60% after deductible Limited to 60 days per benefit period
<b>Therapeutic Manipulation (Chiropractic Care)</b>	100% after office copayment 25 visit maximum per benefit period	60% after deductible
<b>Vision - Routine Eye Exam</b>	100% after \$5 copay	60% after deductible
<b>Vision Hardware</b>	\$50 in a 2 calendar year period	
<b>Prescription Drugs</b>	Covered under freestanding program	



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<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>Grandfathered</b>	Not applicable
<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> .
<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.

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