SUMMARY FORM

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

Base Year Contract Term: 1/1	ch column	12/31/201;	\$308,019 \$4,959	Column A par - Total Costs If Previous agreement)	Voluntary Settlement	County: Essex Employees in Unit: 10 2/31/2018 ent Super Column B Year - Total Costs Successor agreement) Total)	r Conciliation
ection II: Economic Ilem 1 Salary Item 2 Increment Item 3 Longevity Item 4 Item 5 Item 6 Item 7 Item 8 Item 9 Item 10 Item 11 Item 11 Item 12 Item 15 Item 15 Item 16 Item 17 Item 18 Item 17 Item 18 Item 19 Item	Mediated Settlen	ment	\$308,019 \$4,959	mendation Column A aar - Total Costs of Previous agreement)	Voluntary Settlement	2/31/2018 ent Super Column B Year - Total Costs Successor agreement)	
ection II: Economic Item 1 Salary Item 2 Increment Item 3 Longevity Item 4 Item 5 Item 6 Item 7 Item 8 Item 9 Item 10 Item 11 Item 11 Item 12 Item 12 Item 12 Item 12 Item 12 Item 12 Item 15 Item 16 Item 17 Item 17 Item 18 Item 19 Item 19 Item 19 Item 19 Item 10 Item 10 Item 11 Item 12 Item 10 Item 11 Item 12 Item 14 Item 15 Item 16 Item 17 Item 17 Item 17 Item 18 Item	t (ment	\$308,019 \$4,959	mendation Column A aar - Total Costs of Previous agreement)	Voluntary Settlement	Column B Year - Total Costs Successor agreement)	r Conciliation
Item 1 Salary Item 2 Increment Item 3 Longevity Item 4 Item 5 Item 6 Item 7 Item 8 Item 9 Item 10 Item 11 Item 12 Item 12 Item 12 Item 12 Item 15 Item 15 Item 16 Item 17 Item 17 Item 18 Item 18 Item 19 Item	ch column	Additional Items	\$308,019 \$4,959 \$312,978	aar - Total Costs Previous agreement)	\$314,180 \$314,959 \$4,959	Year - Total Costs Successor agreement)	
Item 1 Salary Item 2 Increment Item 3 Longevity Item 4 Item 5 Item 6 Item 7 Item 8 Item 9 Item 10 Item 11 Item 12 Item 12 Item 12 Item 12 Item 15 Item 15 Item 16 Item 17 Item 17 Item 18 Item 18 Item 19 Item	ch column	Addillonal Items	\$308,019		\$314,180		
Item 2 Increment Item 3 Longevity Item 4 Item 5 Item 6 Item 6 Item 7 Item 8 Item 9 Item 10 Item 11 Item 12 Item 12 Item 12 Item 12 Item 12 Item 15 Item 16 Item 17 Item 18 Item 19 Ite	ch column	Additional Items	\$4,959		\$4,959	Total)	
Item 3 Longevity Item 4 Longevity Item 5 Litem 6 Litem 7 Litem 8 Litem 9 Litem 10 Litem 11 Litem 12 Litem 12 Litem 12 Litem 12 Litem 12 Litem 15 Sum of costs in each litem 15 Sum of costs in each litem 17 Litem 18 Litem 19 Litem	ch column	Additional lums	\$312,978	(Total)	\$4,959	Total)	
Item 4 Item 5 Item 6 Item 7 Item 8 Item 9 Item 10 Item 11 Item 11 Item 12 Any additional items list on separate sheet action III: Totals - Sum of costs in each	ch column	- Addilonal Items	\$312,978	(Total)	\$319,139	Total)	
Item 5	ensent	Addilional Items		(Total)		Total)	
item 6	ensent	Additional Items		(Total)		Total)	
Item 7	ensent	Additional Items		(Total)		Total)	
Item 8	ensent	Additional Items		(Total)		Total)	
Item 9	ensent	Additional Items		(Total)		Total)	
item 10 item 11 Any additional items list on separate sheet ection III: Totals - Sum of costs in each	ensent	- Addillonal Items		(Total)		Total)	
item 11	ensent	Addillonal Items		(Total)		Total)	
Nem 12	ensent	Additional Items		(Total)		Total)	
Any additional items list on separate sheet ection III: Totals - Sum of costs in each ection IV: Analysis of new successor agree	ensent	Additional Items		(Total)		Total)	
ection III: Totals - Sum of costs in each	ensent	Additional Items		(Total)		Total)	
action IV: Analysis of new successor agree	ensent			(Total)		Total)	
ection IV: Analysis of new successor agree	ensent			(Total)		Total)	
				(Total)	(Total)	
	\$312,978		NEW AGK	EEMENT ANALYSIS			
Effective Date (m/d/yyyy)		1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	
Percent Increase	***************************************	2%	1.75%	1.5%	1.5%	2%	
Total cost of increase		\$6,160	\$5,498	\$4,795	\$4,867	\$6,587	
Fotal base salary (successor agreement)		\$314,180	\$319,678	\$324,473	\$329,340	\$335,927	
ection V: Impact of Settlement - a	average annual incre	ease over term of ag	greement				
Percentage impact (average per year over term o	of agreement)	1.75					
Dollar Impact (average per year over term of agre	reement)	\$5,581.50	•				
ection VI							
iealth insurance (Indicate costs associated on e	each (ine)						
Cost of Health Plan		Base Year \$100,858	Year 1 \$106,082	\$114,830	\$129,373		
Employee Contributions		\$5,804	\$8,756	\$12,057	\$12,904		
Prescription		\$0	\$0	\$0	\$0		
Pental		\$8,495	\$8,495	\$8,495	\$7,079		
fision		\$0	\$0	\$0	\$0		
The undersigned certifies that the	foregoing figures a	are true and is awa	re that if any of the	foregoing items are fa	alse, s/he is subject to r	ounisment.	
ction VII							
						or	
Prepared by:	Maureen Ch	umacas		10	te: Administrato		