

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: COUNTY OF UNION County: UNION
 Employee Organization: COMMUNICATION WORKERS OF AMERICA (CWA) Employees in Unit: 399
 Base Year Contract Term: 7/1/2009 - 6/30/2013 New Contract Term: 7/1/2013 - 6/30/2016
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

Section II: Economic	Column A	Column B
	Base Year - Total Costs (Last Year of Previous agreement)	New Base Year - Total Costs (First Year of Successor agreement)
	<u>7/1/2009 - 6/30/2013</u>	<u>7/1/2013 - 6/30/2016</u>
Item 1 Salary		
Item 2 Increment		
Item 3 Longevity		
Item 4	<u>SEE</u>	<u>SEE</u>
Item 5	<u>MOA</u>	<u>MOA</u>
Item 6		
Item 7		
Item 8		
Item 9	<u>ATTACHED</u>	<u>ATTACH</u>
Item 10		
Item 11		
Item 12		
Any additional items list on separate sheet Additional Items		
Section III: Totals - Sum of costs in each column		
	(Total)	(Total)

Section IV: Analysis of new successor agreement NEW AGREEMENT ANALYSIS 7/1/2013 - 6/30/2016
 Total Base Year (previous agreement) _____
 Effective Date (m/d/yyyy) _____
 Percent Increase SEE MOA ATTACHED
 Total cost of increase _____
 Total base salary (successor agreement) _____

Section V: Impact of Settlement - average annual increase over term of agreement
 Percentage Impact (average per year over term of agreement) _____
 Dollar Impact (average per year over term of agreement) _____ SEE MOA ATTACHED

Section VI

Health Insurance (Indicate cost associated on each line)

	Base Year	Year 1		
Cost of Health Plan				<u>SEE MOA ATTACHED</u>
Employee Contributions				
Prescription				
Dental				
Vision				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII
 Prepared by: MARK TRAUM Title: LABOR RELATIONS COORDINATOR
 Signature: [Signature] Date: 3/29/2016



UNION COUNTY BOARD OF CHOSEN FREEHOLDERS

3/11/2010

RESOLUTION NUMBER: 2010-262

WHEREAS, the County of Union and CWA Local 102 engaged in collective bargaining for a new Labor Agreement between the parties to replace the current Agreement which expired on June 30, 2009, and

WHEREAS, the County of Union and CWA Local 1080 negotiating committees reached a tentative agreement on February 24, 2010 and the Union ratified on March 1, 2010; and

WHEREAS, the County of Union now desires to confirm the understanding in the Memorandum of Agreement which is attached hereto and made a part hereof:

NOW, THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Union that it hereby authorizes the County Manager to sign any and all documents necessary to enter into a Memorandum of Agreement with CWA Local 1080.

NO SUFFICIENCY OF FUNDS REQUIRED

Frank W. Paduano

3-8-2010

RECORD OF VOTE																	
FREEHOLDER	Aye	Nay	Abs	Pass	Res.	Mot	Sec	NP	FREEHOLDER	Aye	Nay	Abs	Pass	Res.	Mot	Sec	NP
ESTRADA	X								VAN BLAKE								X
JALLOH	X								WARD	X							
KOWALSKI	X						X		SCANLON VICE CHAIRMAN	X							
MIRABELLA	X					X			SULLIVAN CHAIRMAN	X				X			
PROCTOR								X									

APPROVED AS TO FORM
[Signature]
COUNTY ATTORNEY

I hereby certify this is an original resolution adopted by the Board of Chosen Freeholders of the County of Union on the aforementioned date.
[Signature] CLERK

I hereby certify this is a true copy of a resolution adopted by the Board of Chosen Freeholders of the County of Union on the aforementioned date.
_____ CLERK


MEMORANDUM OF AGREEMENT
CWA LOCAL 1080
&
COUNTY OF UNION

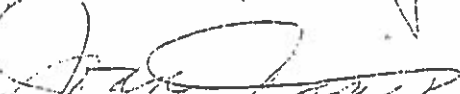
The County and CWA Local 1080 engaged in collective bargaining for a new Labor Agreement between the parties to replace the current Agreement which expired on June 30, 2009. The County and CWA Local 1080 have reached a tentative agreement which the parties now desire to confirm in this Memorandum of Agreement.


The tentative Agreement is subject to the ratification of the membership of CWA Local 1080 and is subject to the approval of the Union County Board of Chosen Freeholders. The Bargaining Committee of CWA Local 1080 agree to recommend, without reservation, the approval of the tentative Agreement to the membership of the Union. The representatives of the County agree to recommend, without reservation, the approval of the tentative Agreement to the Union County Board of Chosen Freeholders.


Therefore, the County and CWA Local 1080 agree to the attached five (5) pages of modifications to the Collective Bargaining Agreement. The parties by their signatures set forth below signify their agreement as to the terms set forth in this Memorandum of Agreement.

For CWA Local 1080:

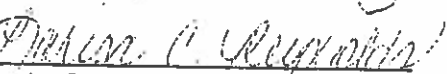

Gail Mason-Massey, Representative

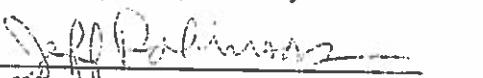

Joan Tapia, President

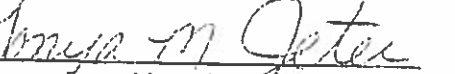

René Wilder, Vice President


Charles Omoregie, Vice President


Arthur Kelly, Treasurer



Larisa Reynolds, Secretary

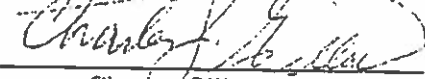

Jeff Robinson, Negotiation Team Member


Tonya Jeter, Negotiation Team Member

For the County of Union


Joseph Saleh
Labor Relations Consultant


Frank Guzzo
Director, Department of
Human Services


Charles Gillon
Director, Division of
Social Services

Date February 24, 2010

1. Duration: (Article 33)

July 1, 2009 to June 30, 2013

2. Salaries: (Article 21)

2009 – 3% (Retroactive to July 1, 2009)

2010 – 0%

2011 – 0%

2012 – 3%

3. Health Insurance Benefits for Retirees: (Article 19)

Effective April 1, 2010, there shall be a health insurance plan for employees covered by the recognition clause of the Collective Bargaining Agreement, subject to the following terms and conditions:

- a) ***Eligibility:** Employees must have been actively employed with the County of Union on or before March 11, 2010; and must retire on either a disability pension, or retire having reached the age of 55 and having 25 years or more of service with the County, or reach the age of 62 years or older with 15 years of service with the County. Employees who otherwise qualify for coverage but who retire before age 55 shall be entitled to receive coverage under this plan upon reaching age 55. This benefit will only be provided to those retirees meeting the eligibility requirements who do not have health insurance coverage provided hereunder, and eligible retirees shall cooperate in good faith with the County to verify that they are not eligible to receive such substantially equivalent or better health insurance coverage.

- b) ***Description:** This benefit shall consist of coverage under the CIGNA Open Access Plus Health Insurance Plan with the prescription component provided by MEDCO at 0-Co-pay Mail and 30% Co-pay Retail. Subject to the vested material rights of employees covered hereunder, the County reserves the right to change or modify the plans at any time so long as the modified plans provide substantially equivalent or better coverage to that in effect for the eligible members of the bargaining unit at the time of their retirement provided such coverage remains generally available in the insurance market at commercially reasonable rates.

*Benefit includes Family/HW or PC coverage as applicable

- c) Future Employees: Employees hired after March 11, 2010, shall only be eligible for the health benefit subsidy as set forth in the Collective Bargaining Agreement.
- d) Cessation of Subsidy: Upon implementation of retiree health benefits provided in a) and b) above the County shall be obliged to pay the full cost of health insurance premiums for qualifying retirees hereunder. Those qualifying retirees shall not be eligible for or receive the subsidy provided in the Collective Bargaining Agreement.
- e) Health Benefit Buyout Option: Any retiree eligible to receive benefits or then receiving benefits as described above, with either Family or Husband/Wife coverage in any of the available health benefits plans, may voluntarily opt out of that plan providing their spouse has either Family or Husband/Wife coverage either through the County or through another employer. In return for opting out, the County shall pay to the eligible retiree the sum of \$5,000.00 annually, to be paid in quarterly installments over the next year. The \$5,000.00 sum shall be reduced to \$2,500.00 per annum upon the eligible retiree's reaching Medicare eligibility. The payments will be prorated if less than one year of the benefit is available. Eligible retirees opting out shall retain the right to re-enter the County's health benefit plan on a monthly basis. Upon re-entering the plan, payments for opting out shall cease. This benefit shall be discontinued if the County becomes self-insured.

4. Health Benefits: (Article 19)

Drug Prescription Benefits

Effective April 1, 2010, Co-payments shall be as follows:

Retail:

\$20.00 co-pay per prescription for name brand where generic is available.

\$15.00 co-pay per prescription for name brand where no generic is available or name brand is required by the physician.

\$6.00 co-pay per prescription for generic.

Mail:

\$15.00 co-pay per prescription for name brand where generic is available

\$10.00 co-pay per prescription for name brand where no generic is available or name brand is required by the physician.

\$5.00 co-pay per prescription for generic.

The above co-pays shall apply to both retail pharmacy purchases (up to 30 day supply and a ninety (90) day supply through mail order.

The restriction on flow through of prescription co-payments to the Major Medical portion of the health insurance coverage shall be continued.

Drug Plan Utilization Modifications

- a) Enhanced Concurrent Drug Utilization Review (Refill too soon/stockpiling)
- b) Preferred Drug Step Therapy (Generic or Preferred Name Brand first)
Limited to PPI, SSRI and Intranasal steroid drugs
- c) Clinical Intervention (Statement of medical necessity from MD)
limited to Anti-Narcoleptic Agents, Weight Loss and Anti-Neoplastic Agents

Health Insurance Plan Modifications

Effective April 1, 2010, the following modifications shall be implemented:

- a) The Third Party Administrator (TPA) will be eliminated and the County will no longer reimburse employees for any out-of-network charges.
- b) Emergency Room co-pays shall be implemented as follows:

Effective April 1, 2010 - \$25.00 per visit

- c) Effective April 1, 2010, new employees shall contribute the following percentages of salary:

	<u>*7/03-3/31/10</u>	<u>4/1/10</u>
Family	2.5%	3%
H/W & P/C	2%	2.5%
Single	1.5%	2%

*Contribution rate for employees hired after July 1, 2003, will be capped at these rates.

5. Preamble - change effective date of the Agreement

6. Recognition (Article 1)

Add Title - Employment Specialist

7. Titles & Ranges (Article 21, Section 6 & Schedule F)

In accordance with Tentative Agreement attached adjust titles and ranges

8. Salaries (Article 21, Section 3)

Delete second paragraph...beginning with "Employees hired in the HSS1 title between July 1, 2003 and April 1, 2004..."

9. Sick Leave (Article 16)

CWA agrees to comply with the County policy regarding use of paid Sick Leave for disability leave and with the FMLA/FLA Policy

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End.

TENTATIVE AGREEMENT

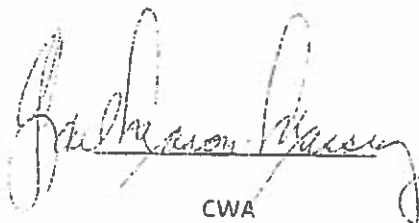
CWA - LOCAL 1080 CONTRACT PROPOSAL #7
SCHEDULE F - TITLES & RANGES
January 14, 2010

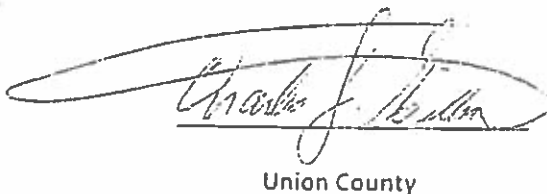
SCHEDULE F - TITLES & RANGES & Article 21, Section 6:

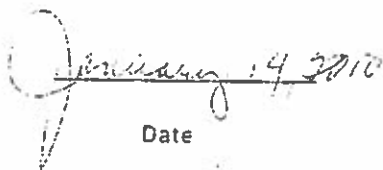
Management reserves right to place employees transferred from other County departments on a salary guide step commensurate with the individual(s) prior salary provided they do not make more than the Maximum of the Range in which they are placed.

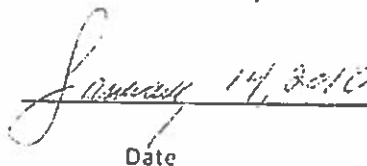
Also, the County and the CWA agree to the following changes in titles and ranges:

<u>Title</u>	<u>To be placed - Range</u>
HSS1	Range 14
Community Service Aides	Range 13
Community Service Worker	Range 14
Employment Specialist	Range 16
Sr. Account Clerk Typing	Range 12A
Sr. Employment Specialist	Range 18
Data Entry Machine Operator	from 8A-Range 9
Supvng Demo Data Entry Machine Operator	from 16C-Range 17


CWA


Union County


Date


Date

AGREEMENT

THIS AGREEMENT made this ___ day of _____, 2010, by and between the County of Union (herein the "County") and _____, (herein the "Employee"), with the approval and consent of CWA - Local 1080 (hereinafter the "Union")

Insert Name of Individual Employee

WHEREAS, the County and Union are parties to a collective bargaining agreement ("CBA") covering the period July 1, 2009 through June 30, 2013; and

WHEREAS, the Employee is a member of CWA - Local 1080 bargaining unit covered by the CBA; and

WHEREAS, in order to obtain the agreement to enter into the CBA, the Union agreed to a zero percent increase to base pay for calendar years _____ and _____ and other agreements as more particularly set forth in the Memorandum of Agreement dated _____, 2010, attached hereto as Appendix A (herein the "Memorandum"); and

WHEREAS, the Union and Employee only agreed to said zero percent increases based upon the assurances from the County and the Union that the retiree health insurance benefits set forth in the Memorandum were fully vested and would not be subsequently eliminated, modified or otherwise limited, except in accordance with the terms of said Memorandum; and

WHEREAS, all parties hereto acknowledge that the Employee has relied to his or her detriment upon the aforesaid assurances and that the elimination, modification or other limitation upon the bargained-for retiree health insurance benefits, except in accordance with the terms and conditions of the Memorandum, would constitute immediate, irreparable and substantial harm to the Employee and his/her dependents; and

WHEREAS, the County and Union agree that the development of the guarantees set forth in this Agreement were bargained for in good faith within the meaning of the New Jersey Employer-Employee Relations Act, N.J.S.A. 34:13A-1 *et seq.* (herein the "Act");

NOW, THEREFORE, in consideration of the mutual covenants, promises, and undertakings herein set forth the parties agree as follows:

WITNESSETH:

1. The County and the Union agree that the retiree health insurance benefits set forth in the Memorandum will not be changed except in accordance with the terms and conditions of the Memorandum.

2. The County and the Union agree that the retiree health insurance benefits set forth in the Memorandum may only be changed as to the Employee and his/her eligible dependents with the written consent of the Employee.

3. The County and the Union agree that any future collective bargaining agreement, sidebar agreement or other agreement or contract into which they may enter, whether written or oral, will be subject to the terms and conditions of this Agreement and the Memorandum of Agreement and that any provision of such future agreement which purports to change any terms or conditions of this Agreement shall be unenforceable as against the Employee and his/her dependents unless the Employee provides his/her written consent for such change(s).

4. The parties hereto agree that good and valuable consideration was provided for the covenants and guarantees set forth in this Agreement by all parties hereto and it is the intent of all such parties that this Agreement be fully enforceable according to its plain language which all parties agree is to be construed in favor of the Employee and against the County and the Union.

5. This Agreement and its interpretation and performance shall be governed by the laws of the State of New Jersey without giving effect to its conflicts of law rules.

6. All parties are bound by this Agreement and each of its provisions. Anyone who succeeds to their rights and responsibilities, such as their successors and assigns, as well as the Employee's heirs and the executor of his/her estate, also are bound. This Agreement is made for the benefit of all the parties hereto and all who succeed to their rights and responsibilities, and expressly includes their officials, employees, agents, attorneys, successors and assigns.

7. This Agreement embodies the entire agreement between the parties hereto and supersedes any prior or contemporaneous agreement, representation or understanding, whether written or oral. This Agreement may not be modified except by written instrument executed by all the parties hereto.

[REMAINDER OF PAGE LEFT INTENTIONALLY BLANK]

WHEREFORE THE PARTIES HERETO SET THEIR HANDS THIS ____ DAY OF
_____, 2010.

COUNTY OF UNION

By: _____
George W. Devanney
County Manager

ATTEST

CWA - Local 1080

By: _____
Joan Tapia
President

ATTEST

Employee Signature

_____, Employee
Print Name

ATTEST



UNION COUNTY BOARD OF CHOSEN FREEHOLDERS

RESOLUTION: 2015-696
AUGUST 20, 2015
CHAIRMAN MOHAMED S. JALLOH

WHEREAS, the County of Union engaged in collective bargaining negotiations with CWA-Local 1080, for a new Labor Agreement between the parties effective July 1, 2013 through June 30, 2016; and

WHEREAS, the County of Union and the negotiating committee for the CWA-Local 1080, reached a tentative agreement on July 21, 2015 and the CWA membership ratified on July 28, 2015; and

WHEREAS, the County of Union now desires to confirm the understandings in the Memorandum of Agreement with the union which is attached hereto and made a part hereof:

NOW, THEREFORE, BE IT RESOLVED by the Board of Chosen Frecholders of the County of Union that it hereby authorizes the County Manager to sign any and all documents necessary to enter into a Memorandum of Agreement with CWA-Local 1080.

Sufficiency of Funds Authorized ; Subject to Inclusion in the 2016 Budget:

Approved as to Form:
 Certifying as to an Original Resolution:
 Certified as to a True Copy:

Caide Mesina

✓ Vote Record- Resolution RES:2015-696		Yes/Aye	No/Nay	Abstain	Absent
<input checked="" type="checkbox"/> Adopted	Bruce H. Bergen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Adopted as Amended	Angel G. Estrada	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Defeated	Sergio Granados	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tabled	Christopher Hudak	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Withdrawn	Bette Jane Kowalska	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alexander Mirabella	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vernell Wight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Linda Carter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mohamed S. Jalloh	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2015-696

MEMORANDUM OF AGREEMENT

CWA – LOCAL 1080

&

COUNTY OF UNION

The County and CWA Local 1080 engaged in collective bargaining for a new Labor Agreement between the parties to replace the current Agreement which expired on June 30, 2013. The County and the CWA Local 1080 have reached a tentative agreement which the parties now desire to confirm in this Memorandum of Agreement.

The tentative Agreement has been ratified by the membership of CWA Local 1080 and is now subject to the approval of the Union County Board of Chosen Freeholders. The Bargaining Committee of CWA Local 1080 agree to recommend, without reservation, the approval of the tentative Agreement to the membership of the Union. The representatives of the County agree to recommend, without reservation, the approval of the tentative Agreement to the Union County Board of Chosen Freeholders.

Therefore, the County and CWA Local 1080 agree to the attached Four (4) pages of modifications including Appendix A, B, & C as a part of the tentative agreement to the Collective Bargaining Agreement. The parties by their signatures set forth below signify their agreement as to the terms set forth in this Memorandum of Agreement

July 28, 2015

Date

7/21/2015 Tentative Agreement

Attachment and Modification of April 5, 2015 Memorandum of Agreement signed by the County and the Communications Workers of America, AFL-CIO. Except as herein modified, the terms and conditions set forth in the 2009 through 2013 Collective Bargaining Agreement and the Memorandum of Agreement signed April 5, 2015 between the County and CWA shall remain in full force and effect. The April 5 Memorandum of Agreement is attached as Appendix A.

7. Article 19 Benefits

Re-opener - Replaced with new Section 5

A. The parties have agreed to the following additional plans and plan design changes.

The County will offer a new lower cost EPO and a High Deductible Plan which shall be available to all eligible employees. The Plan Designs are attached as Appendix B.

- B. The current Direct Access Plans will continue in effect and all current employees shall have the right to change plans at the enrollment period, however, employees hired after the settlement of this agreement shall only be permitted to choose between the new EPO and the new High Deductible plan until the enrollment period that takes place after at least 24 months. If a new employee suffers a catastrophic illness, before the 24 month period, that cannot be covered under the new plans, s/he will be permitted to switch to one of the Direct Access plans under a hardship exception.
- C. Any EPO participant who goes to an in network hospital or outpatient medical facility, shall not be balanced billed if a doctor in the in network facility is not an in network doctor, so long as the service being rendered is an eligible service under the EPO contract.
- D. Emergency Room Services are covered at 100% minus the applicable emergency room copay of \$100. If a member is admitted through the emergency room within 24 hours, the copay is waived. If a member encounters a nonparticipating provider while utilizing the services in the emergency room such as an Emergency Room Doctor, Radiologist, Anesthesiologist, a Pathologist, or an on call Specialist, the services will be covered without the member being balanced billed
- E. The EPO benefit plan will offer the membership the equal Direct Access Network both in and out of state that members currently are provided. All covered facilities and providers that participate with the Direct Access Program will also participate with the EPO program.
- F. Copays shall be as follows:
 - a. Emergency Room \$100
 - b. Primary Care Physicians \$20 – including General Practitioners, Family Practice Doctors, Pediatricians, OBGYN (well care only) and General Internists.
 - c. Specialists - \$40
- G. Bariatric surgery will be covered in the EPO plan.

- H. The County will reimburse up to \$1000 of the individual deductible and up to \$2000 of the family deductible in the "My HSA" High Deductible Plan
- I. Union County is providing self-insured plans. The utilization and experience for all the plans shall be combined when the rate renewal is calculated.
- J. The July 1, 2015 rates for all plans is attached as Appendix C.
- K. The County and CWA agree to create a joint labor/management committee to propose healthcare delivery and utilization changes for future agreements that are designed to both save money and provide better care and incentivize healthy and good healthcare consumer conduct. Participants in the committee shall include 3 members of Local 1080 appointed by the Local President, a representative of the CWA National Union and 4 Management Representatives selected by the County. The committee shall meet no fewer than twice a year, shall have access to utilization and cost data to review, and shall issue a report making recommendations prior to Contract expiration.

9. Article 21: Salaries

- A. On January 1, 2016 all active employees shall receive a bonus of \$500.
- B. Each unit member at top step of the salary guide shall receive the following compensation which will be retroactively added to base salary for all employees actively employed by the County at the time this agreement is ratified:

Effective: 7/1/13: - \$1200

Effective: 7/1/14- \$1200

Effective:7/1/2015 - \$1200

The Range and Step Guide will be changed to reflect the increases in base pay at the top step.

- C. All other employees shall receive their step increments during the contract duration.

D. Section 5 Payroll

The county shall move to a bi-monthly pay schedule beginning in 2016. In order to transition to that schedule employees will be paid in January and February 2016 on the following dates:

January 1, 2016 – employees eligible for back pay under the 2009 Mastriani award shall receive 1 week's pay of the two week award.

January 6, 2016 – All employees will receive the 1st January pay.

January 25, 2016 – All employees will receive the 2nd January pay.

February 10, 2016 – All employees will receive the 1st February pay.

February 29, 2016 – All employees will receive the 2nd February pay.

Summary of Tentative Agreement

A. April 5 Memorandum of Agreement

Term: July 1, 2013 through June 30, 2016.

Recognition: Add Clerk, Keyboarding Clerk, Clerk Steno title series and Data Processing Programmer, and Work Program Specialist (Range 16)

Union rights – Modify and clarify use of union leave, limiting Executive Committee to 30 days leave with pay per contract year.

Discipline – Add progressivity and confidentiality to discipline cause.

Personal and Religious leave – Provide that one day of personal and religious days where day cannot be denied without significant impact to operation of County.

Article 19: Benefits –

Section 1: Out of Network Benefit deductible: \$500 individual/\$1000 all others
Out of Network Reimbursement Rate: 150% of the CMS (Medicare) rate.

Section 2: Prescription

Retail Generic (30 days) \$5.00
Retail Preferred (30 days) \$25
Retail Non Preferred (30 days) \$50
Mail order Generic (90 days) \$5.00
Mail Order Preferred (90 days) \$30
Mail Order Non Preferred (90 days) \$60

Section 4 Health Benefit buy out includes both health and prescription.

Re-Opener – Parties agreed to a reopener on healthcare. That reopener will be addressed in detail in the 7/21/2015 Tentative agreement section of this document - *check*

Article 21: Salaries

Salaries – Updated in the Tentative Agreement Section of this document

Payroll – Updated in the Tentative Agreement section of this document

Article 31: Workplace Violence – Delete as redundant

Exhibits: Add Emergency Closing Policy and Cancer Screening as Exhibits A and B

Thereafter employees will be paid on the 15th and 30th of each month (or 28th or 29th during the month of February).

January 15, 2017 – employees eligible for back pay under the 2009 Mastriani award shall receive the 2nd week's pay of the two week award.

If an employee separates from service during January or February 2016, i.e., prior to full transition to bi-monthly pay, a calculation will be made of days worked vs. pay provided to determine if any money is owed.

If an employee eligible for the 2009 Mastriani award separates from services prior to January 15, 2017, they will receive the full amount of the award owed upon separation.

For CWA:

For the County:

<u>Letty Rosecki</u> 7/21/15	<u>Kathryn O'Connell</u> 7/21/15
<u>Genie Miller</u> 7/21/15	<u>Charles J. Smith</u>
<u>Martha Luonokhalumbe</u> 7/21/15	<u>[Signature]</u> 8/5/15
<u>Lolita Slater</u> 7/21/15	<u>[Signature]</u> 8/5/15
<u>Yvonne Mangia</u> 7/21/15	<u>[Signature]</u>

7/21/2015

Union County and CWA Tentative Agreement

Appendix A

MEMORANDUM OF AGREEMENT

Agreement made this ___ day of April 2015, by and between the County of Union (herein the "County") and Communications Workers of America, AFL-CIO, Local 1080 (herein "CWA").

WHEREAS, the County and CWA are parties to a collective negotiations agreement ("CNA") covering the period July 1, 2009 through June 30, 2013; and

WHEREAS, the County and CWA have been engaged in good faith collective negotiations for the purpose of reaching agreement on terms and conditions of employment for a successor CNA; and

WHEREAS, the County and CWA have reached agreement on new terms and conditions subject to ratification by the membership of CWA and approval by the Freeholders of the County; and

WHEREAS, the negotiating committees for the County and CWA unanimously agree to recommend this agreement for ratification and approval;

NOW, THEREFORE, in consideration of the mutual covenants, promises, and undertakings herein set forth the parties agree as follows:

1. Except as herein modified, the terms and conditions set forth in the 2009 through 2013 CNA between the County and CWA shall remain in full force and effect.
2. Term
July 1, 2013 through June 30, 2016
3. Article 1: Recognition

The parties agree to add the following titles to the Recognition Clause:

Clerk: Clerk 1, 2, 3 & 4; Keyboarding Clerk: Keyboarding Clerk 1, 2, 3 & 4;
Clerk Stenographer: Clerk Stenographer 1, 2, 3 & 4; Data Processing
Programmer; Work Program Specialist (shall be Range 16)

4. Article 3: Union Rights

Section 4: Modify as follows:

Officers or delegates of the local Union, upon one (1) week advance written notice and with the approval of the Director, Division of Social Services, will be allowed by the Employer to take a leave with pay to participate in union conferences, conventions and to conduct other Union Business. Members approved by the Executive Committee will be allowed to take a total not to exceed thirty (30) days of leave with pay per contract year. Executive Committee members shall receive fifteen (15) additional paid union days.

Section 5: Modify as follows:

Officers or delegates of the local Union, upon one (1) week advance written notice and with the approval of the Director, Division of Social Services, will be allowed by the Employer to take a leave without pay to participate in union conferences, conventions and to conduct other Union Business. Members approved by the Executive Committee will be allowed to take a total not to exceed thirty-five (35) days of leave without pay per contract year. Executive Committee members shall receive fifteen (15) additional unpaid union days.

5. Article 7: Discipline for Cause

Add the following: "Discipline shall be progressive in nature, corrective in intent and imposed in private. Management recognizes the need for confidentiality in personnel matters and agrees to adhere to confidentiality regarding any disciplinary actions."

6. Article 13: Personal Business and Religious Leave

Section 6: Add the following:

"Employees who are entitled to a personal day benefit shall be entitled to one preemptory use of any given personal day per year. This single preemptory Personal Day shall not be denied or subjected to restrictions except where granting the Personal Day would result in a significant impact to an operational justification by the County."

7. Article 19: Benefits

Section 1. Modify as follows

Out of Network Benefit
\$500 Single/\$1,000 All Others

Out of Network Reimbursement Benefit*
150% of CMS (Medicare)

*Explanation: HIAA (Health Insurance Teamsters of America) utilizes 170 major contributors in 50 states to create the average cost for services rendered by Facilities and Professional Providers. As the formula relies on average costs to make a payment, providers have had success in increasing the average cost by billing higher fees. This increases plan costs. On the other hand, moving to a percentage of Medicare allows for no such fee inflation. Medicare, as the largest carrier in the United States, applies set fees based on geographical location without reliance on provider charges.

Section 2: Prescription Plan. Modify as follows

	New Co-Pay
Retail Generic (30 day supply)	\$5.00
Retail Preferred Brand (30 day supply)	\$25.00
Retail Non-Preferred (30 day supply)	\$50.00
Mail Order Generic (90 day supply)	\$5.00
Mail Order Preferred Brand (90 day supply)	\$30.00
Mail Order Non-Preferred (90 day supply)	\$60.00

Section 4. Health Benefit Buy Out.

Amend to clarify that it applies to health and prescription coverage.

Re-Opener: The parties agree to re-open negotiations limited to the issue of medical benefits when further information is available to the County relating to the new health benefit plan options the County will introduce as presented at the mediation session on February 27, 2015.

8. Article 20: Health and Safety

Delete Sections 5 and 6.

9. Article 21: Salaries

Section 1.

Each unit member at top step of the salary guide shall receive the following compensation which will not be added to base salary:

Effective 7/1/13	-	\$1200 (retroactive)
Effective 7/1/14	-	\$1200 (retroactive)
Effective 7/1/15	-	\$1200

All other employees shall receive their step increments during the contract duration.

Retroactivity: Employees actively employed by the County at the time this MOA is ratified by the parties shall be entitled to retroactive payments.

Section 5. Payroll

In the event the County determines to change the pay schedule to a bi-monthly schedule, CWA agrees that it will accept the change without dispute. Bi-monthly pay shall be implemented as follows: Employees hired prior to January 1, 2010 shall receive five (5) days pay at the employees 2009 rate and in accordance with Arbitrator Mastriani's March 19, 2014 Award on January 1, 2016. Thereafter, those employees shall receive their bi-monthly pay on the 15th and 30th of each month beginning on January 15th. These employees shall receive an additional five (5) days pay at their 2009 rate and in accordance with Arbitrator Mastriani's Award on January 15, 2017. Any employee hired prior to January 1, 2010 who separates from employment prior to January 1, 2016 or January 15, 2017 shall receive the five or ten days owed at the time of separation. Employees hired after January 1, 2010, shall receive one-half of their January 15, 2016 bi-monthly pay on January 1, 2016 and the second half on January 15, 2016. These employees shall receive the full amount of their bi-monthly pay on January 30, 2016 and then going forward on the 15th and 30th of each month thereafter.

In the event the County implements mandatory direct deposit in 2015 or during the term of this Agreement, CWA agrees that it will accept this change without dispute.

10. Article 31: Workplace Violence

Delete as redundant.

11. Exhibits: Add the Emergency Closing Policy as Exhibit A and the Cancer Screening Frecholder Resolution as Exhibit B.

WHEREFORE, THE PARTIES HERETO SET THEIR HANDS THIS _____

DAY OF APRIL __, 2015

FOR CWA

FOR THE UNION COUNTY

GAIL MASON-MASSEY
REPRESENTATIVE

ALFRED FAELLA
COUNTY MANAGER

RENEE WILDER
PRESIDENT

NORMAN ALBERT, ESQ.
DIRECTOR, ADMINISTRATIVE
SERVICES

7/21/2015

Union County and CWA Tentative Agreement

Appendix B



Advantage EPO DESIGN 1 County of Union

Appendix B
7/21/2015

Benefit	In-Network Benefits Only (Includes Bluecard network)
Benefit Period	Calendar year
Deductible	
Individual	None
Family	None
Coinsurance	100%
Maximum Out of Pocket	
Individual	\$2,000
Family	\$4,000
Maximum Out of Pocket is Calendar year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket.	
Benefit Period Maximum	Unlimited
Lifetime Maximum	Unlimited
Primary Care Physician Selection	Not Required
Doctor's Office Visits	
Primary Care Office Visit	100% after \$20 copay A primary care physician is a general or family practitioner, internist or pediatrician
Specialist Office Visit	100% after \$40 copay A referral is not required to visit a specialist.
Maternity Visits	100% after \$40 copay Copay applies to 1st visit only Dependent children are eligible for Maternity/Obstetrical Benefits.
Allergy Testing and Treatment	100% Note: A copay will only apply when an office visit is billed.
Preventive Care	
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%
Well Child Exams	100%
Well Child Immunizations and Lead Screening	100%
Diagnostic Procedures	
Laboratory	100% in office setting or Labcorp 100% in outpatient facility
Outpatient X-ray/Radiology Services	100% in office setting 100% in outpatient facility
CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling CareCore National, LLC (CCN) at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at 1-866-969-1234 to schedule an appointment.	
Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.	
Hospital Care	
Inpatient Admission (including maternity)	100 %
Room and Board	100 %
Pre-admission Testing	100 %
Surgery in Hospital	100%
Inpatient Physician Services	100%
Outpatient Dept. Services	100%
Emergency Care	
Emergency Room	100% after \$100 facility copay
Ambulance	100%
Outpatient Surgery	
Hospital Outpatient Surgery	100%
Surgery in an Ambulatory SurgiCenter	100%
Mental Health Services	



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Advantage EPO DESIGN 1 County of Union

Inpatient	100 %
Outpatient department	100%
Office setting	100% after \$40 copay
Substance Abuse Services	
Inpatient	100 %
Outpatient department	100%
Office setting	100% after \$40 copay
Alcohol Abuse Services	
Inpatient	100 %
Outpatient department	100%
Office setting	100% after \$40 copay
	Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Value Options at 1-800-626-2212.
Other Services	
Acupuncture	100% after \$40 copay
Bariatric Surgery	100 %
Diabetic Education	100% after office copayment
Diabetic Supplies	100%
Durable Medical Equipment	100 %
Orthotics and Prosthetics (Per NJ mandate)	100% after \$20 copay
Home Health Care	100%
Hospice Care	100%
	100% after copayment in office setting 100% in outpatient facility Limited to 4 egg retrievals per lifetime
Infertility (including in-vitro fertilization)	
Physical Rehabilitation Facility Inpatient Services	100% Limited to 60 days per benefit period
Private Duty Nursing	100%
Short-term Therapies: Physical, Occupational, Speech, Respiratory	Limited to 30 visits per benefit period (8-hour shifts) 100% after office copayment 30 visit maximum per therapy, per benefit period



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Skilled Nursing Facility/Extended Care Center	100% Limited to 100 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after office copayment 25 visit maximum per benefit period
Vision - Routine Eye Exam	100% after \$40 copay
Vision Hardware	\$50 every two years
Prescription Drugs	Covered under a freestanding prescription program
Eligibility	Dependent children, including full-time students, are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.
Pre-Existing Conditions	Not applicable
Prior Authorization	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUE (2583) or refer to our website at www.HorizonBlue.com .
24/7 Nurse Line	Not applicable

The Advantage EPO plans cover eligible expenses rendered by providers in Horizon's Managed Care network. When you utilize participating providers, you generally only pay your copayment and any applicable in-network coinsurance or deductible. No benefits are available out-of-network, except in emergency situations.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

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Appendix B
 1/16/2015



Horizon MyWay HSA Direct Access County of Union

Health Saving Account (HSA)	Employer Contribution	
You may access your Health Savings Account for out of pocket expenses.	The employer and/or employee can contribute to the Health Savings Account up to the statutory maximum regardless of the individual's deductible.	
Benefit	In-Network	Out-of-Network
Benefit Period	Calendar Year	
Deductible	\$2000 per indiv./\$4000 True Family Deductible	
Individual	True Family Aggregate - Entire family deductible must be met before any benefits are paid.	
Family	Deductible is Calendar Year.	
Coinsurance	100%	70%
Maximum Out of Pocket		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Minimum Out of Pocket is Calendar Year. The deductible, coinsurance and copayments apply to the Maximum Out of Pocket. Balances from non-participating providers over our allowance are not eligible towards the Maximum Out of Pocket.		
Benefit Period Maximum	Unlimited	
Lifetime Maximum	Unlimited	
Primary Care Physician Selection	Not Required	
Doctor's Office Visits		
Primary Care Office Visit	100% after deductible A primary care physician is a general or family practitioner, internist or pediatrician	70% after deductible
Specialist Office Visit	100% after deductible A referral is not required to visit a specialist.	70% after deductible
Maternity Visits	100% after deductible Female child dependents are ineligible for maternity/obstetrical benefits.	70% after deductible
Allergy Testing and Treatment	100% after deductible	70% after deductible
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100% (no deductible)	70% (no deductible)
Well Child Exams	100% (no deductible)	70% (no deductible)
Well Child Immunizations and Lead Screening	100% (no deductible)	70% (no deductible)
Diagnostic Procedures		
Laboratory	100% after deductible	70% after deductible
Outpatient X-ray/Radiology Services	100% after deductible	70% after deductible
CT/CTA Scans, PET Scans, MRIs/MRA's, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The ordering physician should request the prior authorization by calling CareCore National, LLC (CCN) at 1-866-496-6200 and providing the necessary clinical information. Once the authorization number is received, the member may call CCN at 1-866-969-1234 to schedule an appointment.		
Note: Managed Care members can call 1-866-969-1234 to obtain a confirmation number for non-Advanced Imaging diagnostic procedures. Confirmation numbers from CCN replace the need for a paper referral.		
Hospital Care		
Inpatient Admission (including maternity)	100% after deductible	70% after deductible
Room and Board	100% after deductible	70% after deductible
Pre-admission Testing	100% after deductible	70% after deductible
Surgery in Hospital	100% after deductible	70% after deductible
Inpatient Physician Services	100% after deductible	70% after deductible
Outpatient Dept. Services	100% after deductible	70% after deductible



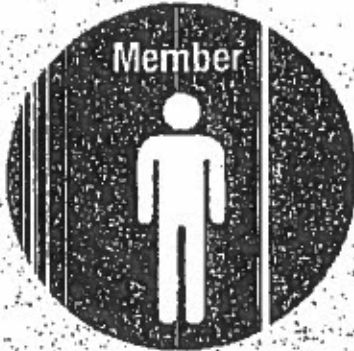
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Emergency Care	100% after deductible	
Emergency Room	Payment at the in-network level across-the-board applies only to true Medical Emergencies & Accidental Injuries.	
Ambulance	100% after deductible	70% after deductible
Outpatient Surgery	100% after deductible	
Hospital Outpatient Surgery	100% after deductible	70% after deductible
Surgery in an Ambulatory SurgiCenter	100% after deductible	70% after deductible
	Services performed at a non-participating ambulatory surgery center are reimbursed at Horizon BCBSNJ Payment Allowance and therefore may result in significant out of pocket costs.	
Mental Health Services	100% after deductible	
Inpatient	100% after deductible	70% after deductible
Outpatient department	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
Substance Abuse Services	100% after deductible	
Inpatient	100% after deductible	70% after deductible
Outpatient Substance Abuse	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
Alcohol Abuse Services	100% after deductible	
Inpatient	100% after deductible	70% after deductible
Outpatient department	100% after deductible	70% after deductible
Office setting	100% after deductible	70% after deductible
	Inpatient and Outpatient Mental Health/Substance Abuse/Alcoholism Services must be coordinated through Value Options at 1-800-626-2212.	
Other Services	100% after deductible	
Bariatric Surgery	100% after deductible	70% after deductible
Diabetic Education	100% after deductible	70% after deductible
Diabetic Supplies	100% after deductible	70% after deductible
Durable Medical Equipment	100% after deductible	70% after deductible
Orthotics and Prosthetics (Per NJ mandate)	100% after deductible	70% after deductible
Physical Rehabilitation Facility Inpatient Services	100% after deductible	70% after deductible
	Limited to 60 days per benefit period	
Home Health Care	100% after deductible	70% after deductible up to 100 visits
Hospice Care	100% after deductible	70% after deductible
	100% after deductible	70% after deductible
Infertility (including in vitro fertilization)	Limited to 4 egg retrievals per lifetime	
	100% after deductible	70% after deductible
Private Duty Nursing	Limited to 30 visits per benefit period (8-hour shifts)	
Short-term Therapies: Physical, Occupational, Speech, Respiratory	100% after deductible	70% after deductible
	30 visit maximum per therapy, per benefit period	
Skilled Nursing Facility/Extended Care Center	100% after deductible	70% after deductible
	Limited to 100 days per benefit period	Limited to 60 days per benefit period
Therapeutic Manipulation (Chiropractic Care)	100% after deductible	70% after deductible
	25 visit maximum per benefit period	
Vision - Routine Eye Exam	100% after deductible	70% after deductible
Vision Hardware	Not covered	
Prescription Drugs	70% after deductible	

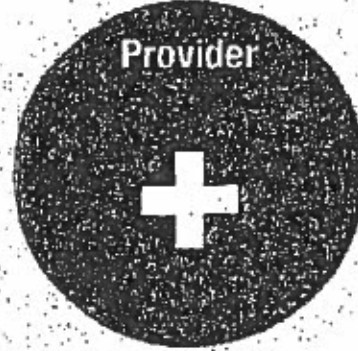
Horizon MyWay HSA – how a claim is paid

www.HorizonMyWay.com



Step 1:

Horizon MyWay HSA member visits the provider of his/her choice for care. In-network preventive care is covered according to the member's contract.



Step 2:

The provider submits the claim directly to Horizon Blue Cross Blue Shield of New Jersey as they would for a Direct Access or PPO product. Horizon BCBSNJ reviews the member's benefits and pays the claim accordingly.

If the member has met their deductible, a payment will be mailed to the provider.



Step 4:

Member payment options include:

- Horizon MyWay Visa/debit card
- Mellon Personal Check
- Cash/Other Personal Check



Step 3:

If there is any remaining member liability, the provider sends a statement to the member outlining any outstanding balance. The member also receives an Explanation of Benefits (EOB) from Horizon BCBSNJ.

The member submits the appropriate payment as outlined in the EOB directly to the provider. If HSA funds are available, the member may pay from their Horizon MyWay account.

Please note: Horizon BCBSNJ will not pay providers directly from the member's HSA. This is the member's responsibility.



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Horizon MyWay HS4 Direct Access County of Union

Eligibility	Dependent children, including full-time students are covered until the end of the month in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.
Pre-Existing Conditions	Not applicable
Grandfathered	Not applicable
Prior Authorization	Some services/procedures require prior authorization. For a complete list, contact our customer service number at 1-800-355-BLUJ (2583) or refer to our website at www.HorizonBlue.com .
24/7 Nurse Line	24/7 Nurse Line is a health information service that includes a toll free 24 hour health information line staffed by registered nurses. 24/7 Nurse Line nurses do not diagnose or recommend any treatment. Instead, they provide the member with the necessary health information needed to make informed medical decisions. This helps members determine if their health ailment requires a doctor's visit.

You can save money when you choose to receive care from providers that participate in the Horizon BCBSNJ network. When you use participating hospitals or other medical facilities or doctors, you generally only pay your copayment and any applicable in-network coinsurance or deductible. Generally, if you have services performed at an out of network facility or by an out of network provider, your out of network benefits will apply. This means that you will be responsible for amounts exceeding Horizon BCBSNJ's allowable reimbursement for that particular service and this may result in significant out of pocket costs. You will be responsible to pay for this amount directly to the non-participating hospital, ambulatory surgery center or provider. By using our Horizon-BCBSNJ network providers, you keep your health care costs down.

Please note that the benefit highlights are provided for informational purposes. Horizon BCBSNJ makes every effort to provide clear and accurate information pertaining to these benefit highlights. However, because Horizon BCBSNJ generally expects continued guidance from regulators on issues pertaining to Federal health care reform, the information that has been provided is subject to change. Horizon BCBSNJ will provide notice of such changes to members pursuant to State and Federal requirements.

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.

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7/21/2015

Union County and CWA Tentative Agreement

Appendix C

UNION COUNTY RENEWAL RATES

PLAN	CONTRACTS	2012-13	2013-14	2014-2015	2015-2016	
86436 (Traditional)	01, 02, 03, 05	Single	\$749.08	\$719.12	\$719.12	\$739.61
		Husband/Wife	\$2,134.77	\$2,049.38	\$2,049.38	\$2,107.79
		Family	\$2,134.77	\$2,049.38	\$2,049.38	\$2,107.79
		Parent/Child	\$2,134.77	\$2,049.38	\$2,049.38	\$2,107.79
	01, 02, 03, 05 over 65	Single Over				\$539.73
		Husband/Wife Over				\$1,079.71
		Family Over				\$1,726.96
		Husband/Wife 1 Over				\$1,215.74
		Family 1 Over				\$1,863.27
		Parent/Child Over				\$1,320.68
86436 (Traditional)	08, 09, 10	Single	\$749.08	\$719.12	\$719.12	\$701.09
		Husband/Wife	\$2,134.77	\$2,049.38	\$2,049.38	\$1,998.07
		Family	\$2,134.77	\$2,049.38	\$2,049.38	\$1,998.07
		Parent/Child	\$2,134.77	\$2,049.38	\$2,049.38	\$1,998.07
	08, 09, 10 over 65	Single Over				\$911.65
		Husband/Wife Over				\$1,023.22
		Family Over				\$1,637.05
		Husband/Wife 1 Over				\$1,152.45
		Family 1 Over				\$1,766.26
		Parent/Child Over				\$1,766.26
86436 Traditional (PAAD) 90, 91, 92, 93, 94	Retirees Under 65	Single	\$710.07	\$681.67	\$681.67	\$701.09
		Family	\$2,023.65	\$1,942.70	\$1,942.70	\$1,998.07
	Retirees Over 65	Single	\$518.20	\$497.47	\$497.47	\$511.65
		Husband/Wife	\$1,036.32	\$994.87	\$994.87	\$1,023.22
		Family	\$1,658.01	\$1,591.69	\$1,591.69	\$1,637.05
		Single	\$606.41	\$582.15	\$582.15	\$598.74
		Husband/Wife	\$1,614.01	\$1,549.45	\$1,549.45	\$1,593.61
		Family	\$1,664.99	\$1,598.39	\$1,598.39	\$1,643.94
86445 (Direct Access 3), 86437 Direct Access 2 (01, 04, 05, 06)	Active/New Settlements	Parent/Child	\$1,587.53	\$1,524.03	\$1,524.03	\$1,567.46
		Single	\$606.41	\$560.20	\$560.20	\$576.17
		Husband/Wife	\$1,614.01	\$1,491.04	\$1,491.04	\$1,533.53
		Family	\$1,664.99	\$1,538.13	\$1,538.13	\$1,581.97
		Parent/Child	\$1,587.53	\$1,466.57	\$1,466.57	\$1,508.37
86445 (Direct Access) 59 (\$0 ER)	Active/New Settlements Prosecutors	Single	\$606.41	\$560.20	\$563.00	\$579.05
		Husband/Wife	\$1,614.01	\$1,491.04	\$1,498.50	\$1,541.20
		Family	\$1,664.99	\$1,538.13	\$1,545.82	\$1,589.88
		Parent/Child	\$1,587.53	\$1,466.57	\$1,473.90	\$1,515.91
86436 (11, 12, 50, 75)	Retirees Under 65	Single	\$606.41	\$582.15	\$582.15	\$598.74
		Husband/Wife	\$1,614.01	\$1,549.45	\$1,549.45	\$1,593.61
		Family	\$1,664.99	\$1,598.39	\$1,598.39	\$1,643.94
		Parent/Child	\$1,587.53	\$1,524.03	\$1,524.03	\$1,567.46
		Single	\$429.39	\$412.21	\$412.21	\$423.96
86445 (Direct Access 3), 86437 Direct Access 2 (01, 04, 05, 06), 86436 (11, 12, 50, 75)	Retirees Over 65	Husband/Wife	\$817.24	\$784.55	\$784.55	\$806.91
		Family	\$1,318.86	\$1,266.11	\$1,266.11	\$1,302.19
		Parent/Child	\$1,318.86	\$1,266.11	\$1,266.11	\$1,302.19
		Single	\$667.86	\$641.15	\$641.15	\$659.42
86446 (PPO-Buy Up), UCUA 86437 (26, 23, 24, 25)	Active/New Settlements	Husband/Wife	\$1,777.55	\$1,706.45	\$1,706.45	\$1,755.08
		Family	\$1,833.72	\$1,760.37	\$1,760.37	\$1,810.54
		Parent/Child	\$1,748.39	\$1,678.45	\$1,678.45	\$1,726.29
		Single	\$667.86	\$622.04	\$622.04	\$639.77
86446 (PPO-Buy Up) 50, 51, 53, 58, 61, 67, 69, 71, 72, 89	Active/New Settlements	Husband/Wife	\$1,777.55	\$1,655.60	\$1,655.60	\$1,702.78
		Family	\$1,833.72	\$1,707.91	\$1,707.91	\$1,756.59
		Parent/Child	\$1,748.39	\$1,628.43	\$1,628.43	\$1,674.84
		Single	\$667.86	\$641.15	\$625.15	\$642.97
86446 (PPO-Buy Up) 59 Prosecutors Group (\$0 ER)	Active/New Settlements Prosecutors	Husband/Wife	\$1,777.55	\$1,706.45	\$1,663.88	\$1,711.30
		Family	\$1,833.72	\$1,760.37	\$1,716.45	\$1,765.37
		Parent/Child	\$1,748.39	\$1,678.45	\$1,636.57	\$1,683.21
		Single	\$655.36	\$629.15	\$629.15	\$647.08
PPO 86436 (25, 48, 49)	Retirees Under 65	Husband/Wife	\$1,865.21	\$1,790.60	\$1,790.60	\$1,841.63
		Family	\$1,866.09	\$1,791.45	\$1,791.45	\$1,842.50
		Parent/Child	\$1,865.00	\$1,790.40	\$1,790.40	\$1,841.43
		Single	\$479.07	\$459.91	\$459.91	\$473.01
PPO 86436 (25, 48, 49)	Retirees Over 65	Husband/Wife	\$957.69	\$919.38	\$919.38	\$945.58
		Family	\$1,531.50	\$1,470.24	\$1,470.24	\$1,512.14
		Parent/Child	\$1,531.50	\$1,123.83	\$1,123.83	\$1,155.86
		Single	\$643.64	\$617.89	\$617.89	\$635.50
PPO 86436 (45, 47)	Retirees Under 65	Husband/Wife	\$1,804.69	\$1,732.50	\$1,732.50	\$1,781.88
		Family	\$1,881.05	\$1,805.81	\$1,805.81	\$1,857.27
		Parent/Child	\$1,774.97	\$1,703.97	\$1,703.97	\$1,752.53
		Single	\$470.45	\$451.63	\$451.63	\$464.50
PPO 86436 (45, 47)	Retirees Over 65	Husband/Wife	\$940.59	\$902.97	\$902.97	\$928.70
		Family	\$1,504.11	\$1,443.95	\$1,443.95	\$1,485.10
		Parent/Child	\$1,504.11	\$1,443.95	\$1,443.95	\$1,485.10
		Single	\$555.45	\$533.23	\$533.23	\$548.43
86444 (Direct Access/Old Healthnet)	Active/New Settlements	Husband/Wife	\$1,476.90	\$1,417.82	\$1,417.82	\$1,458.23
		Family	\$1,580.40	\$1,517.18	\$1,517.18	\$1,560.42
		Parent/Child	\$1,511.03	\$1,450.59	\$1,450.59	\$1,491.93
		Single	\$555.45	\$516.27	\$516.27	\$530.98
86444 (Direct Access/Old Healthnet) 50, 51, 53, 58, 61, 67, 69, 71, 72, 89	Active/New Settlements	Husband/Wife	\$1,476.90	\$1,372.73	\$1,372.73	\$1,411.85
		Family	\$1,580.40	\$1,468.93	\$1,468.93	\$1,510.79
		Parent/Child	\$1,511.03	\$1,404.46	\$1,404.46	\$1,444.49

Old Plan

Renewal: 4.00% -1.00% 0.00% 2.85%

UNION COUNTY PHARMACY RATES

PLAN	CONTRACTS	2012-13	2013-14	2014-2015	2015-2016
RXA: \$6/\$15/\$20 with \$5/\$10/\$15 Mail Order (Settled Unions/Non-Contractuals)	Single	\$215.40	\$204.20	\$200.63	\$200.63
	Husband/Wife	\$452.35	\$428.83	\$421.33	\$421.33
	Parent/Child	\$366.19	\$347.15	\$341.07	\$341.07
	Family	\$538.51	\$510.51	\$501.58	\$501.58
RXF: \$5/\$25/\$50 with \$5/\$30/\$60 Mail Order (50, 51, 53, 58, 61, 67, 69, 71, 72, 89)	Active/New Settlements	\$215.40	\$173.57	\$170.54	\$170.54
	Husband/Wife	\$452.35	\$364.51	\$358.13	\$358.13
	Parent/Child	\$366.19	\$295.08	\$289.91	\$289.91
	Family	\$538.51	\$433.93	\$426.34	\$426.34
RXB: \$5/\$10/\$15 with \$3 Mail (Non-Settled Unions)	Active	\$223.37	\$211.76	\$208.05	\$208.05
	Husband/Wife	\$469.08	\$444.69	\$436.91	\$436.91
	Parent/Child	\$379.74	\$359.99	\$353.69	\$353.69
	Family	\$558.44	\$529.40	\$520.14	\$520.14
RXC: 30% with \$0 Mail	Retirees	\$129.24	\$122.52	\$120.38	\$120.38
	Husband/Wife	\$271.41	\$257.30	\$252.80	\$252.80
	Parent/Child	\$219.72	\$208.29	\$204.64	\$204.64
	Family	\$323.11	\$306.31	\$300.95	\$300.95
RXD: \$2/\$2 with \$2/\$2 Mail	Retirees	\$235.87	\$223.61	\$219.69	\$219.69
	Husband/Wife	\$495.32	\$469.56	\$461.35	\$461.35
	Parent/Child	\$400.98	\$380.13	\$373.48	\$373.48
	Family	\$589.67	\$559.01	\$549.22	\$549.22
RXE: \$5/\$10/\$15 with \$3 Mail	Retirees	\$223.37	\$211.76	\$208.05	\$208.05
	Husband/Wife	\$469.08	\$444.69	\$436.91	\$436.91
	Parent/Child	\$379.74	\$359.99	\$353.69	\$353.69
	Family	\$558.44	\$529.40	\$520.14	\$520.14
RXUA: \$3/\$5/\$10 with \$0 Mail (UCUA)	Actives	\$231.77	\$219.72	\$215.88	\$215.88
	Husband/Wife	\$486.73	\$461.42	\$453.34	\$453.34
	Parent/Child	\$394.02	\$373.53	\$367.00	\$367.00
	Family	\$579.44	\$549.31	\$539.69	\$539.69
Percentage Savings:		-4.0%	-5.20%	-1.75%	0.00%