

**Sparrow's Last Best Final Offer Summary -- November 15, 2010**  
**For Actual Language See Attached**

**Staffing**

Sparrow has agreed to improve staffing on some of the nursing units and maintain staffing at the 2010 levels on other nursing units. Those units include Medical Rehab, Behavioral Health (Geri, Adult, ICA and Substance Abuse), Stepdown Units, Med-Surg Units, Intensive Care Units, Pediatrics, RNICU, Mother Baby, Labor & Delivery, OB Special Care, Emergency Departments, OR, and PACU. But they do not want to commit to having the additional staff until September 2011. We understand there is a need to give Sparrow time to hire more staff, but they should be able to hire enough staff by April 2011 if an effort is made. Additionally, Sparrow will not commit to maintain the 2010 staffing guidelines beyond those listed units; they will only commit to the 2004 levels. While Sparrow's patient volume has increased so has the workload for all departments. The PECSH/MNA bargaining team is very concerned that Sparrow will reduce staffing in other departments in order to fund the negotiated increases. Sparrow's proposed changes in the staffing article can affect every PECSH member. Sparrow has proposed to increase the staffing penalty in September for the above referenced units, but not for any other departments/units. The PECSH bargaining team believes all departments should be held to the same penalty to ensure proper staffing.

**Health Insurance**

Sparrow is proposing increases to the BCBS out of pocket/deductibles. Sparrow is proposing changes to the deductibles and some co-pays for PHP. For SPHN Sparrow is proposing to increase the premium to 8% in January 2011 and 10% in January 2012. Additionally, there are multiple co-pay increases (office visits, rehab visits, ER visits, prescriptions) and deductibles are doubling (\$3600 single/\$7200 family). We understand that healthcare costs are going up, but we do not think members should have to pay more money for a lesser health plan, so we proposed to increase the SPHN premiums to 8% for all three years of the agreement, and we are proposing no other changes to the health insurance plans. Sparrow's proposal negatively affects approximately 2000 members-- every member who takes health insurance is affected.

**Retirement**

In the most recent offer from Sparrow, they agreed not to change the Defined Benefit Plan for employees who are 60 who retire by 2015, but the new formula would be used for everybody else who is under age 60. Examples of how this affected some members have been shared in membership meetings, newsletters and at the strike vote; nothing has changed in the new formula. This negatively affects over 1100 members.

**Administrative Absences (AA)**

Sparrow is proposing to change the Administrative Absences article to have nurses take up 48 hours off without pay. A nurse who makes \$35/hour could lose up \$1680/year. We are concerned that Sparrow will AA a nurse and as census increases during a shift there will not be enough staff to take care of the patients.

### **Wages**

The parties are very close to an agreement on wages. The only differences are that we are proposing an additional .5% general increase in year 3 of the contract and a 1% bonus (similar to longevity) for those few employees who do not receive progression increases and do not qualify for longevity. These contract negotiations have never been about wages, and our last proposal to Sparrow demonstrates that.

### **Longevity**

Sparrow is not going to take away longevity. However, because they added an additional step, each year, to the nurses step system, no clinical registered nurse, clinical instructor, clinical nurse educator, or nurse clinician will receive a longevity bonus during the term of this agreement.

### **Critical Care Differential**

They decided not to take critical care differential away.

Employer

MST  
11/15/10

10am

**ARTICLE 62**  
**STAFFING**

**Section 62.1 Staffing Levels. The Employer will use its best efforts to staff units as set forth in Appendix A as expeditiously as possible and no later than the first full pay period that includes September 1, 2011. Until Appendix A is implemented, the Employer agrees to maintain current staffing levels at a minimum. When Appendix A is implemented, the Employer will staff units according to Appendix A. The Employer commits to maintain the number of RNs and number of PCTs or other identified support staff as set forth on the grids in Appendix A. The "RN Assignment" column is provided for illustrative purposes only. The Employer agrees to maintain current staffing levels based upon 1999 budgeted hours per patient day except for the Intermediate Care Units which will be at 8.4 HPPD and PICU will be at 16.5 HPPD, based on the 2004 MOU, or the staffing plan on file as of November 1, 2004 for those areas that do not staff according to budgeted hours per patient day provided there has been agreed upon changes since 1999. For units/departments not listed in Appendix A, the Employer agrees to maintain staffing levels based on the staffing plans, ~~volume adjusted by unit of service~~, on file as of November 1, 2004. For all units/departments not included in Appendix A, the Employer will provide PECSH the budgeted staffing levels for each unit/department by January 31 each year.**

To ensure adequate numbers of staff in a unit/department, the Employer will not count the Assistant Department Managers in the daily RN staffing numbers on the inpatient units on a routine basis. It is recognized that the Assistant Department Manager may perform direct patient care duties to provide for staffing flexibility within each shift's scheduling to accommodate unpredictable variations in patient volume, acuity and resulting workload, to assist with coverage for breaks and meal periods, to relieve nurses who participate on workplace committees and those that need to complete their competencies.

In a mutual commitment to quality patient care, PECSH leadership, the staffing sub-committee co-chairs and the Employer leadership/management will meet **quarterly to mutually determine new staffing guidelines if it becomes necessary to change a unit's/department's guidelines.** yearly to review the staffing guidelines and the daily staffing levels. All Managers will submit staffing guidelines by January 5 of each year to the Mutual Gains Committee (MGC) for review and update. If a Manager fails to do so, the Manager/Director/Vice President will attend the January MGC meeting to explain the reasons for the delay.

The Union recognizes that factors beyond the Employer's control, such as call-ins and unexpected fluctuations in census or acuity, may affect current staffing levels.

The Employer and the Union acknowledge that changes in the health care delivery system have and will continue to occur, and consequently, it is not possible to guarantee that current staffing levels will remain unchanged. If significant modifications to current staffing levels become necessary, the Employer will discuss the matter with the Union prior to making such modifications.

The Employer and the Union agree that concerns or disputes regarding staffing levels and overtime, call in (emergency call in and worked on call) and agency hours will be addressed. The Mutual Gains Committee will review on a monthly basis the overtime, call in and agency hours for each unit-refer to Article 46.1(b).

**The Employer will post the agreed-upon staffing guidelines for each unit/department in a conspicuous place within that unit/department.**

To reduce the current level of call in hours worked and excessive overtime (in certain units), the Employer agrees to add certain FTEs to basic staffing for nursing units as set forth below.

Cost Center	Department Name	FTE's*
6020	Surgical Specialties	1.4
6018	Med/Surg Float	1.4
6023	CPCU	1.7
6024	NCU	1.8
6029	Women's Pavilion	3.9
6031	Ortho/Neuro	0.2
6032	NSDU	0.9
6035	Medical Intermediate	1.1
6038	Stroke	1.2
6039	CSDU	2.4
6085	Mother Baby	1.7
6120	ICU	1.7
6123	RNICU	2.4
6140	CCU	1.4
6192	L&D	1.3
6231	ED	5
6019	CC Float	5

\*The parties recognize that these additional FTEs added to basic staffing are based on a conversion of premium pay hours to regular rate hours; these FTEs do not represent additional hours of work but are intended to be regular scheduled hours/positions.

**Section 62.2 Staffing Concern Procedure.** If an **bargaining unit** employee believes that their unit or department is short-staffed as of the beginning of their shift based on the staffing levels set forth above in **Section 62.1**, the employee will promptly inform the Assistant Department Manager, Manager or Administrative Supervisor verbally, who will investigate the matter and correct any existing staffing shortage to the extent possible. The employee will also document the short staffing concern and send copies to the Nursing Office where applicable, PECSH, and the Manager. The Employer will make every effort to resolve staffing shortages beyond its control, but if it is unable to do so, the staffing incentives set forth below do not apply.

If the Employer fails to correct a staffing shortage within eight hours of the start of the employee's shift, it will contribute \$200 per such understaffed unit or department per day to the unit or department to be used as the employees within the unit or department decide for the benefit of the unit or department and/or its members. **Upon implementation of Appendix A and only for those units listed in Appendix A, the Employer will contribute \$200 per each consecutive 4 hour period (up to \$1,200 in a 24-hour period) in which a unit is understaffed. The staffing incentive is to be used as the employees decide for the benefit of the unit/department and/or its members, to include float team members who worked on the unit/department during the shortage. This penalty applies to those units/departments identified in Appendix A and will take effect the first full pay period that includes September 1, 2011.** If the Employer has used its best efforts to correct a staffing shortage and it becomes necessary for an Assistant Department Manager to take a full patient assignment to correct the staffing shortage and to meet the required staffing number, the staffing shortage contribution will not apply. If a unit or department has been assessed the short staffing fine five

times in a calendar month, the following shall meet to bring such unit or department into compliance. These individuals shall meet within five days.

1. Chief Operating Officer
2. V.P. Human Resources or Director, LAR
3. V.P. for Division, or designee
4. Department Director
5. Department Manager
6. Management and MNA Staffing Subcommittee Representatives
7. MNA Labor Relations Representative
8. Staff Council President/Chairperson(s) or designee(s)
9. Staff Member of Mutual Gains Committee
10. Staff Member from the Unit or Department

At monthly MGC meetings, the Staffing Subcommittee will report on the staffing concerns received and the results of their review. If the joint Staffing Subcommittee identifies staffing trends that are unable to be resolved with the Manager, the concerns will be taken to the Vice-President.

**Maintain current language for the remainder of the Article**

07-10  
10am  
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W

Department:	Staffing Guidelines	No Fewer Than
Labor & Delivery Triage	1 RN to 1 Patient in active labor (1:1 assignments based on 2010 AWHONN guidelines) 1 RN for 3 Patients	5 RN's on unit, 1 PCT/HUC and 1 Surg Tech 1 PCT/HUC
Nursery	1 RN for 3 Babies - Per AWHONN guidelines	1 RN on unit 1 PCT/LPN on unit
OB Special Care	1 RN for 4 Patients	2 RN's on unit 1 PCT/HUC at a census of 6 and above on days 1 PCT/HUC at a census of 7 and above on nights
Emergency Department	Average of 1 RN for 3 Patients	15 RN's at Sparrow (including Peds) 8 EMT's at Sparrow (including Peds) - 24/7 3 RN's at St. Lawrence 1 EMT at St. Lawrence - 24/7
<b><u>Surgical Services:</u></b>		
OR Main	1 RN in each open room (additional RN for Neuro & CVT) 1 Holding RN, 1 Facilitating RN, 1 Relief RN for every 4 OR's in operation each business day	
OR St. Lawrence	1 RN in each open room	
PACU Main & St. Lawrence	1 RN for 2 patients - per ASPAN Standards apply	12 RN's each business day

Medical Rehabilitation

DAYS 7a to 3p			
CENSUS	RN	PCT	RN Assignment
10	2	1	5,5
11	3	1	4,4,3
12	3	1	4,4,4
13	3	1	5,4,4
14	3	1	5,5,4
15	3	1	5,5,5
16	4	1	4,4,4,4
17	4	2	5,4,4,4
18	4	2	5,5,4,4
19	4	2	5,5,5,4
20	4	2	5,5,5,5
21	5	2	5,4,4,4,4
22	5	2	5,5,4,4,4
23	6	2	4,4,4,4,4,3
24	6	2	4,4,4,4,4,4

AFTERNOONS 3p - 7P			
CENSUS	RN	PCT	RN Assignment
10	2	1	5,5
11	3	1	4,4,3
12	3	1	4,4,4
13	3	1	5,4,4
14	3	1	5,5,4
15	3	2	5,5,5
16	3	2	6,5,5
17	4	2	5,4,4,4
18	4	2	5,5,4,4
19	4	2	5,5,5,4
20	4	2	5,5,5,5
21	5	2	5,4,4,4,4
22	5	2	5,5,4,4,4
23	6	2	4,4,4,4,4,3
24	6	2	4,4,4,4,4,4

EVENINGS 7p to 11p			
CENSUS	RN	PCT	RN Assignment
10	2	1	5,5
11	2	1	6,5
12	2	1	6,6
13	3	1	5,4,4
14	3	1	5,5,4
15	3	1	5,5,5
16	3	1	6,5,5
17	3	1	6,6,5
18	4	1	5,5,4,4
19	4	1	5,5,5,4
20	4	2	5,5,5,5
21	4	2	6,5,5,5
22	4	2	6,6,5,5
23	5	2	5,5,5,4,4
24	5	2	5,5,5,5,4

NIGHTS 11p - 7a			
CENSUS	RN	PCT	RN Assignment
10	2	1	5,5
11	2	1	6,5
12	2	1	6,6
13	2	1	7,6
14	2	1	7,7
15	2	1	8,7
16	2	1	8,8
17	3	1	6,6,5
18	3	1	6,6,6
19	3	2	7,6,6
20	3	2	7,7,6
21	3	2	7,7,7
22	3	2	8,7,7
23	3	2	8,8,7
24	3	2	8,8,8

Behavioral Health - Geri

CENSUS	DAYS 7a to 11p			AFTERNOONS 3p to 11p			NIGHTS 11p - 7a		
	RN	PT	RN Assignment	RN	PT	RN Assignment	RN	PT	RN Assignment
10	2	2	5,5	2	2	5,5	2	1	5,5
11	3	2	4,4,3	3	2	4,4,3	2	1	6,5
12	3	2	4,4,4	3	2	4,4,4	2	1	6,6
13	3	2	5,4,4	3	2	5,4,4	2	2	7,6
14	3	2	5,5,4	3	3	5,5,4	2	2	7,7
15	3	3	5,5,5	3	3	5,5,5	2	3	8,7
16	3	3	6,5,5	3	3	6,5,5	2	3	8,8
17	4	3	5,4,4,4	4	3	5,4,4,4	3	3	6,6,5
18	4	4	5,5,4,4	4	4	5,5,4,4	3	3	6,6,6
19	4	4	5,5,5,4	4	4	5,5,5,4	3	3	7,6,6
20	4	4	5,5,5,5	4	4	5,5,5,5	3	3	7,7,6
21	5	4	5,4,4,4,4	5	4	5,4,4,4,4	3	3	7,7,7
22	5	4	5,5,4,4,4	5	4	5,5,4,4,4	3	3	8,7,7
23	5	4	5,5,5,4,4	5	4	5,5,5,4,4	3	3	8,8,7

Behavioral Health - Adult

CENSUS	DAYS 7a to 3p			AFTERNOONS 3p to 11p			NIGHTS 11p - 7a		
	RN	PT	RN Assignment	RN	PT	RN Assignment	RN	PT	RN Assignment
10	2	2	5,5	2	2	5,5	2	1	5,5
11	2	2	6,5	2	2	6,5	2	1	6,5
12	3	2	4,4,4	2	2	6,6	2	1	6,6
13	3	2	5,4,4	2	2	7,6	2	1	7,6
14	3	2	5,5,4	2	2	7,7	2	1	7,7
15	3	2	5,5,5	3	3	5,5,5	2	2	8,7
16	3	2	6,5,5	3	3	6,5,5	3	2	6,5,5
17	3	3	6,6,5	3	3	6,6,5	3	2	6,6,5
18	3	3	6,6,6	3	3	6,6,6	3	2	6,6,6
19	3	3	7,6,6	3	3	7,6,6	3	2	7,6,6
20	3	3	7,7,6	3	3	7,7,6	3	2	7,7,6
21	4	3	6,5,5,5	4	3	7,7,7	3	2	7,7,7
22	4	3	6,6,5,5	4	3	8,7,7	3	3	8,7,7
23	4	3	6,6,6,5	4	3	8,8,7	3	3	8,8,7
24	4	3	6,6,6,6	4	3	8,8,8	3	3	8,8,8

\* Resource Nurse not included in above rn assignments

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CENSUS	DAYS 7a to 7p				AFTERNOON 3p to 11p				NIGHTS 11p - 7a			
	RN	PT	RN Assignment		RN	PT	RN Assignment		RN	PT	RN Assignment	
1	1	1	1		1	1	1		1	1	1	
2	1	1	2		1	1	2		1	1	2	
3	1	1	3		1	1	3		1	1	3	
4	1	1	4		1	1	4		1	1	4	
5	1	2	5		1	2	5		1	2	5	
6	1	2	6		1	2	6		1	2	6	
7	1	2	7		1	2	7		1	2	7	

Sub-Abuse

CENSUS	DAYS 7a to 3p				AFTERNOONS 3p to 11p				NIGHTS 11p - 7a			
	RN	PT	RN Assignment		RN	PT	RN Assignment		RN	PT	RN Assignment	
1	1	1	1		1	1	1		1	1	1	
2	1	1	2		1	1	2		1	1	2	
3	1	1	3		1	1	3		1	1	3	
4	1	1	4		1	1	4		1	1	4	
5	1	1	5		1	1	5		1	1	5	
6	1	1	6		1	1	6		1	1	6	
7	1	1	7		1	1	7		1	1	7	
8	2	1	4,4		2	1	4,4		2	1	8	
9	2	1	5,4		2	1	5,4		2	1	5,4	
10	2	2	5,5		2	2	5,5		2	2	5,5	
11	2	2	5,6		2	2	5,6		2	2	5,6	
12	2	2	6,6		2	2	6,6		2	2	6,6	
13	2	2	6,7		2	2	6,7		2	2	6,7	
14	2	2	7,7		2	2	7,7		2	2	7,7	

\* Resource Nurse not included in above rn assignments

**Stepdown**

DAYS 7a to 7p			NIGHTS 7p to 7a		
CENSUS	RN	PCT	RN	PCT	RN Assignment
10	4	1	3	1	4,3,3
11	4	1	3	1	4,4,3
12	4	1	4	1	3,3,3,3
13	5	1	4	1	4,3,3,3
14	5	1	4	1	4,4,3,3
15	5	1	5	1	3,3,3,3,3
16	5	1	5	1	4,3,3,3,3
17	6	2	5	1	4,4,3,3,3
18	6	2	5	1	4,4,4,3,3
19	7	2	5	2	4,4,4,4,3
20	7	2	5	2	4,4,4,4,4
21	7	2	6	2	4,4,4,3,3,3
22	8	2	6	2	4,4,4,4,3,3
23	8	2	6	2	4,4,4,4,4,3
24	8	2	6	2	4,4,4,4,4,4
25	8	2	7	2	4,4,4,4,3,3,3
26	9	2	7	2	4,4,4,4,4,3,3
27	9	3	7	2	4,4,4,4,4,4,3
28	9	3	7	2	4,4,4,4,4,4,4
29	10	3	8	2	4,4,4,4,4,3,3,3
30	10	3	8	2	4,4,4,4,4,4,3,3
31	10	3	8	2	4,4,4,4,4,4,4,3
32	11	3	8	2	4,4,4,4,4,4,4,4
33	11	3	9	2	4,4,4,4,4,3,3,3,3
34	11	3	9	2	4,4,4,4,4,4,3,3,4
35	12	4	9	2	4,4,4,4,4,3,3,3,2
36	12	4	9	2	4,4,4,4,4,3,3,3,3
37	12	4	9	2	4,4,4,4,4,3,3,3,4
38	13	4	10	2	4,4,4,4,4,3,3,3,2
39	13	5	10	2	4,4,4,4,4,3,3,3,3
40	13	5	10	2	4,4,4,4,4,3,3,3,3,4
41	14	5	10	2	4,4,4,4,4,3,3,3,3,2
42	14	5	11	3	4,4,4,4,4,4,4,3,3,3
43	14	5	11	3	4,4,4,4,4,4,4,3,3,3,4

DAYS 7a to 7p			NIGHTS 7p to 7a		
CENSUS	RN	PCT	RN	PCT	RN Assignment
10	4	1	3	1	4,3,3
11	4	1	3	1	4,4,3
12	4	1	4	1	3,3,3,3
13	5	1	4	1	4,3,3,3
14	5	1	4	1	4,4,3,3
15	5	1	5	1	3,3,3,3,3
16	5	1	5	1	4,3,3,3,3
17	6	2	5	1	4,4,3,3,3
18	6	2	5	1	4,4,4,3,3
19	7	2	5	2	4,4,4,4,3
20	7	2	5	2	4,4,4,4,4
21	7	2	6	2	4,4,4,3,3,3
22	8	2	6	2	4,4,4,4,3,3
23	8	2	6	2	4,4,4,4,4,3
24	8	2	6	2	4,4,4,4,4,4
25	8	2	7	2	4,4,4,4,3,3,3
26	9	2	7	2	4,4,4,4,4,3,3
27	9	3	7	2	4,4,4,4,4,4,3
28	9	3	7	2	4,4,4,4,4,4,4
29	10	3	8	2	4,4,4,4,4,3,3,3
30	10	3	8	2	4,4,4,4,4,4,3,3
31	10	3	8	2	4,4,4,4,4,4,4,3
32	11	3	8	2	4,4,4,4,4,4,4,4
33	11	3	9	2	4,4,4,4,4,3,3,3,3
34	11	3	9	2	4,4,4,4,4,4,3,3,3
35	12	4	9	2	4,4,4,4,4,3,3,3,2
36	12	4	9	2	4,4,4,4,4,3,3,3,3
37	12	4	9	2	4,4,4,4,4,3,3,3,4
38	13	4	10	2	4,4,4,4,4,3,3,3,2
39	13	5	10	2	4,4,4,4,4,3,3,3,3
40	13	5	10	2	4,4,4,4,4,3,3,3,3,4
41	14	5	10	2	4,4,4,4,4,3,3,3,3,2
42	14	5	11	3	4,4,4,4,4,4,4,3,3,3
43	14	5	11	3	4,4,4,4,4,4,4,3,3,3,4

\*\* The PCT staffing is based on the most favorable PCT census assignment of all Stepdown Units.

**Medical / Surgical - Excluding 5 West Oncology**

DAYS 7a to 7p				NIGHTS 7p to 7a			
CENSUS	RN	PCT	RN Assignment	CENSUS	RN	PCT	RN Assignment
10	3	1	3,3,4	10	3	1	3,3,4
11	3	1	3,4,4	11	3	1	3,4,4
12	3	1	4,4,4	12	3	1	4,4,4
13	4	1	4,3,3,3	13	3	1	5,5,3
14	4	1	4,4,3,3	14	3	1	5,5,4
15	4	2	4,4,4,3	15	4	1	4,4,4,3
16	4	2	4,4,4,4	16	4	1	4,4,4,4
17	5	2	4,4,3,3,3	17	4	1	5,4,4,4
18	5	2	4,4,4,3,3	18	4	2	5,5,4,4
19	5	2	4,4,4,4,3	19	4	2	5,5,5,4
20	5	2	4,4,4,4,4	20	5	2	4,4,4,4,4
21	6	3	4,4,4,3,3,3	21	5	2	5,4,4,4,4
22	6	3	4,4,4,4,3,3	22	5	2	5,5,4,4,4
23	6	3	4,4,4,4,4,3	23	5	2	5,5,5,4,4
24	6	3	4,4,4,4,4,4	24	5	2	5,5,5,5,4
25	7	3	4,4,4,4,3,3,3	25	6	2	5,4,4,4,4,4
26	7	3	4,4,4,4,4,3,3	26	6	2	5,5,4,4,4,4
27	7	3	4,4,4,4,4,4,3	27	6	2	5,5,5,4,4,4
28	7	4	4,4,4,4,4,4,4	28	6	2	5,5,5,4,4,4
29	8	4	4,4,4,4,4,3,3,3	29	6	3	5,5,5,5,5,4
30	8	4	4,4,4,4,4,4,3,3	30	7	3	5,5,4,4,4,4,4
31	8	4	4,4,4,4,4,4,4,3	31	7	3	5,5,5,4,4,4,4
32	8	4	4,4,4,4,4,4,4,4	32	7	3	5,5,5,5,4,4,4
33	9	4	4,4,4,4,4,4,3,3,3	33	7	3	5,5,5,5,5,4,4
34	9	4	4,4,4,4,4,4,4,3,3	34	7	3	5,5,5,5,5,5,4
35	9	4	4,4,4,4,4,4,4,4,3	35	8	3	5,5,5,4,4,4,4,4

\*\* The PCT staffing is based on the most favorable PCT census assignment of all Medical / Surgical Units.

5 West Oncology

DAYS 7a to 7p				NIGHTS 7p to 7a			
CENSUS	RN	PCT	RN Assignment	CENSUS	RN	PCT	RN Assignment
10	3	1	3,3,4	10	3	1	3,3,4
11	3	1	3,4,4	11	3	1	3,4,4
12	3	1	4,4,4	12	3	1	4,4,4
13	4	1	4,3,3,3	13	3	1	5,5,3
14	4	1	4,4,3,3	14	3	1	5,5,4
15	4	1	4,4,4,3	15	4	1	4,4,4,3
16	4	2	4,4,4,4	16	4	1	4,4,4,4
17	5	2	4,4,3,3,3	17	4	1	5,4,4,4
18	5	2	4,4,4,3,3	18	4	2	5,5,4,4
19	5	2	4,4,4,4,3	19	4	2	5,5,5,4
20	5	2	4,4,4,4,4	20	4	2	5,5,5,5
21	6	3	4,4,4,3,3,3	21	5	2	5,4,4,4,4
22	6	3	4,4,4,4,3,3	22	5	2	5,5,4,4,4
23	6	3	4,4,4,4,4,3	23	5	2	5,5,5,4,4
24	6	3	4,4,4,4,4,4	24	5	2	5,5,5,5,4
25	7	3	4,4,4,4,3,3,3	25	6	2	5,4,4,4,4,4
26	7	3	4,4,4,4,4,3,3	26	6	2	5,5,4,4,4,4
27	8	3	4,4,4,3,3,3,3,3	27	<del>6</del> 7	2	5,5,5,4,4,4
28	8	4	4,4,4,4,3,3,3,3	28	<del>6</del> 7	2	5,5,5,5,4,4
29	8	4	4,4,4,4,4,3,3,3	29	<del>6</del> 7	3	5,5,5,5,5,4

# Intensive Care

24/7		CENSUS	RN *	PCT **	RN Assignment
1	2	0.5	1,0		
2	2	0.5	1,1		
3	2	0.5	2,1		
4	3	1	2,1,1		
5	3	1	2,2,1		
6	4	1	2,2,1,1		
7	4	1	2,2,2,1		
8	5	1	2,2,2,1,1		
9	5	1	2,2,2,2,1		
10	6	1	2,2,2,2,1,1		
11	7	1	2,2,2,2,1,1,1		
12	7	2	2,2,2,2,2,1,1		
13	7	2	2,2,2,2,2,2,1		
14	8	2	2,2,2,2,2,2,1,1		
15	9	2	2,2,2,2,2,2,1,1,1		
16	9	2	2,2,2,2,2,2,2,1,1		
17	9	2	2,2,2,2,2,2,2,2,1		
18	10	2	2,2,2,2,2,2,2,2,1,1		

\* ICU staffing may be increased based on patient acuity for example: open hearts, CRRT and major trauma

\*\* PCT/HUC for PICU only

Pediatrics - 5 Foster

DAYS 7a to 7p				NIGHTS 7p to 7a			
CENSUS	RN	PCT	RN Assignment	CENSUS	RN	PCT	RN Assignment
3	2	0	1,2	3	2	0	1,2
4	2	0	2,2	4	2	0	2,2
5	2	0	2,3	5	2	0	2,3
6	2	0	3,3	6	2	0	3,3
7	3	0	2,2,3	7	3	0	2,2,3
8	3	0	2,3,3	8	3	0	2,3,3
9	4	0	2,2,2,3	9	4	0	2,2,2,3
10	4	1	2,2,3,3	10	4	1	2,2,3,3
11	4	1	2,3,3,3	11	4	1	2,3,3,3
12	4	1	3,3,3,3	12	4	1	3,3,3,3
13	5	1	3,3,3,2,2	13	5	1	3,3,3,2,2
14	5	1	3,3,3,3,2	14	5	1	3,3,3,3,2
15	5	2	3,3,3,3,3	15	5	1	3,3,3,3,3
16	5	2	3,3,3,3,4	16	5	1	3,3,3,3,4
17	6	2	3,3,3,3,3,2	17	6	1	3,3,3,3,3,2
18	6	2	3,3,3,3,3,3	18	6	1	3,3,3,3,3,3
19	6	2	3,3,3,3,3,4	19	6	1	3,3,3,3,3,4
20	7	2	3,3,3,3,3,3,2	20	7	2	3,3,3,3,3,3,2
21	7	3	3,3,3,3,3,3,3	21	7	3	3,3,3,3,3,3,3
22	7	3	3,3,3,3,3,3,4	22	7	3	3,3,3,3,3,3,4
23	8	3	3,3,3,3,3,3,3,2	23	8	3	3,3,3,3,3,3,3,2
24	8	3	3,3,3,3,3,3,3,3	24	8	3	3,3,3,3,3,3,3,3
25	8	3	3,3,3,3,3,3,3,4	25	8	3	3,3,3,3,3,3,3,4
26	9	3	3,3,3,3,3,3,3,3,2	26	9	3	3,3,3,3,3,3,3,3,2

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Pediatrics - 5 South

DAYS 7a to 7p				NIGHTS 7p to 7a			
CENSUS	RN	PCT	RN Assignment	CENSUS	RN	PCT	RN Assignment
3	2	0	1,2	3	2	0	1,2
4	2	0	2,2	4	2	0	2,2
5	2	0	2,3	5	2	0	2,3
6	2	0	3,3	6	2	0	3,3
7	3	0	2,2,3	7	3	0	2,2,3
8	3	0	2,3,3	8	3	0	2,3,3
9	4	0	2,2,2,3	9	4	0	2,2,2,3
10	4	1	2,2,3,3	10	4	1	2,2,3,3
11	4	1	2,3,3,3	11	4	1	2,3,3,3
12	4	1	3,3,3,3	12	4	1	3,3,3,3

Mother - Baby

CENSUS	RN	PCT/ILPN	RN Complete Assignment
16	3	1	6,5,5
17	3	1	6,6,5
18	3	1	6,6,6
19	4	1	5,5,5,4
20	4	1	5,5,5,5
21	4	1	6,5,5,5
22	4	1	6,6,5,5
23	4	1	6,6,6,5
24	4	1	6,6,6,6
25	5	1	5,5,5,5,5
26	5	1	6,5,5,5,5
27	5	1	6,6,5,5,5
28	5	1	6,6,6,5,5
29	5	1	6,6,6,6,5
30	5	1	6,6,6,6,6
31	6	1	6,5,5,5,5,5
32	6	2	6,6,5,5,5,5
33	6	2	6,6,6,5,5,5
34	6	2	6,6,6,6,5,5
35	6	2	6,6,6,6,6,5
36	6	2	6,6,6,6,6,6
37	7	2	6,6,5,5,5,5,5
38	7	2	6,6,6,5,5,5,5
39	7	2	6,6,6,6,5,5,5
40	7	2	6,6,6,6,6,5,5
41	7	2	6,6,6,6,6,6,5
42	7	2	6,6,6,6,6,6,6
43	8	2	6,6,6,5,5,5,5,5
44	8	2	6,6,6,6,5,5,5,5
45	8	2	6,6,6,6,6,5,5,5
46	8	2	6,6,6,6,6,6,5,5
47	8	2	6,6,6,6,6,6,6,5
48	8	2	6,6,6,6,6,6,6,6
49	9	2	6,6,6,6,5,5,5,5,5
50	9	2	6,6,6,6,6,5,5,5,5
51	9	2	6,6,6,6,6,6,5,5,5
52	9	2	6,6,6,6,6,6,6,5,5
53	9	2	6,6,6,6,6,6,6,6,5
54	10	2	6,6,6,6,5,5,5,5,5,5
55	10	2	6,6,6,6,6,5,5,5,5,5
56	10	2	6,6,6,6,6,6,5,5,5,5
57	10	2	6,6,6,6,6,6,6,5,5,5
58	10	2	6,6,6,6,6,6,6,6,5,5
59	10	2	6,6,6,6,6,6,6,6,6,5
60	10	2	6,6,6,6,6,6,6,6,6,6
61	11	2	6,6,6,6,6,6,5,5,5,5,5
62	11	2	6,6,6,6,6,6,6,5,5,5,5
63	11	2	6,6,6,6,6,6,6,6,5,5,5
64	11	2	6,6,6,6,6,6,6,6,6,5,5

**RNICU  
24/7**

CENSUS	RN	RN Assignment
10	5	2,2,2,2,2
11	6	2,2,2,2,1
12	6	2,2,2,2,2
13	6	3,2,2,2,2
14	7	2,2,2,2,2,2
15	7	3,2,2,2,2,2
16	8	2,2,2,2,2,2,2
17	8	3,2,2,2,2,2,2
18	9	2,2,2,2,2,2,2,2
19	9	3,2,2,2,2,2,2,2
20	10	2,2,2,2,2,2,2,2,2
21	10	3,2,2,2,2,2,2,2,2
22	10	3,3,2,2,2,2,2,2,2
23	10	3,3,3,2,2,2,2,2,2
24	11	3,3,2,2,2,2,2,2,2,2
25	11	3,3,3,2,2,2,2,2,2,2
26	12	3,3,2,2,2,2,2,2,2,2,2
27	12	3,3,3,2,2,2,2,2,2,2,2
28	13	3,3,2,2,2,2,2,2,2,2,2,2
29	14	3,2,2,2,2,2,2,2,2,2,2,2,2
30	14	3,3,2,2,2,2,2,2,2,2,2,2,2
31	15	3,2,2,2,2,2,2,2,2,2,2,2,2,2
32	15	3,3,2,2,2,2,2,2,2,2,2,2,2,2
33	15	3,3,3,2,2,2,2,2,2,2,2,2,2,2

\*\* RNICU staffing may be increased to accommodate newborns requiring complex critical care

Employer

Mgt  
11/15/10  
q: Sam

**ARTICLE 31**  
**HEALTH INSURANCE**

Section 31.3 Premium Participation. Eligible regular full-time employees who enroll in SPHN will contribute 6% of the premiums. **Effective January 1, 2011, the employees' SPHN contribution will increase to 8%.** For all other available group health insurance plans **employees** will contribute 10% of the premium for single, single plus one, or family coverage.

**For regular full-time employees who enroll in SPHN, effective January 1, 2012, the employee premium contribution will be 10%.**

Eligible regular part-time employees who enroll in SPHN will contribute 6% of the premium for single coverage. **Effective January 1, 2011, the employees' contribution will increase to 8%.** **Effective January 1, 2012, the employees' contribution will increase to 10%.**

**For regular part-time employees who enroll in SPHN, effective January 1, 2012, the employee premium contribution will be 10%.**

Eligible dependents may be enrolled at group rates. Eligible part-time employees enrolled in SPHN or PHP for 2 person or family coverage will contribute the difference between single coverage and 2 person or family coverage, whichever is applicable, in addition to their contribution for single coverage.

The Employer will offer a major medical plan through a third party administrator. Benefits of the plan will include 80% coverage of usual and customary charges for covered inpatient and outpatient services, after a ~~\$100~~ **200** annual deductible per person (~~\$200~~ **400** per family) has been met. **Additionally, there will be an annual maximum co-payment of \$500 single and \$1,000 family for a total annual maximum of \$700 per person and \$1,400 per family.** The deductible and the 20% co-pay will be waived on all services provided at Sparrow Hospital.

Eligible part-time employees who enroll in major medical for two person or family coverage will pay 20% of the applicable premium, which includes coverage for the Employee., ~~effective May 1, 2008. Between November 1, 2007 and April 30, 2008, the applicable premiums will be: two person \$165.00 per month; family \$195.00 per month.~~

Section 31.5(a) Prescription Coverage. Prescription drug coverage is provided under SPHN and the Major Medical Plan-PPO. There is no prescription coverage under PHP.

Section 31.5(b) SPHN Prescription Coverage. Prescription drugs under the SPHN plan must be purchased at Sparrow Pharmacy, Clinton Memorial Pharmacy or Pharmacy Plus locations only.

The co-pay per prescription is ~~as follows:~~ \$5.00 pre approved over the counter medication (OTC), \$7.00 generic, ~~\$15~~ **20.00** preferred brand, and ~~\$25~~ **30.00** non-preferred brand. If the discounted price is less than the co-pay, the employee will pay the discounted price of the prescription.

Prescription drug charges incurred for an emergent illness or accident outside of the SPHN service area will be considered an in-network expense.

The maximum amount or quantity of prescription drugs covered per co-pay is a 34-day supply, or a 100 unit or 200 unit dosage for items on the Sparrow Medication Extended Supply List.

A generic equivalent will be dispensed for each drug if one exists. If no generic drug exists, the employee will receive the preferred brand or non-preferred brand as prescribed and will pay the applicable brand co-pay; however, for purposes of Sparrow Hospital's prescription drug program, if a therapeutic class of drugs does not have a generic equivalent, at least one drug in the therapeutic class will be designated as a "generic" and the generic co-pay will be applied.

If an employee requests a brand name drug when a generic equivalent exists, the employee must provide the pharmacist with a DAW (Dispense As Written) from the prescribing physician. If an employee requests a brand drug with a DAW, the employee will pay the applicable brand drug co-pay. If an employee requests a brand drug without a DAW, and a generic equivalent is available, the generic will be dispensed.

If an employee's physician prescribes a non-preferred drug in a therapeutic class, for which a generic or preferred drug exists, but, submits acceptable written evidence to Clinical Review or the Clinical Pharmacy Manager that, because of medical necessity, the employee should not use such generic or preferred drug, the employee will be dispensed the non-preferred brand on a preferred brand basis.

During the contract term, the formulary for generic, preferred and non-preferred drugs may be modified by the SPHN Pharmacy and Therapeutics Committee. A PECSH/MNA representative with clinical knowledge regarding prescriptions will be on the Committee. Notice of changes to the formulary will be provided on the Sparrow Intranet.

The Mutual Gains Committee will review and approve placement of drugs on the non-preferred list (tier 3) and 2 pharmacists will be invited by MNA to attend meetings at which tier 3 drug placement is discussed.

Prescribed contraceptive medication and devices are covered.

Prescription vitamins are covered.

Prescription smoking cessation patches are covered.

Other requirements, exclusions and limitations may apply as provided in the plan documents, which have been provided to the Union.

The Employer's three-tier pharmacy benefit is designed to offer employees effective, safe and cost-conscious pharmaceutical choices at tier 1 (generic) and tier 2 (preferred). The SPHN Pharmacy and Therapeutics Committee determines placement of pharmaceuticals in tiers 1, 2 and 3 (non-preferred), and uses the following factors to place pharmaceuticals in tier 3: efficacy of the drug; cost of the drug; safety of the drug; and, a drug's efficacy/safety/cost compared to other drugs in the same therapeutic class.

To ensure such choices continue to the fullest extent possible, the SPHN Pharmacy and Therapeutics Committee will provide at least 2 pharmaceuticals at tier 2 in each therapeutic class (therapeutic class as defined in the First Data databank).

**Section 31.9 Voluntary Benefit Plans. At its discretion, the Employer may offer employees voluntary benefit plans that employees may choose to enroll in at their own cost.**

**SPHN HEALTH PLAN  
Benefit Summary**

<b>SERVICE</b>	<b>SPHN Plan</b>	
	<b>Current MNA</b>	<b>Proposed MNA (Bold indicates a change)</b>
<b>Annual Deductible</b>	INN: None OON: \$300 single; \$600 family	INN: None OON: \$300 single; \$600 family
<b>Annual Out of Pocket Maximums</b>	INN: None OON: \$1,800 single (\$1,500 + \$300 deductible); \$3,600 family (\$3,000 + \$600 deductible)	INN: None <b>OON: \$3,600 single (\$3,300 + \$300 deductible); \$7,200 family (\$6,600 + \$600 deductible)</b>
<b>Lifetime Maximum Benefit</b>	\$3,000,000	None
<b>Physician Office Visit (for illness, injury or routine/wellness)</b>	INN: 100% after \$10 co-pay per visit OON: \$25 co-pay per visit after deductible	<b>INN: 100% after \$15 co-pay per visit OON: \$30 co-pay per visit after deductible. Routine physical exams/well baby care are not covered OON.</b>
<b>Urgent Care Visit</b>	INN: 100% after \$15 co-pay per visit OON: 70% R&C after deductible	<b>INN: 100% after \$25 co-pay per visit OON: \$45 co-pay per visit after deductible</b> Only the ER co-pay will apply if person referred from Urgent Care for same day treatment.
<b>Emergency Dept Visit</b>	INN: 100% after \$25 co-pay per visit OON: Same as in-network	<b>INN: 100% after \$50 co-pay per visit (waived if admitted) OON: Same as in-network</b>
<b>Bariatric Surgery</b>	INN: at Sparrow only – 100% OON: Not Covered	<b>INN: at Sparrow only - 90% to Associate co-insurance maximum of \$1,000, then 100% OON: Not Covered</b>
<b>Durable Medical Equipment</b>	INN: 100% OON: 70% R&C after deductible	INN: 100% <b>OON: 50% R&amp;C after deductible Authorization required INN/OON if cost or rental over \$500.</b>
<b>Home Health Care</b>	INN: 100% OON: 50% R&C after deductible 60 visits per person per certified period.	INN: 100% OON: 50% R&C after deductible <b>Combined INN/OON limit of 60 visits per person per certified period, periods renewable. Authorization required INN/OON. No private duty nursing covered.</b>
<b>Inpatient Hospital</b>	INN: 100% at these hospitals (Sparrow, CMH, St. Lawrence, Ionia Carson City, Eaton Rapids, Hayes Green Beach, Memorial Healthcare and Sheridan Community). OON: 70% R&C after deductible for all other hospitals.	<b>INN: 100% at these hospitals only (Sparrow, CMH, St. Lawrence, Ionia and Carson City, Eaton Rapids, Hayes Green Beach, Memorial Healthcare, ).</b> OON: 70% R&C after deductible for all other hospitals. <b>Authorization required for all inpatient stays INN/OON.</b>
<b>Surgery - outpatient</b>	INN: 100% at these hospitals (Sparrow, CMH, St. Lawrence, Ionia Carson City, Eaton Rapids, Hayes Green Beach, Memorial Healthcare and Sheridan Community). OON: 70% R&C after deductible at all other hospitals.	<b>INN: 100% at these hospitals only (Sparrow, CMH, St. Lawrence, Ionia, and Carson City, Eaton Rapids, Hayes Green Beach, Memorial Healthcare).</b> OON: 70% R&C after deductible at all other hospitals. <b>Authorization is required INN/OON for selected procedures, including but not limited to: vein ligation, reconstructive surgery, and any procedure that requires review for medical necessity.</b>
<b>Infertility</b>	INN: 60% OON: Not Covered Coverage to assist conception.	<b>INN: 100%, subject to applicable co-pays and co-insurance OON: 70% R&amp;C after deductible. Coverage for diagnosis of medical condition only similar to other medical issues.</b>

<b>SERVICE</b>	<b>SPHN Plan</b>	
	<b>No coverage for services to assist conception.</b>	
<b>Termination of Pregnancy</b>	INN: 100% OON: Covered as in-network	INN: 100% after \$100 co-pay. Limited to 1 per lifetime OON: Covered as in-network
<b>Reversal of Sterilization</b>	INN: 100% OON: Not Covered	INN: 75% OON: Not covered
<b>Skilled Nursing Facilities</b>	INN: 100% OON: 50% R&C after deductible 100 days per person per certified period.	INN: 100% OON: 50% R&C after deductible Combined INN/OON limit of 100 days per certified period per covered person. A period is renewable upon review. Authorization required INN/OON.
<b>Chiropractic Care</b>	INN: Not covered OON: 50% R&C after deductible. 10 visits and \$500 maximum benefit per calendar year.	INN: Not covered OON: 50% R&C after deductible. \$500 maximum benefit per calendar year.
<b>Hospice Care</b>	INN: 100% OON: 70% R&C after deductible Lifetime maximum benefit \$10,000 per covered person.	INN: 100% OON: 70% R&C after deductible Lifetime maximum benefit \$15,000 per covered person.
<b>Rehabilitation (speech therapy, occupational therapy, physical therapy, pulmonary therapy)</b>	INN: 100% OON: 70% R&C after deductible 60 days per person per certified period.	INN: 100% after \$5 co-pay per visit. OON: 70% R&C after deductible Combined INN/OON max of 60 visits per certified period per covered person for all therapies. Continue to exclude audio therapy. Authorization required INN/OON
<b>Spinal Treatment (with D.O.)</b>	INN: 100% after \$15 co-pay per visit. OON: 70% R & C after deductible. No limits.	INN: 100% after \$15 co-pay per visit. OON: 70% R & C after deductible. No limits.
<b>Cardiac Rehabilitation</b>	INN: 100% OON: 70% R&C after deductible	INN: 100% after \$5 co-pay per visit. OON: 70% R&C after deductible Combined INN/OON limit of 60 days per certified period per covered person. Authorization required INN/OON
<b>Transplants</b>	100% must be done at Designated Facility. Authorization required.	100% must be done at Designated Facility. Authorization required.
<b>Behavioral Health</b>	INN: inpatient – 80%, outpatient/intermediate, \$20 co-pay per visit. OON: inpatient – 50% R&C after deductible, outpatient/intermediate.	INN: inpatient – 100%, outpatient/intermediate – \$15 co-pay per visit. OON: inpatient – 70% R&C after deductible, outpatient/intermediate – \$30 co-pay per visit after deductible. Authorization required for INN/OON inpatient admissions.  *Behavioral Health plan provisions to comply with the Mental Health Parity and Addiction Act

<b>SERVICE</b>	<b>SPHN Plan</b>	
<b>Prescription Drugs</b>	<p>INN: Generic: 100% after a \$7 co-pay per prescription; Preferred Brand: 100% after a \$15 co-pay per prescription; Non-Preferred Brand: 100% after a \$25 co-pay per prescription. Coverage provided only through Sparrow owned pharmacies.</p> <p>OON: No coverage unless outside SPHN service area due to accident, emergent illness or urgent condition.</p>	<p>INN: Generic: 100% after a \$7 co-pay per prescription; Preferred Brand: 100% after a <b>\$20</b> co-pay per prescription; Non-Preferred Brand: 100% after a <b>\$30</b> co-pay per prescription. Coverage provided only through Sparrow owned pharmacies.</p> <p>OON: No coverage unless outside SPHN service area due to accident, emergent illness or urgent condition.</p>

**Please Note:** This is a summary of benefits and is not intended to fully describe the details of each benefit plan. Should any questions arise, the Insurance/Benefit Policies/Contracts in effect will take precedence.

**PHP HEALTH PLAN  
Benefit Summary**

<b>SERVICE</b>	<b>PHP Plan</b>	
	<b>Current MNA</b>	<b>Proposed MNA (Bold indicates a difference)</b>
<b>Annual Deductible</b>	INN: None OON: \$100 single; \$200 family	INN: None <b>OON: \$500 single; \$1,000 family</b>
<b>Annual Out of Pocket Maximums</b>	INN: \$3,000 single, \$6,000 family OON: \$3,000 single, \$3,000 family	INN: \$3,000 single, \$6,000 family <b>OON: \$3,000 single, \$6,000 family</b>
<b>Lifetime Maximum Benefit</b>	INN: No Maximum OON: \$1,000,000	INN: No Maximum OON: <b>No Maximum</b>
<b>Physician Office Visit (for illness, injury or routine/wellness)</b>	INN: 100% after \$10 co-pay per visit OON: 80%	<b>INN: 100% after \$15 co-pay per visit</b> OON: 80%
<b>Urgent Care Visit</b>	INN: 100% after \$15 co-pay per visit OON: 80%	<b>INN: 100% after \$25 co-pay per visit</b> OON: 80%
<b>Emergency Dept Visit</b>	INN: 100% after \$25 co-pay per visit OON: Same as in-network	<b>INN: 100% after \$50 co-pay per visit</b> OON: Same as in-network
<b>Bariatric Surgery</b>	INN: at Sparrow only – 90% to Associate co-insurance maximum of \$1,000 OON: No Coverage	INN: at Sparrow only – 90% to Associate co-insurance maximum of \$1,000 OON: No Coverage
<b>Durable Medical Equipment</b>	INN: 80% OON: same as in-network Authorization required if cost or rental exceeds \$1,000	INN: 80% OON: same as in-network Authorization required if cost or rental exceeds \$1,000
<b>Home Health Care</b>	INN: 100% OON: 80% Limit of 60 visits per calendar year OON Authorization Required	INN: 100% OON: 80% Limit of 60 visits per calendar year OON Authorization Required
<b>Inpatient Hospital</b>	INN: 100% at Sparrow facilities (Sparrow, CMH, St. Lawrence, Ionia, Carson City, Eaton Rapids, Hayes Green Beach, Memorial Healthcare and Sheridan Community). OON: 80% Authorization required for all OON inpatient stays.	INN: 100% at Sparrow facilities (Sparrow, CMH, St. Lawrence, Ionia, Carson City, Eaton Rapids, Hayes Green Beach, Memorial Healthcare <b>and Sheridan Community</b> ). OON: 80% Authorization required for all OON inpatient stays.
<b>Surgery - outpatient</b>	INN: 100% at these Sparrow facilities (Sparrow, CMH, St. Lawrence, Ionia, Carson City, Eaton Rapids, Hayes Green Beach, Memorial Healthcare and Sheridan Community). OON: 80%	INN: 100% at these Sparrow facilities (Sparrow, CMH, St. Lawrence, Ionia, Carson City, Eaton Rapids, Hayes Green Beach, Memorial Healthcare <b>and Sheridan Community</b> ). OON: 80%
<b>Infertility</b>	INN: 60% OON: Not Covered  Maximum benefit of \$10,000 per covered person per calendar year.	INN: 60% OON: Not Covered  Maximum benefit of \$10,000 per covered person per calendar year.

<b>SERVICE</b>	<b>PHP Plan</b>	
<b>Skilled Nursing Facilities</b>	INN: 100% OON: 80% Limit of 100 days per calendar year Authorization required OON.	INN: 100% OON: 80% Limit of 100 days per calendar year Authorization required OON.
<b>Hospice Care</b>	INN: 100% OON: 80%	INN: 100% OON: 80%
<b>Rehabilitation (speech therapy, occupational therapy, physical therapy, pulmonary therapy)</b>	INN: 100% after \$10 co-pay per visit. OON: 80% Limit of 60 visits per calendar year.	INN: 100% after \$10 co-pay per visit. OON: 80% Limit of 60 visits per calendar year.
<b>Cardiac Rehabilitation</b>	INN: 100% after \$10 co-pay per visit. OON: 80% Limit of 36 visits per calendar year.	INN: 100% after \$10 co-pay per visit. OON: 80% Limit of 36 visits per calendar year.
<b>Transplants</b>	100% must be done at Designated Facility. Authorization required	100% must be done at Designated Facility. Authorization required.
<b>Behavioral Health</b>	INN: inpatient – 80%, outpatient/intermediate – \$20 co-pay per visit.  OON: inpatient – not available, outpatient/intermediate – 80%. Authorization required for INN inpatient admissions.	INN: inpatient – 80%, outpatient/intermediate – \$20 co-pay per visit. OON: inpatient – not available, outpatient/intermediate – 80%. Authorization required for INN inpatient admissions.  *Behavioral Health plan provisions to comply with the Mental Health Parity and Addiction Act
<b>Prescription Drugs</b>	INN: No Coverage OON: 80% after deductible.	INN: No Coverage OON: 80% after deductible.

**Please Note:** This is a summary of benefits and is not intended to fully describe the details of each benefit plan. Should any questions arise, the Insurance/Benefit Policies/Contracts in effect will take precedence.

**ARTICLE 45  
RETIREMENT**

**Section 45.1(a) Retirement Plan (Defined Benefit).** The Employer will provide a retirement plan to employees. Any changes or modifications to the terms and benefits of the plan will be in accordance with all applicable federal and state laws. **Effective January 1, 2012, the plan will be amended to provide a 1.5% career average for purposes of determining an employee's retirement benefit. Employees who are at least age 60 and have at least 5 years of vested service as of October 31, 2010, and who retire on or before December 31, 2015, will have their benefit determined under the retirement plan in effect on October 31, 2010 and not the career average amendment to the plan.** However, ~~during the term of this Agreement~~ **Except as set forth herein,** the Employer will not amend the retirement formula **during the term of this agreement** so as to diminish the pension benefits in effect at the time this Agreement was executed. The specific provisions of the plan are set forth in the ~~Summary Plan Description~~ **plan document.**

The Sparrow Supplemental Retirement plan has a cap of \$16,000 on the 25-year supplemental benefit. The plan has a 40-year Benefit Service limit and the opportunity for lump sum payment continues. **Effective January 1, 2013, the supplemental benefit lump sum payment option will no longer be offered.** Former St. Lawrence employees began eligibility to participate in the Sparrow Supplemental Retirement plan on a prospective basis effective January 1, 1999.

Employer

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Spm

**ARTICLE 14**  
**ADMINISTRATIVE ABSENCES**

**Section 14.1** **Definition.** An administrative absence is time off from the regular work schedule assigned by the Manager and/or designated Supervisors to temporarily reduce the level of staffing.

**Section 14.2** **Payment for Administrative Absence.** The employee has the option of using earned time off benefits or otherwise the time off shall not be compensated.

**Section 14.3** **Cancellation Requirements Prior to Administrative Absence.** Whenever a Manager determines that patient census, patient acuity levels or the department/unit workload necessitates a temporary reduction in staffing, the Employer will cancel agency and then Supplemental Pool personnel. The Employer may eliminate scheduled overtime (employee being paid overtime for that actual shift) and Weekend Staffers working an extra weekend shift (a shift which qualifies for the Weekend Staffing Plan premium).

**Section 14.4** **Competency Completion Prior to Administrative Absence.** Employees will be expected to complete their mandatory requirements/competencies ("competencies") during their regularly scheduled shifts, as operational and patient care needs permit. To that end, prior to the issuance of an administrative absence(s), employees on a unit/department will be surveyed as to whether they have competencies to complete. If the Supervisor/Manager agrees that the means are available to complete a competency at that time, the employee will be given the opportunity to complete the competency prior to the issuance of an administrative absence on that unit/department.

**Section 14.5** **Voluntary Administrative Absence.** If these measures are not sufficient to reduce staffing as needed, volunteers for an administrative absence will be sought by the Manager and/or designated Supervisors. If there is more than one volunteer, the person(s) with the least recent administrative absence will be chosen. A volunteer for an administrative absence may have the request denied in order to maintain the appropriate clinical skills, training or staff mix.

**Section 14.6** **Additional Cancellations and Involuntary Administrative Absence.** If voluntary administrative absences are inadequate to obtain the necessary staff reductions, the Employer may reduce the work force through cancellations (in addition to those provided for in Section 14.3) and involuntary administrative absences. Cancellations and involuntary administrative absences shall be taken in the following order:

1. Cancel PRN employees.
2. Cancel per diem employees.
3. Cancel employees (full and part-time) scheduled to work extra shifts.
4. Give administrative absence to probationary employees (except during formal orientation).
5. Give administrative absence to part-time employees with less than 7 years of service as a professional employee.
6. **Give administrative absence to part-time employees with more than 7 years of service as a professional employee in a unit identified in Appendix A to Article 62, Staffing.**
7. **Give administrative absence to full-time employees in a unit identified in Appendix A to Article 62, Staffing.**

Section 14.7 Exemption From Limitation on Involuntary/Mandatory Administrative Absence. All full-time employees ~~and all shall be exempt from involuntary administrative absences, except as provided in Section 14.6(4).~~ All part-time employees with 7 or more years of service as a professional employee shall also be exempt from involuntary administrative absences **will be given no more than 12 hours of involuntary Administrative Absence in a calendar quarter.** If an employee is cancelled as provided in Section 14.6 or given an involuntary administrative absence, it will be for the employee's entire scheduled shift unless the employee otherwise agrees to return for a partial shift.

The employee with the lowest cumulative administrative absence hours for the previous 4 pay periods, whether voluntary or involuntary, will be given the first involuntary administrative absence. If 2 or more employees within the unit or department have the same number of cumulative hours during the previous 4 pay periods, the involuntary absences will be given to the employee with the lowest bargaining unit seniority.

Float Pool employees will be considered for involuntary administrative absences with the other employees in their assigned work group, and will be given involuntary administrative absences on the same basis as these other employees in their work group.

An Assistant Department Manager will not take a patient assignment which that results in a bargaining unit employee receiving a mandatory administrative absence.

Section 14.8 Exception to Administrative Absence Procedure. Administrative absences will be given as described above except when an employee(s) must be bypassed in order to maintain the appropriate clinical skills, training or staff mix.

Section 14.9 Closed Unit Guidelines. Closed Unit Guidelines will supercede the provisions of this Article (refer to Article 56, Closed Units).

**ARTICLE 52**  
**WAGES**

Section 52.2(a) General Pay Increases. General pay increases are granted to all employees up to the maximum of the assigned pay range.

- A. Employees will receive the following general pay increases, and the minimum and maximum of the pay ranges will be increased as shown in Section 52.1, Schedule A:

November 1, 2007 — 3% general increase.

November 1, 2008 — 3% general increase.

November 1, 2009 — 3% general increase.

November 1, 2010 **1.5% general increase.**

November 1, 2011 **1.5% general increase.**

November 1, 2012 **1.5% general increase.**

- B. Supplemental Pool Registered Nurses Pay.

	<u>Effective 11/1/07</u>	<u>Effective 11/1/08</u>	<u>Effective 11/1/09</u>
Supplemental Pool Level 1	— \$ 38.00	\$ 39.50	\$ 41.00
Supplemental Pool Level 2	\$ 40.00	\$ 41.50	\$ 43.00
Supplemental Pool Level 3	\$ 42.00	\$ 43.50	\$ 45.00
Supplemental Pool Level 4A	\$ 42.00	\$ 43.50	\$ 45.00
Supplemental Pool Level 4B	\$ 44.50	\$ 46.00	\$ 47.50
Supplemental Pool Level 5A	\$ 44.50	\$ 46.00	\$ 47.50
Supplemental Pool Level 5B	\$ 46.50	\$ 48.00	\$ 49.50

	<u>Effective 11/1/10</u>	<u>Effective 11/1/11</u>	<u>Effective 11/1/12</u>
Supplemental Pool Level 1	\$ 41.00	\$ 41.00	\$ 42.00
Supplemental Pool Level 2	\$ 43.00	\$ 43.00	\$ 44.00
Supplemental Pool Level 3	\$ 45.00	\$ 45.00	\$ 46.00
Supplemental Pool Level 4A	\$ 45.00	\$ 45.00	\$ 46.00
Supplemental Pool Level 4B	\$ 47.50	\$ 47.50	\$ 48.50
Supplemental Pool Level 5A	\$ 48.50	\$ 49.50	\$ 51.00
Supplemental Pool Level 5B	\$ 50.50	\$ 51.50	\$ 53.00

Section 52.4 Progression and Step Increases. Except as otherwise provided below, eligible employees paid below the maximum of the assigned pay range will receive progression increases, provided the employee has not been issued a Level III discipline within 6 months of the respective increase.

The progression increases for employees other than Clinical Registered Nurses, Nurse Educators, Nurse Clinicians, and Clinical Instructors will be ~~3%~~ 2% per hour and will be effective the pay period in which May 1 falls in ~~2008, 2009 and 2010~~ 2011, 2012, 2013.

Effective the first full pay period in which May 1 falls in ~~2008, 2009 and 2010~~ 2011, 2012, 2013 Clinical Registered Nurses paid below the maximum of the assigned pay range will receive a step increase, as provided in Schedule B.

**Effective the first full pay period in which May 1 falls in 2011, 2012 and 2013, a new step will be added to Schedule B each year.**

Section 52.5 Longevity Top of Scale Bonus. Employees are eligible to receive an annual longevity bonus after completion of 10 years of continuous employment, as provided below. Years are calculated from the last date of hire with the Employer to the anniversary date occurring within the period 12 months prior to the longevity bonus. This bonus will be paid in the pay period in which June 1 falls in ~~2008, 2009 and 2010~~ 2011, 2012, and 2013.

Completed years	Annual bonus (% of prior 12 months earnings)
10 – 14	1%
15 – 19	1.5%
20 – 24	2%
25 or more	<u>2.5%</u>

Employees who are at the maximum of the pay range after the May increase may be eligible for a longevity bonus based on the chart above. Employees may also be eligible for a longevity bonus if the pay range maximum is reached before the full amount of the longevity bonus is received. In this situation, the amount of the longevity bonus will be the net difference between the applicable longevity bonus percentage less the progression/step increase percentage. This remainder of the longevity bonus will be paid as a lump sum based on the employee's actual paid hours for the proceeding 12 months.

**Employees hired after October 31, 2010 are not eligible to receive the longevity bonus.**

Employees who have received a Level III discipline in the six months prior to the longevity bonus date are not eligible for the bonus.

Employees on layoff are not eligible to receive a longevity bonus.

~~Section 52.7(b) Patient Satisfaction Gainsharing Program. The parties agree that patient satisfaction is an important priority and that employees have a significant role in contributing to patient satisfaction. To encourage and reward employees for a high level of patient satisfaction, the Employer will reward employees based on the attainment of certain goals.~~

**The Hospital conducts surveys of inpatients through the Hospital and Consumer Assessment of Healthcare and Provider Systems (HCAHPS). For the purpose of this award, survey results will reflect the following dimensions: Nurse Communications, Staff Helped Quickly, Pain Control,**

~~**Medications Explained, and Quiet at Night. The chart below illustrates award levels based on the average quarterly results of the 5 dimensions compared to the most recently published HCAHPS national survey results.**~~ patients in the following four divisions: Emergency (Sparrow and St. Lawrence), Inpatient, Outpatient, and Outpatient Surgery. If the survey results indicate that three of the four surveyed divisions score at the 70<sup>th</sup> percentile but less than the 75<sup>th</sup> percentile (as measured by the survey results for the 4<sup>th</sup> quarter of the year, ending December 31), all employees will receive a gross payment of \$150.00. If the survey results indicate that three of the four surveyed divisions score at the 75<sup>th</sup> percentile but less than the 80<sup>th</sup> percentile (as measured by the survey results for the 4<sup>th</sup> quarter of the year), all employees will receive a gross payment of \$200.00. If the survey results indicate that three of the four surveyed divisions score at the 80<sup>th</sup> percentile or greater (as measured by the survey results for the 4<sup>th</sup> quarter of the year), all employees will receive a gross payment of \$250.00.

<u>Average Quarterly Dimensions above National average</u>	<u>Award level</u>
<u>4 of 5</u>	<u>\$200.00</u>
<u>5 of 5</u>	<u>\$250.00</u>

The amounts set forth above are based on full time status and will be paid on a proportionate basis for less than full time employees. The patient satisfaction reward will be paid to all **eligible** employees on the payroll as of the date of payment of the reward. The reward payment will occur on the payday occurring on or after March 15 of the year following the survey period. These bonuses will be paid as set forth above in conjunction with the Gainsharing Program as set forth in Section 52.7(a).

Example

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>
Nurse Communication	Above National Average (ANA)	ANA	ANA	ANA
Staff Helped Quickly	ANA	ANA	ANA	<u>BNA</u>
Pain Control	ANA	ANA	ANA	ANA
Medications Explained	ANA	ANA	ANA	ANA
Quiet at Night	Below National Average ( <u>BNA</u> )	ANA	ANA	<u>BNA</u>
	4	5	5	3
	17/4=4.25			
	Award level \$200.00 if achieved			

MST  
11-15-10

RN Step Scale	Current Contract	Proposed Contract		
	Effective 11/1/09	1.5% General Effective 11/1/10	1.5% General Effective 11/1/11	1.5% General Effective 11/1/12
Step	Rate	Rate	Rate	Rate
MIN	\$25.30	\$25.68	\$26.07	\$26.46
1	\$26.03	\$26.42	\$26.82	\$27.22
2	\$26.76	\$27.16	\$27.57	\$27.98
3	\$27.49	\$27.90	\$28.32	\$28.74
4	\$28.23	\$28.65	\$29.08	\$29.52
5	\$28.96	\$29.39	\$29.83	\$30.28
6	\$29.69	\$30.14	\$30.59	\$31.05
7	\$30.42	\$30.88	\$31.34	\$31.81
8	\$31.15	\$31.62	\$32.09	\$32.57
9	\$31.89	\$32.37	\$32.86	\$33.35
10	\$32.62	\$33.11	\$33.61	\$34.11
11	\$33.35	\$33.85	\$34.36	\$34.88
12	\$34.08	\$34.59	\$35.11	\$35.64
13	\$34.81	\$35.33	\$35.86	\$36.40
14	\$35.55	\$36.08	\$36.62	\$37.17
15	\$36.28	\$36.82	\$37.37	\$37.93
16 (MAX) Yr 1	NA	\$37.56	\$38.12	\$38.69
17 (MAX) Yr 2	NA	NA	\$38.87	\$39.45
18 (MAX) Yr 3	NA	NA	NA	\$40.21