

# WORCESTER PUBLIC SCHOOLS



HELEN A. FRIEL, Ed.D.  
ASSISTANT TO THE SUPERINTENDENT/  
CLERK OF THE SCHOOL COMMITTEE

DR. JOHN E. DURKIN ADMINISTRATION BUILDING  
20 IRVING STREET  
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November 22, 2016

Mr. Robert Stearns  
City Auditor  
City Hall, Main Street  
Worcester, MA 01608

Dear Mr. Stearns:

At the School Committee meeting that was held on Thursday, November 17, 2016, the following motion was made:

Pursuant to action taken in Executive Session, it was moved to ratify the Memorandum of Agreement between the Worcester School Committee and the Plumbers and Steamfitters, effective July 1, 2016 through June 30, 2017.

On a roll call of 7-0, the item was approved.

Attached please find a fully executed copy of the Memorandum of Agreement between the Worcester School Committee and the Plumbers and Steamfitters.

If you have any questions, please feel free to contact this office.

Sincerely,

Helen A. Friel, Ed.D.  
Assistant to the Superintendent/  
Clerk of the School Committee

HAF/tlg  
Enc.

cc: Superintendent Binienda  
Mr. Allen  
Ms. Boulais  
Mr. Brophy

## **MEMORANDUM OF AGREEMENT**

The Worcester School Committee and the IUPE Local #125, Plumbers and Steamfitters, agree to the following specific modifications to the Collective Bargaining Agreement between the Parties. Unless specifically modified herein, the terms and conditions of the collective bargaining agreement covering the periods from July 1, 2013 through June 30, 2016 shall remain in effect with the following amendments:

1. **ARTICLE IV SALARY and SALARY SCHEDULES.** In consideration of the health insurance changes described herein at Paragraph 4, the following increases to all steps on the salary schedule shall be made on the following dates:
  - A. Effective retroactive to July 1, 2016: One (1%) Percent Increase ; and
  - B. Effective on January 1, 2017: One (1%) Percent Increase.
2. **SALARY SCALE.** In partial consideration of the health insurance design changes described herein at Paragraph 4, the License Stipend shall be increase from \$6.00 to \$8.00 retroactive to July 1, 2016.
3. **ARTICLE VIII SICK LEAVE.** Paragraph 2. Change "five (5) sick days" to "ten (10) sick days".
4. **HEALTH INSURANCE.**

The Union agrees the City can make the following changes in the City's Health Insurance without any further bargaining by the City or the School Dept., with the Union, as follows:

- (a) Health insurance deductibles for all plans to be increased from \$250/\$750 to \$500/\$1,000 effective July 1, 2016.
- (b) Effective December 1, 2016, or as soon as practicable thereafter, prescription drug co-pays and coverage changes for all plans as follows:
  - (i) To increase the 2<sup>nd</sup> tier of prescription co-pays from \$25 to \$30;
  - (ii) To increase the 3<sup>rd</sup> tier of prescription co-pays from \$45 to \$60;
  - (iii) To require mandatory mail order refills on all maintenance prescriptions.
- (c) Effective December 1, 2016, or as soon as practicable thereafter, increase the co-pays for PCP office visits for all tiers by \$5.00.

- (d) Effective December 1, 2016, or as soon as practicable thereafter, increase the co-pays for specialist office visits up to a maximum not to exceed \$50.00.
- (e) Effective December 1, 2016, or as soon as practicable thereafter, increase the ER copay to \$150.00 per visit.
- (f) Effective December 1, 2016, or as soon as practicable thereafter, increase the Inpatient Hospital Copay to a maximum not to exceed \$1,000.00 for each plan.
- (g) Effective December 1, 2016, or as soon as practicable thereafter, increase the Outpatient Hospital Copay to a maximum of \$750.00 for each plan.

The Union further agrees that the City Health Insurance Authority shall be authorized to take such other action as may be necessary to carry out the above changes.

See attached Health Plans Benefit Summary for information purposes.

**5. ARTICLE XXIII HEALTH INSURANCE.**

- a. Replace obsolete language and references with the following language: "The City shall make available group health insurance to all bargaining unit employees, as procured pursuant to G.L. c. 32B, and subject to applicable statutory provisions governing the procedure for determining plan options and plan design. The City shall contribute 75% of the premium or cost of all plans offered and the subscriber shall pay the remaining 25%, except in the case of employees who participate in an indemnity plan, in which case the City will contribute 60% of the premium and the employee will contribute 40%.

Within its open enrollment periods, the City agrees to offer all employees of the bargaining unit the opportunity to participate in the City's so-called Cafeteria Plan under the provisions of the Internal Revenue Code Section 125."

- b. Remove references to specific health insurance carriers and specific plan designs.
- c. Update Paragraph D to incorporate changes and consideration identified herein.

**6. ARTICLE XXVIII DURATION.** The Parties have agreed to a contract duration of one year from July 1, 2016 through June 30, 2017.

7. **Integrated Contract Document.** The Parties agree that in the event of a ratification of this Memorandum of Agreement by all Parties, the Parties will cooperate in the preparation of a fully integrated collective bargaining agreement reflecting the changes contained in this Memorandum of Agreement.
8. This Agreement is subject to ratification by the Union and ratification and funding by the School Committee.

For the Union:

Thomas J. Clark

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Dated:

11/17/16

For the School Committee:

Mally McCully

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John Monfredo

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Donna Glaz

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Blaine L. Sanchez

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Brian A. D. Connell

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Dated:

# NEW SETTLED PLAN DESIGN EFFECTIVE OCTOBER 1, 2016

BENEFIT	CITY OF WORCESTER DIRECT	CITY OF WORCESTER ADVANTAGE		BCBS NETWORK BLUE NEW ENGLAND	BCBS BLUE CARE ELECT PREFERRED Those Residing out of New England only	
		Tier 1	Tier 2		In Network	Out of Network
Deductible	\$400 Ind/\$800 Fam	\$500 Ind/\$1,000 Fam		\$500 Ind/\$1,000 Fam	\$500 Ind/\$1,000 Fam	
Wellness Visit	\$0	\$0		\$0	\$0	20% co-insurance after deductible
PCP Office Visit	\$20	\$20	\$25	T1: \$20 T2: \$30 T3: \$40	\$40	20% co-insurance after deductible
Specialist Visit	\$35	\$40	\$50	\$50	\$50	20% co-insurance after deductible
Prescriptions	Retail - \$10/\$30/\$60 30-Day Supply **Mail-away - \$25/\$75/\$180 90-Day Supply	Retail - \$10/\$30/\$60 30-Day Supply **Mail-away - \$25/\$75/\$180 90-Day Supply		Retail - \$10/\$30/\$60 30-Day Supply **Mail-away - \$25/\$75/\$180 90-Day Supply	Retail - \$10/\$30/\$60 30-Day Supply **Mail-away - \$25/\$75/\$180 90-Day Supply	
Inpatient Hospital	\$275 after deductible	\$275 after deductible	\$750 after deductible	T1: \$275 T2: \$500 T3: \$1,000 after deductible	10% co-insurance after deductible	30% co-insurance after deductible
Outpatient Surgery	\$250 after deductible	\$250 after deductible	\$500 after deductible	Surgical day care facility - T1: \$250 T2: \$250 T3: \$750 Ambulatory surgical facility - \$150 after deductible	Office setting \$35 Ambulatory surgical facility - \$500 per admit after deductible	20% co-insurance after deductible
Diagnostic Services Lab, X-ray, etc.	Covered in full after deductible	Covered in full after deductible		Covered in full after deductible	10% co-insurance after deductible	30% co-insurance after deductible
CT scans, MRIs, PET scans Hospital Setting	\$50 (non-hospital setting) or \$100 (hospital setting) for MRIs, PET, and CT scans after deductible	\$50 (non-hospital setting) or \$100 (hospital setting) for MRIs, PET, and CT scans after deductible		T1: \$100 T2: \$100 T3: \$500 after deductible	10% co-insurance after deductible	30% co-insurance after deductible
Short-term Rehab: Outpatient, OT, PT	\$20 co-pay 60 visits per plan year after deductible	\$25 co-pay 60 visits per plan year after deductible		\$50 co-pay 60 visits per CY	\$40 co-pay 100 visits per CY no deductible	20% co-insurance 100 visits per CY after deductible
Skilled Nursing	Covered in full Up to 100 days per plan year after deductible	Covered in full Up to 100 days per plan year after deductible		Covered in full Up to 100 days per CY	10% co-insurance Up to 100 days per CY after deductible	30% co-insurance Up to 100 days per CY after deductible
Chiropractor	\$20 co-pay 12 visits per plan year	\$25 co-pay 12 visits per plan year		\$50 co-pay	\$50 co-pay	20% co-insurance after deductible
Outpatient Mental Health	\$20 co-pay	\$20 co-pay		\$20 co-pay	\$40 co-pay	20% co-insurance after deductible
Durable Medical Equipment (wheelchairs, crutches, etc.)	20% co-insurance after deductible	20% co-insurance after deductible		20% co-insurance	20% co-insurance	40% co-insurance after deductible
ER Visit - Waived if Admitted	\$150	\$150		\$150	\$150	\$150
Ambulance	Covered in full if medically necessary or when ordered by a physician after deductible	Covered in full if medically necessary or when ordered by a physician after deductible		Covered in full if medically necessary or when ordered by a physician no deductible	For emergency : 10% co-insurance no deductible  Medical necessary: 10% co-insurance after deductible	For emergency: 10% co-insurance no deductible  Medically necessary: 30% co-insurance after deductible
Out of Pocket Maximum	\$5,000 Ind/\$10,000 Fam - Med \$2,000 Ind/\$4,000 Fam - Rx	\$5,000 Ind/\$10,000 Fam - Med \$2,000 Ind/\$4,000 Fam - Rx		\$5,000 Ind/\$10,000 Fam - Med \$2,000 Ind/\$4,000 Fam - Rx	\$5,000 Ind/\$10,000 Fam - Med \$2,000 Ind/\$4,000 Fam - Rx	

\*Listed plan designs are subject to changes by the authority of the City Manager when applicable. This is a brief summary of some of the benefits offered. Additional details can be found in the complete plan descriptions.

\*\*Mandatory mail-away for maintenance drugs, or 90-day at retail for maintenance drugs; however, only allowed at CVS pharmacies.

11/1/2016