# New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#						
	SECTION I: Parties	and Term of Cont	racts				
1	Public Employer:	oloyer: Bergen County Utilities Authority		County: Bergen County			
2	Employee Organization	ion: Communications Workers of America		Number of Employees in Unit: 14			
3	Base Year Contract Te	January 1, 2016 through December 31, 2019		New Contract Term: January 1, 2020 through December 31, 2023			
	SECTION II: Type o	f Contract Settlem	ent (please check	only one)			
4	Contract settled without neutral assistance						
5	Contract settled with assistance of mediator						
6	Contract settled with assistance of fact-finder						
7	Contract settled with assistance of super-conciliator						
8	If contract was settled	d in fact-finding, did	the fact-finder issue	a report with recomi	mendations?		
	Yes No No						
_	SECTION III: Salary	Base					
	The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.						
9	Salary Costs in Base Y	.11 393 391					
10	Longevity Costs in Base Year		\$ 49,862				
11	Total Salary Base \$ 1,443,253		\$ 1,443,253				
	SECTION IV: Salary Increases for Each Year of New Agreement*						
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	1/1/2020	1/1/2021	1/1/2022	1/1/2023		
13	Cost of Salary	36,958	45,461	50,320	33,630	TOTAL CONTROL OF THE PROPERTY	
14	Increments (\$) Salary Increase Above Increments (\$)	0	0	0	0	Vienne Control	
15	Longevity Increase (\$)	5,696	2,345	5,469	6,293		
16	Total \$ Increase (sum of lines 13-15)	42,654	47,806	55,789	39,923		
17	New Salary Base (\$)	1,485,907	1,533,713	1,589,502	1,629,425	A description of the second se	
18	Percentage increase over prior year	2.96 %	3.22 %	3.64 %	2.51%	%	
	*If contract duration is	s longer than five yed	ars, please add an a	dditional page.			

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19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
			Pre-Architecture or approximate matter, when instantive (II)			GOVERNMENT AND	
						parameter remaindent of the day o	
		parameter receipts a finite for the following the second of the second o	///		Charge ASSESSABLIS COSTS - GROUP OF STATE OF STA		
20	Totals(\$):		The second distribution of the second distributi	Amendment recovery on the property desired the last		The state of the s	

<sup>\*</sup>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	\$ 272,471	\$ 268,415
22	Prescription Plan Cost	\$ 115,313	s 142,635
23	Dental Plan Cost	\$ 15,469	<b>\$</b> 14,998
24	Vision Plan Cost	<b>\$</b> 3,245	ş 3,287
25	Total Cost of Insurance	\$ 406,498	\$ 429,335
26	Employee Insurance Contributions	\$ 130,900	s 73,544
27	Employee Contributions as % of Total Insurance Cost	32.20	% 17.13 %

Page 2 of 3 (complete all pages)

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

The percentages of employee health care contributions based upon the employee's pensionable income have been reduced.

All employees enrolled in Plus POS Plan C shall be consolidated in Plus POS Plan D with the following changes:

- Increase in medical co-pay from \$5 to \$10
- Increase in prescription drug co-payments; Generic increased from \$5 to \$10 and Non-Preferred Name Brand increased from \$15 to \$30

For Employees hired after January 1, 2017, the following changes have been made:

• Lifetime maximum orthodontic benefit increased from \$2,000 to \$2,500 per covered person

Dependent dental coverage has been extended to provide coverage through the year the dependent reaches the age of 26

### **SECTION VII: Certification and Signature**

The undersigned certifies that the foregoing figures are true: 29

Print Name:	Thomas Logan
Position/Title:	Personnel Administrator/Custodian of Records
Signature:	The figure
Date:	115/2021

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

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