New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#							
	SECTION I: Parties	and Term of Conta	racts					
1	Public Employer: Delaware Valley Regional HS BOE			County: Hunterdon				
2	Employee Organization	Employee Organization; Delaware Valley Regional Administrators Association			Number of Employees in Unit:			
3	Base Year Contract Te	July 1, 2019 - J	June 30, 2020	New Contract Term: July 1, 2020 - June 30, 2023				
	SECTION II: Type o		ent (please check					
4	Contract set	Contract settled without neutral assistance						
5	Contract set	Contract settled with assistance of mediator						
6	Contract set	tled with assistance o	of fact-finder					
7	Contract sett	Contract settled with assistance of super-conciliator						
8			-	a report with recomm	mendations?			
	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? Yes No							
	SECTION III: Salary	Base						
	The salary base is the the parties negotiate			pired or expiring agr	eement. This is the	e base cost from which		
9	Salary Costs in Base Year \$548,935							
10	Longevity Costs in Base Year							
11	Total Salary Base \$ 548,935							
	SECTION IV: Salary	Increases for Each	Year of New Agre	eement*				
		Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	7/1/2020	7/1/2021	7/1/2022				
13	Cost of Salary Increments (\$)	8,957	9,072	9,190				
14	Salary Increase Above Increments (\$)	3,943	4,131	4,323				
15	Longevity Increase (\$)	0						
16	Total \$ Increase (sum of lines 13-15)	12,900	13,203	13,513				
17	New Salary Base (\$)	561,835	575,038	588,551				
18	Percentage increase over prior year	2.35 %	2.35 %	2.35 %	%	%		
	*If contract duration i	s longer than five ye	ars, please add an ac	dditional page.				

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description Assume Teaching Responsibilities	Base Year Cost (\$) \$32/\$47/hr	Year 1 Increase (\$) \$40/\$50/hr	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

^{*}If contract duration is longer than five years, please add an additional page.

	SECTION VI: Medical Costs		
		Base Year	Year 1
21	Health Plan Cost	\$ 50,712	\$ 52,233
22	Prescription Plan Cost	\$ 14,886	\$ 11,492
23	Dental Plan Cost	\$ 3,015	ş 3,235
24	Vision Plan Cost	\$	\$
25	Total Cost of Insurance	\$ 68,613	ş 66,960
26	Employee Insurance Contributions	\$ 24,015	ş 23,436
27	Employee Contributions as % of Total Insurance Cost	35	_% 35 _%

Page 2 of 3 (complete all pages)

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

Increased the orthodontia maximum to \$1,500 from \$1,000.

Prescription Drug Co-Pays increased and removed the formulary as follows:

\$20 Non-Preferred Brand/\$10 Preferred Brand and \$5 Generic Retail

\$25 Non-Preferred brand/\$15 Preferred Brand and \$5 Generic Mail order

to

Retail \$30 Brand/\$15 Generic

Mail order \$60 Brand/\$30 Generic

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Teresa O'Brien

Position/Title:

Business Administrator

Signature:

Tue O'Bri

Date:

June 10, 2021

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016