SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Deta Public Employer:	Bridgewater-Raritan Regional School District Bridgewater-Raritan Education Association				County: Som	County: Somerset	
Employee Organization					Employees in Unit: 1.147		
Base Year Contract Term:	7/1/2012 6/30/2015 ☑ Mediated Settlement ☐ Fac		New Contract Term 7/1/2015			6/30/2018	
Type of Settlement:					☐ Voluntary Settlement ☐		
)			Base Year	umn A - Total Costs evious agreement)	Column B <u>New Base Year - Total Co</u> (First Year of Successor egreer		
Section II: Economic							
			\$70,745,446		\$73,044,673	<u></u>	
	rement	-					
	ngevity	_			_		
Item 4				Marie Control	-		
Item 5		_				 	
Nem 6			ļ 		-		
lem 7		_		******	-		
ltem 8					_	<u></u>	
Item 9		_			-		
Rem 10		_		,	-	·····	
Item 11		······			-		
Any additional items list on separate at	heel	Additional Items			-	 [
The desired series and the series of		ywdiodiai lietra					
Section III: Totals - Sum of costs in each column		\$70,745,446		\$73,044,673	_ \$73,044, 6 73		
		(Total)		(Total)			
Section IV: Analysis of new succes	ssor agreement		<u>NEW AGREE</u>	MENT ANALYSIS			
Total Base Year(previous agreement)	\$70,745,44	16					
FW-W- Date (-12)							
Effective Date (m/d/vvvv) Percent Increase		7/1/2015	7/1/2016	7/1/2017			
Total cost of increase		3.25	2.95	2.85			
Total base salary (successor agreemen	nd)	\$2,299,227	\$2,154,818	\$2,143,185			
·		\$73,044,673	\$75,199,491	\$77,342,676	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Section V: Impact of Settlen		increase over ferm of agr	eement				
Percentage Impact (average per year o		3.01					
Dollar Impact (average per year over to	em or agreement)	\$2,199,077.00					
Section VI							
Health Insurance (Indicate custs assoc	risted on each line)		(3.)				
Cost of Health Plan		Base Year \$13,511,025	Year (A) \$14,575,000				
Employee Contributions		\$3,900,000	\$3,900,000				
Prescription		\$3,750,000	\$4,125,000				
Dental		\$1,362,000	\$1,390,000				
Vision		\$0	\$0				
The undersigned certifies t	hat the foregoing figu.	res are true and is awar	e that if any of the fi	oregoing items are	false, s/he is subject to punisment.		
Section VII							
Prepared by:	Peter F. S	Starrs_ 0		ו	rille: Business Administrat	or/Board Sec	
	Print Name			,	-		
	_ /			D	Date: 9/19/16		
	-	Signature			***************************************		