

## Team Gains 6 TAs - Economic Issues Remain

Our SEIU 121RN Bargaining Team signed off on six Tentative Agreements with management during negotiations on Sept. 8. With only economic issues remaining, Monday's negotiations were contentious, with the Providence lawyer claiming our team was "digging a hole he wouldn't be able to get us out of." The only issues that remain to be settled are wages, health benefits, educational reimbursements, flexing and call-off, leave of absences, and Clinical Ladder. Management's Clinical Ladder proposal contains such drastic changes that nearly 2/3 of participating RNs would lose eligibility for their current level. **"We will die on that hill,"** said Bargaining Team member Shelley Vickrey, referring to the team's willingness to fight to retain our current Clinical Ladder.



## Vacation & Holiday Scheduling

Same as current contract except both day and evening shift RNs will be required to work one holiday during Christmas or New Years. Day shift RNs will choose to work either December 25 or January 1, and evening and night shift RNs will choose to work either December 24 or December 31. Day shift per diem RNs who are scheduled on a weekly basis must also meet their holiday commitment by working one day out of Dec. 24, 25, 31 or Jan. 1. Evening shift per diems must work either December 24 or December 31.

## RN Certification Bonus Pay

The hospital will continue to pay certification bonuses at a maximum of two per year. The amount of certification bonuses range from \$200 to \$500 and are based on the FTE status at the time the certification is obtained or renewed. Bonuses will now only be paid when a certification is obtained or renewed, and will not be paid in remaining years of certification. For example, if you are a 1.0 FTE and receive a certification in 2012, you will receive \$500 after you receive the certification in 2012. If the certificate is renewed in 2016, you will then receive another \$500 bonus at that time. You will NOT receive a bonus in 2013, 2014 or 2015.

## Paid Time Off

The same as our current contract except employees now have the option to "cash out" 40 to 80 hours of accrued paid time off. Full-time employees must have a minimum of 200 hours PTO available, and part-timers must have 100 hours. PTO cash out requests will be made during open enrollment in October and will be paid along with the July 1 pay period the following year. The employee must use an equal amount of PTO during the same year to ensure adequate time off for rest and relaxation away from the job.

**Union Security & COPE Check Off** Same as current contract.

**Union Representation** Our Union Representative will have open access to represent members at our hospital.

**Day Surgery Side Letter** The current practice of prescheduled overtime in lieu of call in the main OR will remain in effect so long as the two current RNs are employed there.

## Management's Health Plan Proposal

Out-of-pocket costs to employees under management's proposed plan would increase for all plans. Plans would be under Blue Shield of California and emergency room co-payments would increase to \$150 for PPO 400, PPO 1000 and HMO Low.

### Other changes:

- Out-of-pocket hospital charges would increase for HMO High participants if members choose a non-Providence hospital. The employee will pay 10 percent of charges at non-Providence facilities.
- PPO 400 deductible would increase to \$600 for individuals and \$1,200 for families.
- Employee would be responsible for 25 percent instead of 30 percent of hospital facility charges for both the PPO 400 and PPO 1000.
- Non-formulary name brand prescription drug charges for HMO policy-holders would increase from \$100 to \$150 for a mail order or walk-in 90-day supply.
- HMO retail 90-day mail order generic drugs would rise to \$15 from the current \$10 charge.
- For PPO policy-holders, the retail generic drug co-pays would remain the same, as would 90-day mail order generic prescriptions. All other brand name and specialty drug costs would increase, including a big jump in 90-day brand-name formulary drugs from \$75 to \$125, and retail mail-order brand-name, non-formulary from \$100 to \$200.
- Hospice care would be covered at 100 percent for a maximum of 6 months under the PPO 400 and PPO 1000 plans. HMO Low plan hospice care is paid in full and HMO High plan pays 100 percent for hospice care at Providence California facilities. Employee pays 10 percent at non-Providence California facilities.

If you have questions, contact Union Rep Tina Bordas, LVN, at (818) 298-1039 or [bordast@seiu121rn.org](mailto:bordast@seiu121rn.org).