

**2025-2030 COMPENSATION PLAN  
FOR  
NON-CERTIFIED NURSES**



**WALLINGFORD-SWARTHMORE SCHOOL  
DISTRICT**

**I. HOURLY PAY RATE (see Attachment A)**

It is the intent that the 2025-2026 through 2029-2030 salary plan for Non-Certificated Nurses (NCNs) will provide for 4% per year increases, the District Administration will have the authority to provide an increase of less than 4% per year in the event that the District Administration, within its sole and exclusive discretion, determines that economic conditions impacting the District are such that a lesser increase should be granted. All salary will be paid through Direct Deposit except the first pay after initial employment.

**II. CATEGORIES OF ELIGIBILITY:**

1. Full-time eligible NCNs (TYPE A) pursuant to this Compensation Plan, shall contribute toward the premiums of the Core Health Plan on the same basis as that set forth in the Collective Bargaining Agreement with the Wallingford-Swarthmore Education Association provided that the contribution does not exceed the requirements of the Affordable Care Act, when instituted, as it may be amended. The contribution amount is 13% of ascribed premiums, which may be modified beginning in the 2028-29 school year based upon WSEA’s new contribution rate. The contribution amount shall be based upon the yearly premium for Personal Choice C3-F2-O2 and the following prescription plan contribution:

| School Year(s)              | Single Coverage         | Other Coverage          |
|-----------------------------|-------------------------|-------------------------|
| 2025-2026 through 2029-2030 | 10% of Ascribed Premium | 10% of Ascribed Premium |

2. Part-time eligible NCNs, (TYPE B) pursuant to this Compensation Plan, shall contribute on the same basis as the part-time members of the Wallingford-Swarthmore Education Association, with the exception that part-time eligible NCNs will only be eligible for District-paid single coverage for whatever is defined as the Core Health Plan.

3. Part-time ineligible NCNs, (TYPE C) pursuant to this Compensation Plan, will be subject to the same Health Benefit Plan offerings set forth in the Collective Bargaining Agreement between the District and the Wallingford-Swarthmore Education Association, but will be required to pay 100% of the premiums for the entire coverage package, notwithstanding the language set forth herein.

Type A full-time; 37.75 hours or more per week

Type B part-time; 20.0 - 37.74 hours per week

Type C part-time; less than 20.0 hours per week

**III. INSURANCE BENEFITS**

1. Medical Insurance

**Type A:**

(a) Each full-time NCN will be offered the following coverage: Independence Blue Cross Personal Choice C3-F2-O2 and a Prescription Plan with \$8.00, \$35.00, and \$50.00 deductibles for medication.

(b) Contributions to the above plan will be as follows:

(i) If the NCN chooses single or dependent coverage, the NCN’s yearly contribution for Personal Choice C3-F2-O2 Plan is as follows:

|           |       |
|-----------|-------|
| 2025-2030 | 13.0% |
|-----------|-------|

ii) To participate in the Prescription Drug Plan, the NCN must contribute as follows:

| Year      | Single                            | Other                             |
|-----------|-----------------------------------|-----------------------------------|
| 2025-2030 | 10% of ascribed cost<br>each year | 10% of ascribed cost<br>each year |

(c) Participation in the Independence Blue Cross Personal Choice 20/30/70 Plan or C2-F1-O1 Plan will be made available to NCNs who wish to contribute the difference between the cost of the Personal Choice C3-F2-O2 Plan and the 20/30/70 Plan or C2-F1-O1 Plan to the extent the cost of the relevant Plan is greater than the cost of the Personal Choice C3-F2-O2 Plan. In addition to these payments, NCNs who enroll in such plans will make contributions equal to what they would have made had they enrolled in Personal Choice C3-F2-O2 Plan. Comparable Coverage. Contributions for these health benefit plans shall be through mandatory payroll deductions.

i) The District reserves the right to substitute another carrier providing comparable coverage.

(d) Disenrollment

i) Full-time NCNs who are eligible to enroll in the District medical, prescription, and dental insurance plan and who are willing to discontinue that plan shall receive a disenrollment payment of \$1,500 per year. Semi-annual payments shall be made on the paydays closest to December 30 and June 15.

ii) The District reserves the right to increase the size of the disenrollment bonus through the next open enrollment made available to NCNs.

**Type B:**

Limited insurance - The District will provide single medical coverage with the same contribution terms as Type A NCNs. For NCNs working from 15 hours to 29 hours per week there is no disenrollment. NCNs who desire family coverage will be responsible for the added costs.

**Type C:** No insurance.

2. Dental Plan

**Type A:**

(a) Each full-time NCN will be offered the following coverage: 1500 dental plan provided by United Concordia. A three-part rider for full-time NCNs and dependents. The rider will include oral surgery (100% UCR), prosthetics and crown inlay and inlay restoration (50% UCR), periodontal services (50% UCR) and orthodontics (50% UCR up to a lifetime maximum of \$800.00).

(b) If the NCN chooses single or dependent coverage, the NCN's yearly contribution for the 1500 dental plan is as follows:

|           |       |
|-----------|-------|
| 2025-2030 | 13.0% |
|-----------|-------|

(c) The District reserves the right to select any carrier provided the coverage is comparable. The District also reserves the right to alter the buyout provisions for the dental plan.

**Type B:** The District will provide single medical coverage with the same contribution terms as Type A

NCNs. NCNs may buy up to family dental at their option.  
**Type C:** No insurance.

### 3. Group Life Insurance

**Type A:** The District shall provide term life insurance coverage in the face amount of \$48,000.

**Type B & C:** No insurance.

#### Long Term Disability

**Type A:** The District will pay the premiums for full-time eligible NCNs for long-term disability insurance through a carrier of the District's choice. The long-term disability coverage shall have a 30 day-elimination period that requires the utilization of all accrued but unused sick days, as well as a setoff for all other income benefits prior to utilizing the benefit, with a maximum of 60% of the NCN's regular annual compensation up to a maximum of \$2,500.00 per month. This program is in lieu of the short-term disability program.

The NCN may purchase at his or her discretion and cost, additional coverage, providing up to \$5,400 per month for sickness.

**Type B & C:** No insurance

### 4. Vision Insurance

Full-time NCNs can purchase optional vision coverage, through payroll deduction, at sole cost of NCN.

## IV. RETIREMENT

NCNs in the group who work at least 500 hours or 80.0 full days per year must participate in the Public School Employees' Retirement System, and are subject to all provisions.

## V. SICK DAYS

Type A: 10.0 days\*, cumulative from year to year.  
Type B: 5.0 days\*, cumulative from year to year.  
Type C: No days.

Sick days may be used for personal illness or illness in the immediate family. The immediate family may be interpreted to mean: spouse, child or step-child, parent or step-parent, parent-in-law, or anyone living in the same household.

**Accumulated Sick Days:** Upon retirement from the District (with at least 10.0 years of service), the District will pay \$40 per day for unused sick leave with no maximum.

For intent to retire letters received by the Human Resources Office before March 15 of the year the NCN is retiring, if retiring at the end of the school year, or if not retiring by the end of the school year, then ninety (90) calendar days prior to the actual retirement date:

- \$50 per day for the first 100 days of sick leave accumulated;
- \$75 per day for the next 100 days of sick leave accumulated;
- \$100 per day for days beyond 200 days of sick leave accumulated.

Amounts to be paid under the March 15/90 day provision will be paid out within 90 days of the official retirement date.

## **VI. FUNERAL LEAVE**

Up to five (5) days at any one time may be permitted in the event of the death of a member of the NCN's immediate family. "Immediate family" shall mean a spouse, child, step-child, grandchild, parent, step-parent, sister, brother, daughter-in-law, son-in-law, mother-in-law, father-in-law, sister-in-law, or brother-in-law, or near relative who resides in the same household, or any person with whom the NCN has made his/her home.

Up to three (3) days may also be permitted for a NCN in the event of the death of a near-relative. A "near-relative" shall mean a grandparent, grandparent-in-law, aunt, aunt-in-law, uncle, uncle-in-law, niece, niece-in-law, nephew, nephew-in-law, first cousin, first cousin-in-law for a three (3) day absence. A NCN shall be eligible for up to two (2) additional days for a "near relative" if they have been legally named as the executor or executrix of the estate.

## **VII. EMERGENCY DAYS**

Each NCN shall be credited with three (3) days of emergency leave annually. Unused emergency days will be credited toward accumulated sick leave. Unlike the legally mandated sick leave, unused emergency days will have no cash value upon the NCN's resignation of retirement. A total of four (4) current and accumulated combined emergency leave days can be used in each Plan year without reason.

Absence for reasons not otherwise provided for in this Plan shall be subject to review by the Superintendent. At the Superintendent's discretion, such absence may be excused without prejudice; and deduction from pay will be made as warranted. It shall be the responsibility of the NCN to explain such absence in advance in writing when possible.

Leave without loss of pay for the purpose of professional development may be granted by the Superintendent.

## **VIII. TUITION REIMBURSEMENT**

**Type A:** The District will pay 75% of the tuition charges for successfully completed graduate study in regionally accredited institutions for the first six (6) semester credit hours or its equivalent per NCN during a fiscal year (July 1- June 30) of this Agreement. The District will pay 50% of the tuition charges for the 7th through 12th such credits taken during a fiscal year (July 1 - June 30) of this Agreement. There will be no reimbursement for credits in excess of 12 per year. In no case shall the total reimbursement to a NCN exceed \$2,300.00 per year. No more than six (6) credit hours (or its equivalent) per school semester will be reimbursed during any semester.

Approval of course selection by the Superintendent or designee is prerequisite for subsidy and will follow standards set in the Wallingford-Swarthmore Education Association Collective Bargaining Agreement. Qualified courses must be related to the NCN's assignment. Payment will be made on evidence of successful completion (minimum grade of B required) and presentation of a receipted tuition payment by the NCN, except that participants in summer study must return to the employ of the District for the school year immediately following such study in order to be entitled for reimbursement. No participant shall receive more than 100% reimbursement for tuition costs from any and all sources. Each approval or denial shall be done on a case-by-case basis, and no case will constitute a precedent or establish a practice requiring approval in any other case.

In the event that a covered NCN separates from employment for any reason, other than for retirement pursuant to the provisions under PSERS, the NCN shall be required to reimburse the District for the total amount of the tuition reimbursement received for courses completed within one (1) year of the date of employment separation.

**Type B & C:** No tuition reimbursement

## **Attachment A**

### **SALARY SCHEDULE**

| <b>Year</b> | <b>Minimum</b> |
|-------------|----------------|
| 2025-2026   | \$35.00        |
| 2026-2027   | \$36.40        |
| 2027-2028   | \$37.86        |
| 2028-2029   | \$39.37        |
| 2029-2030   | \$40.95        |

| <b>Experience Increase</b> | <b>Add'l Hourly Wages</b> |
|----------------------------|---------------------------|
| 5 Years                    | \$0.50                    |
| 10 Years                   | \$1.00                    |
| 15 Years                   | \$1.50                    |
| 20 Years                   | \$2.00                    |
| 25 Years                   | \$2.50                    |