

## SIDE LETTER OF AGREEMENT

The VILLAGE OF RIDGEWOOD and RIDGEWOOD PBA LOCAL 20 and RIDGEWOOD PBA - SUPERIOR OFFICERS ASSOCIATION have agreed to the following terms to extend the current contract (present term January 1, 2009 through December 31, 2012) for an additional three (3) calendar years:

1. This Side Letter of Agreement shall extend the current contract (January 1, 2009 through December 31, 2012) for an additional term of January 1, 2013 through December 31, 2015.
2. The prior Agreement (January 1, 2009 through December 31, 2012) shall be extended in all terms and conditions except as specifically modified herein.
3. Wage rates for all Employees covered by the Agreements shall be as set forth in the attached Schedules to this Side Letter of Agreement.
4. Health Insurance Contribution. Active Employees hired prior to the execution of this Agreement shall continue to solely pay Twenty Dollars (\$20.00) per pay (Four Hundred Eighty Dollars (\$480.00) maximum annually) towards their health benefits as is provided in the current contract until December 31, 2012. These payments toward health benefits shall be eliminated on December 31, 2012. Effective January 1, 2013, the State mandated medical contribution (1.5%) amount will become effective for all active members.
5. In calendar years 2011, 2012, 2013, 2014 and 2015 only each

## SALARIES

## POLICE OFFICERS HIRED BEFORE 12/01/2010

STEPS	01/01/2013	12/30/2013	01/01/2014	12/30/2014	01/01/2015	12/30/2015
1 <sup>st</sup> Six Months	\$49,273	\$49,890	\$50,887	\$51,523	\$52,553	\$52,816
2 <sup>nd</sup> Six Months	\$53,357	\$54,024	\$55,105	\$55,793	\$56,909	\$57,194
STEP 2	\$66,576	\$67,409	\$68,757	\$69,616	\$71,009	\$71,364
STEP 3	\$77,912	\$78,886	\$80,463	\$81,469	\$83,098	\$83,514
STEP 4	\$87,262	\$88,353	\$90,120	\$91,246	\$93,071	\$93,537
STEP 5	\$97,608	\$98,828	\$100,805	\$102,065	\$104,106	\$104,626
STEP 6	\$107,952	\$109,301	\$111,487	\$112,881	\$115,138	\$115,714
STEP 7	\$118,297	\$119,775	\$122,171	\$123,698	\$126,172	\$126,803
STEP 8	\$128,636	\$130,244	\$132,849	\$134,510	\$137,200	\$137,886



Schedule A-3 Salaries - Superior Officers Association

Grade	1/1/2011	7/1/2011	1/1/2012	7/1/2012	1/1/2013	12/30/2013	1/1/2014	12/30/2014	1/1/2015	12/30/2015
sergeant	0.021	0.021	0.021	0.021	0.02	0.0125	0.02	0.0125	0.02	0.005
step 1	\$123,383	\$125,974	\$128,619	\$131,321	\$133,947	\$135,621	\$138,334	\$140,063	\$142,864	\$143,578
step 2	\$127,132	\$129,802	\$132,528	\$135,311	\$138,017	\$139,742	\$142,537	\$144,319	\$147,205	\$147,941
step 3	\$130,881	\$133,630	\$136,436	\$139,301	\$142,087	\$143,863	\$146,740	\$148,574	\$151,546	\$152,304
lieutenant	0.021	0.021	0.021	0.021	0.02	0.0125	0.02	0.0125	0.02	0.005
step 1	\$137,977	\$140,875	\$143,833	\$146,853	\$149,790	\$151,663	\$154,696	\$156,630	\$159,762	\$160,561
step 2	\$147,593	\$150,692	\$153,857	\$157,088	\$160,230	\$162,233	\$165,477	\$167,546	\$170,897	\$171,751

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY  
DIVISION OF PENSIONS AND BENEFITS  
STATE HEALTH BENEFITS PROGRAM

## SHBP PLAN PREMIUM RATE CHART

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(FOR EMPLOYERS WHO OFFER THE EMPLOYEE PRESCRIPTION DRUG PLAN OR A PRIVATE PLAN)

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**LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS**  
**MONTHLY RATES EFFECTIVE 1/1/2012 to 12/31/2012**

PLAN/COVERAGE DESCRIPTION	MONTHLY TOTAL
<b>MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #201</b>	
<b><u>NJ DIRECT15 - #150(1)</u></b>	
Single	\$591.50
Member & Spouse/Partner	\$1,183.00
Family	\$1,478.75
Parent & Child	\$875.42
<b><u>NJ DIRECT10 - #050(1)</u></b>	
Single	\$621.15
Member & Spouse/Partner	\$1,242.30
Family	\$1,552.88
Parent & Child	\$919.30
<b><u>AETNA, INC. - #019(1)</u></b>	
Single	\$598.95
Member & Spouse/Partner	\$1,197.90
Family	\$1,497.38
Parent & Child	\$886.45
<b><u>CIGNA HealthCare HMO - #020(1)</u></b>	
Single	\$602.26
Member & Spouse/Partner	\$1,204.52
Family	\$1,505.65
Parent & Child	\$891.34
<b><u>PRESCRIPTION DRUG PROGRAM - #201</u></b>	
Single	\$170.40
Member & Spouse/Partner	\$340.80
Family	\$426.00
Parent & Child	\$252.19
<b>MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PLAN #205</b>	
<b><u>NJ DIRECT1525 #051(2)</u></b>	
Single	\$573.78
Member & Spouse/Partner	\$1,147.56
Family	\$1,434.46
Parent & Child	\$849.20
<b><u>AETNA 1525 #061(2)</u></b>	
Single	\$552.50
Member & Spouse/Partner	\$1,105.00
Family	\$1,381.26
Parent & Child	\$817.71
<b><u>CIGNA 1525 #071(2)</u></b>	
Single	\$555.55
Member & Spouse/Partner	\$1,111.11
Family	\$1,388.89
Parent & Child	\$822.22
<b><u>PRESCRIPTION DRUG PROGRAM #205</u></b>	
Single	\$154.55
Member & Spouse/Partner	\$309.11
Family	\$386.38
Parent & Child	\$228.74

1) Subscribers in #150 are subject to \$15 Primary Care and \$15 Specialist office visit copayment and are eligible for Prescription Drug Plan #201. Subscribers in #050, #019, & #020 are subject to \$10 Primary Care and \$10 Specialist office visit copayment and are eligible for Prescription Drug Plan #201.

2) Subscribers in #051, #061, & #071 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205

3) Subscribers in #052, #062, & #072 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #205

4) Subscribers in High Deductible Plans #90, #92, #94 are subject to \$4,000 In-Network deductible

5) Subscribers in High Deductible Plans #91, #93, #95 are subject to \$1,500 In-Network deductible

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY  
 DIVISION OF PENSIONS AND BENEFITS  
 STATE HEALTH BENEFITS PROGRAM  
**SHBP PLAN PREMIUM RATE CHART**

(FOR EMPLOYERS WHO OFFER THE EMPLOYEE PRESCRIPTION DRUG PLAN OR A PRIVATE PLAN)

LOCAL MONTHLY ACTIVE GROUP - LOCAL GOVERNMENT EMPLOYERS  
 MONTHLY RATES EFFECTIVE 1/1/2012 to 12/31/2012

PLAN/COVERAGE DESCRIPTION	MONTHLY TOTAL
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MEDICAL PLANS AVAILABLE WITH PRESCRIPTION DRUG PROGRAM #205

<b><u>NJ DIRECT2030 #052(3)</u></b>	
Single	\$539.34
Member & Spouse/Partner	\$1,078.69
Family	\$1,348.37
Parent & Child	\$798.23
<b><u>AETNA 2030 #062(3)</u></b>	
Single	\$520.07
Member & Spouse/Partner	\$1,040.14
Family	\$1,300.18
Parent & Child	\$769.70
<b><u>CIGNA 2030 #072(3)</u></b>	
Single	\$522.94
Member & Spouse/Partner	\$1,045.88
Family	\$1,307.36
Parent & Child	\$773.95
<b><u>PRESCRIPTION DRUG PROGRAM #206</u></b>	
Single	\$157.28
Member & Spouse/Partner	\$314.56
Family	\$393.20
Parent & Child	\$232.77

HIGH DEDUCTIBLE HEALTH PLANS WITH BUILT IN PRESCRIPTION DRUG

<b><u>NJ DIRECT HD4000 #090(4)</u></b>	
Single	\$435.18
Member & Spouse/Partner	\$870.37
Family	\$1,087.96
Parent & Child	\$644.07
<b><u>AETNA HD4000 #092(4)</u></b>	
Single	\$422.98
Member & Spouse/Partner	\$845.96
Family	\$1,057.45
Parent & Child	\$626.01
<b><u>CIGNA HD4000 #094(4)</u></b>	
Single	\$424.80
Member & Spouse/Partner	\$849.60
Family	\$1,062.00
Parent & Child	\$628.70
<b><u>NJ DIRECT HD1500 #091(5)</u></b>	
Single	\$645.43
Member & Spouse/Partner	\$1,290.86
Family	\$1,613.59
Parent & Child	\$955.24
<b><u>AETNA HD1500 #093(5)</u></b>	
Single	\$627.33
Member & Spouse/Partner	\$1,254.66
Family	\$1,568.33
Parent & Child	\$928.45
<b><u>CIGNA HD1500 #095 (5)</u></b>	
Single	\$630.03
Member & Spouse/Partner	\$1,260.06
Family	\$1,575.07
Parent & Child	\$932.44

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2) Subscribers in #051, #061, & #071 are subject to \$15 Primary Care and \$25 Specialist office visit copayment and are eligible for Prescription Drug Plan #205

3) Subscribers in #052, #062, & #072 are subject to \$20 Primary Care and \$30 adult/\$20 child Specialist office visit copayment and are eligible for Prescription Drug Plan #206

4) Subscribers in High Deductible Plans #90, #92, #94 are subject to \$4,000 In-Network deductible

5) Subscribers in High Deductible Plans #91, #93, #95 are subject to \$1,500 In-Network deductible

LOCAL RETIRED GROUP - LOCAL GOVERNMENT EMPLOYERS

DEPARTMENT OF THE TREASURY - DIVISION OF PENSIONS AND BENEFITS  
NEW JERSEY STATE HEALTH BENEFITS PROGRAM

MEDICARE AND NON-MEDICARE MONTHLY RATES EFFECTIVE 11/1/2012-12/31/2012

DESCRIPTION	NJ DIRECT*15 (150) (251)	NJ DIRECT*10* (050) (250)	NJ DIRECT*1525 (051) (254)	NJ DIRECT*2030 (052) (255)	NJ DIRECT HD4000 (260)
Single-No Medicare	\$908.96	\$954.24	\$870.90	\$832.54	\$562.80
Single-On Medicare	\$424.27	\$445.41	\$398.25	\$389.74	N/A
Member & Spouse/Partner-No Medicare	\$1,981.53	\$2,080.31	\$1,898.56	\$1,814.92	\$1,226.90
Member & Spouse/Partner-One on Medicare	\$1,333.23	\$1,399.66	\$1,269.15	\$1,222.28	N/A
Member & Spouse/Partner-Both on Medicare	\$848.53	\$890.83	\$796.49	\$779.47	N/A
Family-No Medicare	\$2,254.21	\$2,366.58	\$2,159.82	\$2,054.68	\$1,395.74
Family-One on Medicare	\$1,605.91	\$1,685.93	\$1,530.41	\$1,472.03	N/A
Family-Both on Medicare	\$1,100.22	\$1,155.08	\$1,032.74	\$1,010.68	N/A
Parent & Child-No Medicare	\$1,272.55	\$1,335.96	\$1,219.27	\$1,165.56	\$787.92
Parent & Child-Retiree on Medicare	\$671.75	\$705.23	\$630.55	\$617.08	N/A

DESCRIPTION	Aetna (019) (252)	Aetna1525 (061) (256)	Aetna2030 (062) (257)	Aetna HD4000 (092) (262)
Single-No Medicare	\$859.00	\$790.51	\$755.59	\$506.74
Single-On Medicare	\$487.00	\$445.68	N/A	N/A
Member & Spouse/Partner-No Medicare	\$1,873.00	\$1,723.30	\$1,647.17	\$1,104.68
Member & Spouse/Partner-One on Medicare	\$1,345.00	\$1,236.20	N/A	N/A
Member & Spouse/Partner-Both on Medicare	\$974.00	\$891.38	N/A	N/A
Family-No Medicare	\$2,131.00	\$1,960.46	\$1,873.85	\$1,255.71
Family-One on Medicare	\$1,604.00	\$1,473.35	N/A	N/A
Family-Both on Medicare	\$1,212.00	\$1,109.18	N/A	N/A
Parent & Child-No Medicare	\$1,203.00	\$1,106.72	\$1,067.83	\$709.44
Parent & Child-Retiree on Medicare	\$714.00	\$653.67	N/A	N/A

DESCRIPTION	CIGNA (020) (253)	CIGNA1525 (071) (258)	CIGNA2030 (072) (259)	CIGNA HD4000 (094) (264)
Single-No Medicare	\$664.07	\$795.00	\$759.88	\$509.62
Single-On Medicare	\$489.50	\$448.08	\$438.11	N/A
Member & Spouse/Partner-No Medicare	\$1,883.70	\$1,733.13	\$1,656.56	\$1,110.98
Member & Spouse/Partner-One on Medicare	\$1,353.56	\$1,243.08	\$1,197.98	N/A
Member & Spouse/Partner-Both on Medicare	\$978.99	\$896.16	\$876.22	N/A
Family-No Medicare	\$2,142.92	\$1,971.63	\$1,884.53	\$1,263.87
Family-One on Medicare	\$1,612.77	\$1,481.57	\$1,425.94	N/A
Family-Both on Medicare	\$1,218.26	\$1,115.18	\$1,090.37	N/A
Parent & Child-No Medicare	\$1,209.72	\$1,113.02	\$1,063.85	\$713.48
Parent & Child-Retiree on Medicare	\$717.92	\$657.18	\$642.55	N/A

Subscribers in these plans are provided a drug plan administered by Medco.  
The following plans are not available to Medicare eligible retirees and retiree with Medicare eligible dependents: Aetna2030 (#062) and the HD4000 plans #092, #092, and #094.