



Summary of Changes for MNA – Beacon Kalamazoo Collective Bargaining Agreement Effective 2/13/26 – 12/14/28

View previous CBA and full details of changes at www.minurses.org/borgess

ECONOMIC ISSUES

Article 25 – Paid Time Off

- Retained our accrual system. Can earn PTO on up to 80 hours per pay period and roll over from year to year. (More PTO days and much more flexibility on when to use it than non-union.)
- Retained our 8 holidays.
- Will be granted PTO for vacation if you have the ability to earn it before the vacation, even if not in your bank during the blitz. (Current practice but now protected in the contract.)
- Earned Sick Time Act requires employer to grant up to 72 hours per year for sick leave without penalty. PTO-E days are now rolled into this.
- If you say you are taking ESTA hours when you call-off, you will not be given attendance points (for up to 72 hours). It will be “No questions asked.” Two hours’ notice required.
- When you take a whole week off in a department with on-call requirements, you will not be put on call between your last scheduled shift and first shift back from PTO. But you may be required to do cover your typical number of on-call shifts on other days during that schedule.
- You won’t be required to pick up an alternate weekend or holiday shift if you call-off on a weekend or holiday (which is standard Beacon policy).
- No PTO black out dates (which Beacon has elsewhere), and we clarified the charts that guarantee a minimum number of RNs to be granted PTO.
- They will attempt to allow more procedural area nurses to take PTO during low-volume weeks.

Article 27 – Salaries and Premiums

- Retain step system and top of scale bonuses
- 6% wage increase retroactive to December 15, 2025
- 4% pay increase effective December 13, 2026
- 4% pay increase effective December 12, 2027

RNs will move diagonally on the following wage chart. On the dates listed in the second row, nurses will receive a Step increase to reward years of experience and the pay scale will be adjusted upwards to reflect increased cost of living (and union power).

Years of Licensure	Step	Current Rate	Year 1	Year 2	Year 3
			Retro to 12/15/25	12/13/2026	12/12/2027
			4% COLA	2% COLA	2% COLA
<1	1	\$33.44	\$34.78	\$35.47	\$36.18
1	2	\$34.11	\$35.47	\$36.18	\$36.91
2	3	\$34.79	\$36.18	\$36.91	\$37.64
3	4	\$35.49	\$36.91	\$37.65	\$38.40
4	5	\$36.20	\$37.65	\$38.40	\$39.17
5	6	\$36.92	\$38.40	\$39.16	\$39.95
6	7	\$37.66	\$39.17	\$39.95	\$40.75
7	8	\$38.41	\$39.95	\$40.75	\$41.56
8	9	\$39.18	\$40.75	\$41.56	\$42.39
9	10	\$39.96	\$41.56	\$42.39	\$43.24
10	11	\$40.76	\$42.39	\$43.24	\$44.10
11	12	\$41.58	\$43.24	\$44.11	\$44.99
12	13	\$42.41	\$44.11	\$44.99	\$45.89
13	14	\$43.26	\$44.99	\$45.89	\$46.81
14	15	\$44.12	\$45.88	\$46.80	\$47.74
15	16	\$45.01	\$46.81	\$47.75	\$48.70
16	17	\$45.91	\$47.75	\$48.70	\$49.68
17	18	\$46.82	\$48.69	\$49.67	\$50.66
18	19	\$47.76	\$49.67	\$50.66	\$51.68
19+	20	\$48.72	\$50.67	\$51.68	\$52.72
			\$50.67 +2%	\$51.68 + 2%	\$52.72 + 2%
			TOS Bonus	TOS Bonus	TOS Bonus

- Any time you pick up available hours you will be paid an extra \$15/hour above base wages. Overtime applies, so you will receive 1.5x pay on your regular wage and the incentive after working 40 hours in a week.
- Voluntary call shifts paid at \$10/hour; 2x pay for worked hours on mandatory call shifts
- Charge nurse differential is now \$3/hour
- SWAT/Code Team Differential is now \$2.25/hour

- NRT differential is now \$6/hour
- CVOR now has a \$6/hour differential
- Hospital will strive to give 30-day notice when they require new competencies and educational modules
- Clarified language on how weekend and shift differentials paid.

Article 28 – Insurance

- Language stays the same, but added the following Letter of Agreement that addresses many concerns:

Appendix C – Letter of Agreement Regarding Insurance

- They will reopen enrollment so you can change benefits based on the following changes.
- Beacon will pay for Short Term Disability for RNs in the same was Ascension did. 50% salary replacement is completely paid for by Beacon. You can buy up to 70% salary replacement. 7 day elimination period.
- Part-timer RNs can once again buy Long Term Disability, like they did under Ascension.
- Life Insurance: Part-time RNs will be covered for 1 year’s salary (non-union part-timers only get \$10,000.)
- No \$2500 facility fee for getting care in an out-of-network facility
- No \$75 per paycheck spousal surcharge if your spouse can get insurance elsewhere
- You can have your own PCP complete the wellness screening instead of having to do it through employee health. (No need for spouse to take extra time off, or give your data to Beacon.)
- All mental health coverage at Tier 1 (if a Beacon provider) or Tier 2 (even if out-of-network).
- Can get preventative care from out of network PCPs covered at 50% after out of network deductible.
- Daughters covered on your insurance can have cost of pregnancy care and birth covered (the baby needs its own insurance).
- Dental insurance: Beacon offered a modified plan but it had the same limited network of providers and would have raised members’ premiums. Instead, we took increased wages to offset the higher costs of dental insurance and will continue pushing for an entirely new plan.

Article 30 – Retirement

- Pension language retained. Name of plan updated.
- Everyone employed before contract is ratified will stay on Ascension 403(b) system.
 - Employer contributes 4.5%-6% of your annual base earnings, depending on how long you’ve worked here.
- Everyone hired after ratification will go to the Beacon 403(b) system.
 - Employer matches up to 4% of your annual base earnings, dollar for dollar.
- Everyone vests after only 2 years, whether Ascension owned the hospital or Beacon did.

Article 32 – Staffing

- New section regarding Charge Nurses:

“A. Charge Nurse: An RN designated by an appropriate supervisor who has functional responsibility for an entire department (where patients are present) during their shift of work. The intention is for the Charge Nurse to be a confident, experienced nurse that is familiar with Medical Center and the operations of the department. The Charge Nurse will be a bargaining unit RN whenever possible. However, a bargaining unit RN will not be assigned Charge Nurse duties until their 1-year anniversary of hire. Nurse Resource Team RNs familiar with the department can be assigned Charge Nurse duties if an appropriate RN from the department is not available. Non-NRT nurses who have been reassigned to a different department will not be assigned Charge Nurse duties except in emergency situations.

B. Supervisors will assign Charge Nurse duties to those RNs they determine are prepared to serve in the role, taking the preferences of the qualified RNs in the department into consideration. If management has not designated a charge nurse on a given shift, the most senior bargaining unit nurse will assume Charge Nurse duties.”
- Management will post a clear chart that lists the staffing ratios in every unit as well as whether that unit has FTE budgeted for a free charge nurse.
- Will try to grow NRT unit, created permanent incentive for working extra shifts, and created incentive for extra on-call shifts.

WORKING CONDITIONS

Article 1 – Role of the Nurse

- No changes

Article 6 – Committees and Special Conferences

- Chairs of DBCCs will serve on Nursing Service Coordinating Council
- NSCC will meet quarterly and regularly discuss issues of safety, sanitation, and environmental health

Article 9 – Nondiscrimination

- Hospital agrees not to discriminate on the basis of “gender identity”

Article 10 – Employee Definitions

- 32 hours or more per pay period makes you Part-time, and in the bargaining unit
- PRNs are scheduled for less than 32 hours per pay period

Article 11 – Seniority

- RNs can now keep their bargaining unit seniority if they take a job outside the hospital but then return to a bargaining unit position within 28 days. Until now, this was only if the non-bargaining unit job was still at the hospital.

Article 12 – Transfers and Vacancies

- Managers can ask or require an RN to job-shadow before offering a job to an RN wishing to transfer departments. RNs will be given opportunity to job shadow a different department if they want to.
- If you transfer units and it's not a good fit, you have 28 days to transfer back or to a 3rd unit, if jobs are available. In surgery you have 28 days after you first watch an actual procedure.
- Can't transfer again for 6 months after this.

Article 13 – Orientation, Evaluation, and Licensure

- New language: “Orientation to the OR unit will incorporate procedural observation interspersed with the Perioperative 101 course, so that RNs new to the department can understand the realities and consider the expectations of the position early in the process.”

Article 14 – Educational Development

- Retain tuition reimbursement maximums (double what Beacon usually provides)
- RNs do NOT need to obtain a Bachelor of Nursing degree (Beacon usually requires it)
- Hospital will provide mandatory in-services on the night shift whenever possible
- Nurses will be excused from their shift the night before if they are required to attend an in-service training of four hours or more during a day shift.

Article 15 – Hours of Work

- Language about FT working every third weekend moved here from Article 27
- “In each department management will develop a department-based plan to provide breaks and lunches for nurses.”
- Defines the regularly expected number of on-call hours for each unit that requires call.
- Scheduling will be done either on a patterned schedule or self-scheduling basis. Management can't just schedule nurses based on their own needs each six weeks.
- DBCCs cannot alter the process when the hospital needs to break from the pattern or the self-schedule preferences. Management will ask for volunteers, then move lowest senior RN.

Article 16 – Flex, Flex-Float, Float Positions

- Flex, Float, and Flex-Float Positions are eliminated. (These are different from NRT.)
- We are leaving this article blank for future use

Article 17 – Nursing Resource Team (NRT)

- Letter of Agreement that both MNA and management will work to recruit nurses currently employed at the hospital into NRT positions

- NRT nurses will make \$6.00 more per hour than they would as a single-unit nurse

Article 18 – Available Hours

- Hours that become available after the schedule is posted will be awarded as follows: The hospital will send out a mass text announcing the available hours. First come, first served to claim the hours, but they will only award to non-union nurses if no MNA nurse has claimed the hours within 30 minutes.
- When the hospital has extra call shifts available, RNs can volunteer to pick them up for \$10/hour when you are at home (standby) and 1.5x pay for hours you actually work.
- If there aren't enough volunteers, RNs can be mandated to cover them in reverse order of seniority with the rotation resetting quarterly. Mandated call shifts will be paid at \$5/hour at home (standby), and 2x pay for hours actually worked.

Article 19 – Low Need Reassignment, and Support RNs

- Low Need section new language: “Agency and Temporary RNs shall be mandated on low need before bargaining unit RNs. Provided a PRN has met their three (3) required competency days (inclusive of any days worked within a six (6) week schedule period), the PRN shall be mandated on low need before bargaining unit RNs.”
- Totally overhauled Reassignment section:

Section 2 – Reassignment

- A. When the Medical Center determines that a department needs additional staff on a specific shift, it will do so according to the following procedure.
 - a. Seek qualified volunteers among the RNs working in the department
 - b. Reassign qualified agency RNs working in the department
 - c. Reassign qualified PRN nurses working in the department
 - d. Reassign qualified Nurse Resource Team nurses working in the department
 - e. Reassign qualified bargaining unit RNs in the department by rotation in reverse order of seniority. Rotation shall be reset every quarter: January 1, April 1, July 1, and October 1.

Reassignment may occur for an entire shift or part of a shift.

Any of the above listed RNs who do not have special qualifications necessary to provide care to patients on their home unit at the time of reassignment may be reassigned before RNs who have the necessary special qualifications to care for the patients on the unit at the time of reassignment.

RNs who pick up unexpected available hours in their home department less than eight (8) hours before a shift begins will not be reassigned outside the department.

RNs who pick up expected or unexpected available hours in a department other than their home department will not be reassigned outside that department.

RNs who pick up expected or unexpected available hours in their home department more than eight (8) hours before a shift begins can be reassigned according to Section 2. A. e. above.

An RN will not be reassigned until they have completed their orientation period within their home department and worked in their department for six months.

- B. RNs can be assigned to [a patient assignment or] “helping hands” tasks (not a direct patient assignment) in any department, so long as they are first given a geographic orientation to the unit and provided access to all needed supplies.
- C. A registered nurse that has been reassigned to another department for a patient assignment can be approved to return to their home department. If the need arises, a reassigned nurse may also be directed to follow an assigned patient to another department.
- D. Registered Nurses will not be mandated to work beyond the end of their scheduled shift in the department to which they have been reassigned or in their home department on a shift in which they have been reassigned.
- E. Registered Nurses who have been reassigned (received a patient assignment) will receive Reassignment Pay as determined in Schedule A.
- F. RNs from the following departments (Labor & Delivery, CVL/EP, IR/NIL, Surgery (General and Cardiac), OSS, Endoscopy, PACU) will not be reassigned to non-procedural areas. RNs in Presurgical Testing and Patient Placement will not be reassigned or given “helping hands” duty, but may volunteer. SWAT RNs will only be given “helping hands” duty when clinically necessary and may leave that duty when the clinical necessity has been resolved or SWAT duties are required.
- G. The following shall not be considered “reassignment”: (a) when a unit is closed or at capacity and the nurse(s) follow the patients; or (b) when a nurse within surgical services (OSS, PACU, Endoscopy, OR) is performing the same task or has received training allowing them to perform a task within another department of surgical services (e.g. when an OR RN works in Endoscopy, an OSS RN performs a local in the OR, a PACU RN follows a patient to OSS, etc.).

Article 20 – Temporary Unit/Department Closure

- No changes

Article 21 – Layoff and Recall

- “Education” (i.e. having your BSN or not) will not be a factor in determining who to lay off from bargaining unit positions.

Article 22 – Maintenance of Corrective Action

- Attendance and other issues tracked separately
- Each discipline step remains active for one year, then drops back a step
- You have a right to a union rep during all investigatory and disciplinary meetings

- MNA will provide a rep so the meeting can happen within 48 hours of the request

Article 26 – Leaves of Absence

- No changes

Article 29 – Health Programs

- New language:

“Any employee who has been the victim of an assault will be provided the opportunity to be assessed by Employee Occupational Health. An employee who is the victim of a work-related assault shall not lose pay for seeking medical treatment, counseling services or needing a short respite during the shift in which the assault happened. Any employee who has been the victim of an assault while working will be encouraged to utilize Employee Assistance Program therapists. If an assault is reported to the Medical Center Event Reporting System (ERS) and the Medical Center investigation determines personal property was damaged by the assault, the Medical Center will replace the damaged personal property.”

Article 31 – General

- No changes

Appendix B – Letter of Understanding Regarding Clinical Ladder

- We can participate in the Beacon Clinical Ladder program, which pays up to \$4000 per year at the highest rung. Ascension topped out at \$1500.
- Participation in MNA counts as participation in a professional organization, which earns you points.

UNION RIGHTS AND PROCEDURES

Agreement, Purpose and Intent

- Change name of hospital from Ascension Borgess to Beacon Kalamazoo in this article and other places throughout the contract

Article 2 – Recognition

- Removed references to Ascension and Order of Sisters of St. Joseph
- Clarified how seniority dates are assigned to bargaining unit members who start as Graduate nurses

Article 3 – Association Membership and Security

- All bargaining unit members must become dues paying members (giving you the right to vote and run for office) OR pay a service fee (with no right to vote or hold office) in order to fairly cover the costs of bargaining and representation during disciplinary investigations.

Article 4 – Payroll Deduction for Association Dues

- Relevant info moved to Article 3. Left blank for future use.

Article 5 – Representation

- MNA will now have an office at room 273, in 2 Center. This is a much more accessible location than our current office. Will begin holding office hours.

Article 6 – Committees and Special Conferences

- Chairs of DBCCs will serve on Nursing Service Coordinating Council
- NSCC will meet quarterly and regularly discuss issues of safety, sanitation, and environmental health

Article 7 – Use of Facilities

- No changes

Article 8 – Management Rights

- No changes

Article 23 – Grievance Procedure

- Relevant managers will attend grievance meetings when possible
- New system for picking outside arbitrators
- Financial rewards for grievances we win will be paid within two paychecks

Article 24 – Withholding of Professional Services

- No changes

Article 33 – Scope, Waiver, and Alteration of the Agreement

- No changes

Article 34 – Term of the Agreement

- Contract will expire on December 14, 2028

Appendix A – Letter of Agreement Regarding Departments

- Updated names and locations of some units
- ED Annex is now considered the same department as ED, but they will continue to hire Annex specific positions. They will increase cross-training so that main ED and Annex nurses can cover for each other when needed.