

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$ 5,432,045.00

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/2017</u>	<u>01/01/2018</u>	<u>01/01/2019</u>	<u>01/01/2020</u>	<u>01/01/2021</u>	<u></u>
16 Cost of Salary Increments (\$)	<u>(523,687.00)</u>	<u>229,632.00</u>	<u>221,123.00</u>	<u>256,624.00</u>	<u>304,008.00</u>	<u></u>
17 Salary Increase Above Increments (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u>(34,450.00)</u>	<u>5,800.00</u>	<u>18,500.00</u>	<u>7,650.00</u>	<u>10,250.00</u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u>8,892.00</u>	<u>(5,472.00)</u>	<u>.00</u>	<u>.00</u>	<u>.00</u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>(549,245.00)</u>	<u>229,960.00</u>	<u>239,623.00</u>	<u>264,274.00</u>	<u>314,258.00</u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 498,870.00 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 9.18 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 1.84 % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	College Incentive	45,540.00	8,892.00	(5,472.00)	.00	.00	.00	
25	Totals (\$):	45,540.00	8,892.00	(5,472.00)	.00	.00	.00	

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 618,034.70	\$ 585,739.78
27	Prescription Plan Cost	\$ 260,233.72	\$ 277,868.58
28	Dental Plan Cost	\$ 69,202.82	\$ 60,997.64
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 947,471.24	\$ 924,606.00

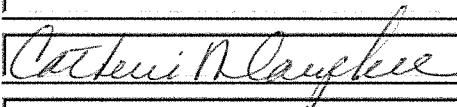
SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>359,835.89</u>	\$ <u>282,280.95</u>
32	Contributions as % of Total Insurance Cost	<u>37.98</u> %	<u>30.53</u> %

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

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Catherine M. Campbell
Position/Title: Chief Financial Officer
Signature: 
Date: February 9, 2018

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