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COUNTY OF ESSEX
OFFICE OF THE COUNTY ADMINISTRATOR

THOMAS J. D'ALESSIO
COUNTY EXECUTIVE

OFFICE OF LABOR RELATIONS
HALL OF RECORDS
NEWARK, NEW JERSEY 07102
(201) 521-4427

DOLORES CAPETOLA
DIRECTOR

MEMORANDUM

TO: Donald V. Biase, County Administrator
Stephen J. Edelstein, County Counsel
James F. Critchley, Director, Department of Public Safety
Geraldine Foushee, Warden, Essex County Jail
Vincent J. Foti, Office of Accounts & Control
Brenda Veltri Possumato, Director, Office of Personnel
Michael Decker, Supv. Prin. Personnel Technician
James Tennant, Samuel Klein & Company

FROM: Dolores Capetola, Director
Office of Labor Relations

DATE: January 13, 1994

RE: COLLECTIVE BARGAINING AGREEMENT BETWEEN THE COUNTY OF ESSEX
AND THE ESSEX COUNTY CORRECTION OFFICERS ASSOCIATION
PBA LOCAL 153 (JAIL)
JANUARY 1, 1992 THROUGH DECEMBER 31, 1994

Enclosed please find a copy of the above mentioned document, as well as a certified copy of the accompanying Resolution.

DC/lg
#0021C
enc.
cc: Don Salvatore, President
Essex County Correction Officers' Association
PBA Local 153

JAN 14 4 59 PM '94
OFFICE OF THE
COUNTY ADMINISTRATOR



County of Essex, New Jersey
BOARD OF CHOSEN FREEHOLDERS

State of New Jersey }
 County of Essex } #

I ADRIANNE DAVIS Clerk
 of the Board of Chosen Freeholders of the County of Essex in
 the State of New Jersey.

Do hereby Certify, the foregoing to be a true copy of a
 resolution adopted at a meeting of said Board on WEDNESDAY
 the 29th day of DECEMBER 19 93

together with the certifications, signatures and endorsements thereon.
 RESOLUTION NO. R -93-0688

In Testimony Whereof, I have hereunto set my hand
 and affixed the official seal of said County at Newark,
 the 30th day of
DECEMBER A. D. 19 93

Adrienne Davis

ADRIANNE DAVIS

clerk

Approved as to form and legality Lucille La Guardia

ESSEX COUNTY COUNSEL

RECORD OF BOARD VOTE (Y = Vote N.V. = Abstention ABS = Absent)

Moved by Freeholder L. Jones
seconded by Freeholder Sheld

Freeholder	Yes	No	N.V.	ABS	Freeholder	Yes	No	N.V.	ABS
Cavanaugh, V.P.	X				Parlavecchio	X			
Clay				X	Sebold	X			
DiVincenzo	X				Treffinger	X			
Jones, J.A.				X					
Jones, L.J.	X				Bost, Pres.	X			

It is hereby certified that the foregoing Resolution was adopted defeated
() tabled by roll call vote at a Regular meeting of the Board of Chosen
Freeholders of the County of Essex, New Jersey, held on November 29, 1993

If Publication Required Yes No

Date Published _____

Sara B. Bost
Sara B. Bost, President

RESOLUTION NO. R-93-0688
PROPOSED BY: County Executive

AUTHORITY FOR RESOLUTION N.J.S.A. 40:41A-38(n) #3
AUTHORITY FOR ACTION N.J.S.A. 40:41A-36(1)

SUBJECT: COLLECTIVE BARGAINING AGREEMENT BETWEEN THE COUNTY OF ESSEX
AND THE NJ STATE PBA LOCAL 153 (ESSEX COUNTY JAIL) - JANUARY 1, 1992
TO DECEMBER 31, 1994

WHEREAS, the County of Essex has negotiated a collective bargaining agreement with the New Jersey State Policemen's Benevolent Association (PBA) Local 153 (Essex County Jail), retroactive to and covering the period January 1, 1992 through December 31, 1994; and

WHEREAS, the Assistant County Controller has certified that there are available funds in the 1993 County budget to fund said contract through 1993 (said certification is attached hereto); and

WHEREAS, the Board of Chosen Freeholders, by this resolution, wishes to approve said contract; now, therefore, be it

RESOLVED, by the Board of Chosen Freeholders of the County of Essex as follows:

1. That said collective bargaining employment agreement with the New Jersey State PBA Local 153 (Essex County Jail), a copy of which is annexed hereto, be and hereby is approved.
2. That two (2) fully executed copies of this agreement and resolution be forwarded to the Director, Office of Labor Relations and one (1) copy to the Office of the County Counsel.

R-93-0688
12/29/93

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement made this ____ day of _____, 1993 between the County of Essex ("County") and the New Jersey State Policeman's Benevolent Association Local 153 (Essex County Jail), modifying the parties' prior collective negotiations agreement which was effective by its terms from July 1, 1989 through December 31, 1991.

1. The term of this Memorandum of Agreement shall be from January 1, 1992 to December 31, 1994.

2. The salary schedule for the term of this Memorandum of Agreement shall be modified as follows across the board:

- (a) Effective January 1, 1992, an increase of 5% to be paid retroactively for the period from January 1, 1992.
- (b) Effective July 1, 1993, an increase of 6%.
- (c) Effective July 1, 1994, an increase of 6%.

Only employees on the payroll effective the date of the full execution of this Memorandum of Agreement are eligible for payment hereunder. However, retroactive salary increases shall be paid to all permanent employees who retired during the years 1992 and 1993, prorated to the date of retirement.

3. Effective July 1, 1993, the County will increase its contribution \$250 to the Development Fund for a total contribution of \$450 per year per employee.

4. Bereavement will be modified as follows:

Effective upon ratification and adoption of this Memorandum of Agreement by the parties, up to three (3) bereavement days, non-cumulative, with pay, per death shall be provided for death in the immediate family with proper identification.

"Immediate Family" shall mean the following: parent of employee or spouse, sibling of employee or spouse, child of employee or spouse, spouse of employee, guardian of employee or spouse, grandparents of employee or spouse.

5. Effective July 1, 1993, the uniform allowance shall be increased fifty dollars (\$50) for a total of \$400 per annum.

6. Effective July 1, 1993, the safety allowance shall be increased by fifty dollars (\$50) for a total of \$400 per annum.

7. Effective as of the approval of this Memorandum of Agreement by the parties, the County of Essex shall have the right to modify the existing Health and Prescription Programs as follows:

A. Prescription Co-Pay: The County may implement a \$1.00 employee co-payment for generic drugs and a \$5.00 employee co-payment for non-generic drugs.

B. Pre-Admission Review: The County may implement a pre-admission review program pursuant to Exhibit 1.

C. Second Surgical Opinion: The County may implement a second surgical opinion program pursuant to Exhibit 2.

D. 20% Co-Pay for Dependent Coverage Only: The County may implement a 20% co-payment for dependent coverage for "new hires." All employees working for the County on the date of the approval of the Memorandum of Agreement by both parties will be considered "vested" in the current health care coverage and will not be required to pay a 20% co-pay for dependent coverage even if any one is laid off after the approval of the Memorandum of Agreement and then rehired by the County. The 20% co-pay will be capped at the applicable 1993 rate for employee/child, employee/spouse and family as follows:

Husband/Wife - \$52.72/month
Family - \$70.93/month
Parent/Child - \$23.41/month

8. Effective January 1, 1994, the president of the majority representative (currently PBA Local 153) shall be placed on release time with pay for union business and contract enforcement.

9. All terms and conditions of employment as of December 31, 1991 shall remain in full force and effect during the term of this Memorandum of Agreement, except as modified herein.

10. This Agreement is subject to ratification by the Essex County Board of Chosen Freeholders, the Essex County Executive and the Essex County Jail PBA Local 153. The parties' representatives agree to recommend the terms of this Agreement to their respective constituencies.

11. The Memorandum of Agreement represents the complete and final Agreement between the parties. All proposals, whether written or oral, presented by either party during the course of negotiations shall be deemed withdrawn and not a part of this Agreement. This Agreement cannot be modified except by a writing signed by both the undersigned parties.

Utilization Management Programs

Pre-Admission Review

Pre-Admission Review was established to provide a balanced and comprehensive professional review process with the objective of reducing unnecessary hospital admissions and procedures. Registered nurses trained and certified in utilization review, in conjunction with staff physicians, conduct the process which allows for the development of flexible and highly individualized program to meet the needs of the County of Essex and the employees. Experience shows that a peer discussion process (physician to physician) is the only effective way to gain true cooperation from the providers affected by the process.

The pre-certification process is implemented as a monitoring tool in the total case management process by facilitating early intervention which allows the review process to influence the site of care and the utilization of medical resources and services associated with the diagnosis. Early intervention by the Peer Review process fosters a spirit of cooperation which paves the way for the efficient resolution of the review process.

The total "utilization management" process includes the pre-certification "point of entry", concurrent follow-up review throughout the confinement, discharge planning, and short-term case management following discharge. When the process identifies those situations of catastrophic potential and those which are likely to reach the stop-loss threshold, large case management can be recommended.

Benefits to the Employee

- Maximizing employees' health care benefits
- Ensuring the highest quality of treatment for employees and their families
- Eliminating unnecessary procedures and excessive hospital stays
- Providing employees with a confidential Patient Advocate Line where questions about health care can be answered by health care professionals.

All that is required is that the employee or provider call a toll-free number prior to planned hospital admissions, and within two working days of emergency admissions. Additionally, employees are asked to notify the Medical Review Specialist of maternity care within the first three months of pregnancy. This will allow the Medical Review Specialist to screen for and identify situations that are at high risk for complications of pregnancy and/or premature births. As part of the early intervention component for pregnant women, information will be gathered to better identify the risk factors which will then be shared with the patient's physician.

An effective utilization management program must be carried out as a mandatory requirement of covered employees. If an employee does not obtain pre-authorization prior to the services being rendered, covered hospitalization benefits will be reduced by 20% to a maximum penalty of \$500.

Commonly Asked Questions About Pre-Admission Review

1. What is Pre-Admission Review?

Pre-Admission Review (PAR) is a program through which you will be advised in advance of a hospital admission, whether inpatient care is necessary for your condition.

PAR is designed to encourage outpatient care when medically appropriate.

Basically, the program is designed to promote health care in an appropriate setting and, at the same time, control health care costs. In essence, it aims to manage health care treatment.

2. How does it work?

If hospitalization is recommended, you must have your doctor call PAR medical review specialists, (doctors and nurses) using the toll-free number:

These medical review specialists will review your case and, based on established medical criteria, determine the proper place of care.

If inpatient hospitalization is determined to be appropriate, the PAR medical specialists will send a copy of the written authorization to you, your doctor, and the hospital.

The PAR medical specialists may determine that another setting (e.g. hospital outpatient department, doctor's office, surgical center), is medically appropriate for your condition. If so, they will notify you in writing that the requested inpatient admission has been denied and they will suggest other available alternatives.

Please note: A Pre-Admission Review is not necessary for maternity deliveries (vaginal or cesarean).

3. Will participation in the PAR program alter my benefit payment?

Your benefit payment depends on your individual situation. As long as PAR procedures are followed and your inpatient hospitalization is approved, the County of Essex will pay full benefits in accordance with the terms of your health benefits plan. If you follow the PAR procedures and your inpatient admission is denied, you can still be assured of payment, in accordance with your health benefits plan, for the service performed in an alternate outpatient setting. If you do not follow the par procedure benefits will be reduced by 20% to a maximum penalty of \$5000

3.

M.T. 9/5/93

M.T.G.

~~If you decide to enter the hospital as an inpatient after receiving dental services, you will be liable for the cost of the services covered by the plan to a maximum of \$1,000.~~

If you think the denial is unfair, you or your doctor may request a second review by a different team of medical professionals.

4. What happens if I don't follow the PAR program procedures and I am admitted to the hospital as an inpatient?

One of two things can happen:

If it is determined afterwards that the admission was necessary, you will be liable for a portion of the covered hospital charges that the County of Essex would otherwise have paid.

~~If the PAR medical specialists determine that the admission was not necessary, covered hospitalization benefits will be reduced by \$1,000 or a maximum penalty of \$1,000.~~

5. What if my physician does not call PAR medical specialists?

If your physician does not call, you can call the PAR medical specialists yourself and provide the necessary information. One of the PAR nurses will call your physician for verification and will obtain any additional information that is needed.

6. If my doctor schedules me for surgery in an outpatient setting, do I need PAR?

No, PAR is only necessary when your doctor requests that you be admitted to the hospital as an inpatient (overnight stay).

7. What happens if I have to be admitted to the hospital on an emergency basis?

Either you, a family member, your doctor, or a hospital representative must notify the Referral Center of an emergency admission within forty-eight (48) hours.

8. What happens if complications arise from an outpatient surgery and I have to be admitted to the hospital?

If complications arise during an outpatient surgery, making an inpatient stay medically necessary, full benefits will be paid in accordance with the terms of your plan. You must, however, call the Referral Center within forty-eight (48) hours.

9. What if I intend to be admitted to an out-of-state hospital for a non-emergency, non-emergency procedure? Do I still need PAR?

Yes, You must still obtain PAR from the PAR medical specialists. Your physician should call the toll-free number.

If you are traveling out-of-state, and need to be admitted to a hospital for maternity delivery, you do not have to obtain PAR. Otherwise, PAR procedures must be followed.

10. Are all members of my family required to participate in the PAR Program?

Yes. You and your covered dependents are required to follow the procedures of the PAR program.

11. Why has the County of Essex decided to include this program in our health benefits package?

This program has been included as an effort to promote health care in the appropriate setting and control health care costs. It is important to hold down costs so that we can continue to offer quality health benefits. By participating in this program, together we can influence the way health care is delivered without reducing benefits.

HOSPITAL TRANSFERS

An inpatient being transferred from one hospital to another is considered a new admission. A call to the Referral Center must be placed within 48 hours, or the next business day, advising us of this transfer.

OUTPATIENT SURGICAL PROCEDURES

If you are admitted to a hospital as a result of complications from outpatient surgery, a call to the Referral Center must be placed within 48 hours, or the next business day, advising of the admission.

NEWBORN EXTENDED STAYS

A newborn child's stay in the hospital is considered part of the mother's maternity admission and is not subject to Pre-Admission Review. However, if the newborn child remains in the hospital after the mother is discharged, this is considered a new admission, and a call must be placed to the Referral Center within 48 hours, or the next business day, advising of this extended stay.

MANDATORY SECOND SURGICAL OPINION PROGRAM?

1. What is the Mandatory Second Surgical Opinion Program?

The Mandatory Second Surgical Opinion Program (MSSOP) is a program that covers the cost of a second opinion by a qualified specialist when surgery has been recommended to a patient.

The program is designed to promote quality health care and, at the same time, control health care costs. Also, as an informed patient you can make a better decision when faced with surgery. In many cases, an unnecessary surgery can be avoided.

A list of the surgeries for which you must obtain a second opinion is included.

2. How does the Mandatory Second Surgical Opinion Program work?

If you or a family member is advised of the need for surgery by a physician:

Call the Second Opinion Referral Center TOLL-FREE number.

You will be given the names of board-certified cooperating second opinion specialists in your area.

Choose one of them and advise the Referral Center of your choice and the date and time of the appointment.

The Referral Center will mail out a special claim form and a letter confirming the appointment to the doctor.

Keep the appointment (or advise the doctor of cancellation).

After the doctor renders the second opinion, he or she will send the completed form to the Referral Center.

3. If the second opinion specialist says I do not need surgery, can I have the surgery anyway?

Yes, the program requires only that you obtain a second opinion. The second opinion does not have to confirm the need for surgery. The final decision to have surgery lies with you, the patient. If the opinions conflict, you can obtain a third opinion which would also be covered under this program. Just call the Second Opinion Referral Center and follow the same procedure you used for a second opinion.

4. What happens if I wait a while after getting a second opinion and then decide to have surgery?

The second opinion is valid on your records at the Referral Center for 90 days. If you schedule surgery after 90 days have elapsed, you must call the Referral Center again to update your records.

5. How much will it cost for the second opinion?

Nothing. If you follow the program guidelines and select one of the doctors from the Referral Center, the cost of the second opinion (and the optional third) is paid in full by the County of Essex.

6. Which surgical procedures are part of the Mandatory Second Surgical Opinion Program?

ARTHROSCOPY	Examination of JOINT using a scope (may include meniscectomy)
CATARACT SURGERY	Surgical removal of cataract (clouded lens) from the EYE.
CHEMONUCLEOLYSIS OF DISK	Destruction of VERTEBRAL DISK by injection
CHOLECYSTECTOMY	Removal of GALLBLADDER (may include examination of bile ducts)
CORONARY ARTERY BYPASS SURGERY	Insertion of vein graft to bypass an obstructed HEART ARTERY
EXCISION OF INTER-VERTEBRAL DISK	Removal of a herniated DISK (including excision of disk with fusion)
HYSTERECTOMY	Removal of Uterus
MASTECTOMY	Surgical removal of BREAST (or portion)
MENISCETOMY	Removal of cartilage from the KNEE
PROSTATECTOMY	Removal of all or part of the PROSTATE
RHINOPLASTY	Surgery of NOSE to correct deformities (includes submucous resection)
SEPTECTOMY WITH RHINOPLASTY	Removal of an obstruction of the NOSE (includes submucous resection)
SPIRAL FUSION	Joining of VERTEBRAE for immobilization
TONSILLECTOMY	Removal of the TONSILS

7. What happens if I do not obtain a second opinion?

Coverage for surgery is reduced by 20% to a maximum of \$500.

8. What if my doctor advises me to have a surgery not on the mandatory list, but I want a second opinion?

It is very important to call the Second Opinion Referral Center to discuss the particular procedure. In most cases your health benefits plan will allow for payment, but some surgery is not covered for a second opinion, for example:

- Cosmetic surgery
- Dental surgery
- Minor surgery (i.e. removal of sebaceous cyst)
- Surgery ineligible by your health benefits plan
- Sterilization procedures
- Emergency surgery
- Surgery that is performed on an already hospitalized patient

9. Why do I have to go to one of the Referral Center's doctors?

By using the Referral Center's physicians the County of Essex can:

- guarantee that claims will be paid properly;
- eliminate payment by subscribers for the second opinion consultation; and
- be assured that the cooperating specialist is board certified. Physicians who participate in the program are certified and meet certain criteria.

10. Does the second opinion doctor contact my original doctor?

We ask the specialist giving the second opinion consultation not to contact the original physician to discuss findings or recommendations except with the consent of the patient.

11. What if the second opinion specialist wants to take more tests and/or x-rays? Are these charges covered also?

In most cases the County of Essex will ask that the specialist not order additional x-ray and laboratory procedures when satisfactory studies are already available. However, there are times when the specialist might feel additional tests are needed. The specialist must call the Referral Center if additional tests are requested.

12. Why can't the second opinion doctor perform the surgery? What if I like him/her better?

Part of the arrangement between the County of Essex and the specialists participating in the program, is an agreement that the specialist will not perform the surgery. This was done to help the second opinion physician make an unbiased diagnosis. If the physician knows he cannot perform the surgery, he or she will not sway the patient to have unnecessary surgery.

13. Are doctors aware of this program?

Yes, they are aware of it and most of them accept it. Doctors realize that the thrust on health care is toward cost containment and patient involvement. As a result of programs like theirs, they deal with more informed, more relaxed patients. Doctors also are aware that some programs are mandatory and that their payments might be reduced if the second opinion was not given. The Referral Center receives many calls from physician's offices asking if specific procedures need a second opinion. They also receive many requests from physicians who wish to join this program as a second opinion specialist.

14. If I am rushed to the hospital in an emergency or if it is determined that I need surgery while hospitalized, do I need a second opinion?

No. If you need surgery while you are hospitalized regardless of your admitting diagnosis, second opinions are not required or allowed. Also, you do not need a second opinion if you are admitted to the hospital for emergency surgery.

15. What if I live out-of-state?

The Referral Center has physicians who provide second opinions for locations outside of New Jersey. If you live out-of-state and require a second opinion, you must call the Referral Center.

16. Why has this program been included in our health benefits package?

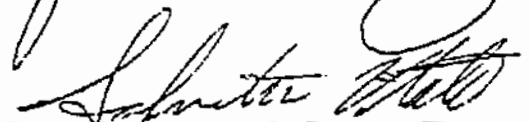
This program has been included as an effort to control health care costs. Research has shown that many employees with mandatory second opinion programs in place have experienced substantial savings from these programs. How? The fact is that some elective surgery may not be necessary, yet it always involves some risk and expense. Approximately 20% of elective surgery will not be confirmed as necessary when a second opinion is obtained. When appropriate, alternative treatments may replace surgery, which in turn may mean reduced risk to the patient. However, when surgery is confirmed by the second opinion, you know that surgery is most likely the best treatment for you.

IN WITNESS WHEREOF, the parties have, by their authorized representative, set their hands and seals this day of November, 1993.

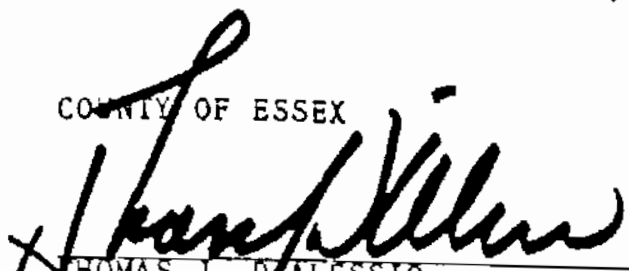
FOR ESSEX COUNTY CORRECTION OFFICERS, PBA LOCAL 153


DON SALVATORE, PRESIDENT


NICHOLAS CONDITTO, 1st VICE PRES.


SALVATORE VITALE, EXECUTIVE VICE PRES.

COUNTY OF ESSEX


THOMAS J. D'ALESSIO
COUNTY EXECUTIVE

ATTEST:

ADRIANNE DAVIS
CLERK TO THE BOARD OF
CHOSEN FREEHOLDERS

APPROVED AS TO FORM AND
LEGALITY:



STEPHEN J. EDELSTEIN, ESQ.
ESSEX COUNTY COUNSEL

R-93-0688
12/29/93

MEMORANDUM OF AGREEMENT

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All that is required is that the employee or provider call a toll-free number prior to planned hospital admissions, and within two working days of emergency admissions. Additionally, employees are asked to notify the Medical Review Specialist of maternity care within the first three months of pregnancy. This will allow the Medical Review Specialist to screen for and identify situations that are at high risk for complications of pregnancy and/or premature births. As part of the early intervention component for pregnant women, information will be gathered to better identify the risk factors which will then be shared with the patient's physician.

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Commonly Asked Questions About Pre-Admission Review

1. What is Pre-Admission Review?

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PAR is designed to encourage outpatient care when medically appropriate.

Basically, the program is designed to promote health care in an appropriate setting and, at the same time, control health care costs. In essence, it aims to manage health care treatment.

2. How does it work?

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Please note: A Pre-Admission Review is not necessary for maternity deliveries (vaginal or cesarean).

3. Will participation in the PAR program alter my benefit payment?

Your benefit payment depends on your individual situation. As long as PAR procedures are followed and your inpatient hospitalization is approved, the County of Essex will pay full benefits in accordance with the terms of your health benefits plan. If you follow the PAR procedures and your inpatient admission is denied, you can still be assured of payment, in accordance with your health benefits plan, for the service performed in an alternate outpatient setting.

3. Do not follow the par procedure benefits will be reduced by 20% to a maximum penalty of \$5000

M.T. 9/25/93

M.T. J. [Signature]

~~If you decide to enter the hospital as an inpatient after receiving a denial, covered hospitalization benefits will be reduced by 20% to a maximum penalty of \$100.~~

If you think the denial is unfair, you or your doctor may request a second review by a different team of medical professionals.

- 4. What happens if I don't follow the PAR program procedures and I am admitted to the hospital as an inpatient?

One of two things can happen:

If it is determined afterwards that the admission is necessary, you will be liable for a portion of the covered hospital charges that the County of Essex would otherwise have paid.

~~If the PAR medical specialists determine that the admission was not necessary, covered hospitalization benefits will be reduced by 20% to a maximum penalty of \$100.~~

- 5. What if my physician does not call PAR medical specialists?

If your physician does not call, you can call the PAR medical specialists yourself and provide the necessary information. One of the PAR nurses will call your physician for verification and will obtain any additional information that is needed.

- 6. If my doctor schedules me for surgery in an outpatient setting, do I need PART?

No, PAR is only necessary when your doctor requests that you be admitted to the hospital as an inpatient (overnight stay).

- 7. What happens if I have to be admitted to the hospital on an emergency basis?

Either you, a family member, your doctor, or a hospital representative must notify the Referral Center of an emergency admission within forty-eight (48) hours.

- 8. What happens if complications arise from an outpatient surgery and I have to be admitted to the hospital?

If complications arise during an outpatient surgery, making an inpatient stay medically necessary, full benefits will be paid in accordance with the terms of your plan. You must, however, call the Referral Center within forty-eight (48) hours.

- 9. What if I intend to be admitted to an out-of-state hospital for a non-emergency, non-emergency procedure? Do I still need PART?

Yes. You must still obtain PAR from the PAR medical specialists. Your physician should call the toll-free number.

If you are traveling out-of-state, and need to be admitted to a hospital for maternity delivery, you do not have to obtain PAR. Otherwise, PAR procedures must be followed.

10. Are all members of my family required to participate in the PAR Program?

Yes. You and your covered dependents are required to follow the procedures of the PAR program.

11. Why has the County of Essex decided to include this program in our health benefits package?

This program has been included as an effort to promote health care in the appropriate setting and control health care costs. It is important to hold down costs so that we can continue to offer quality health benefits. By participating in this program, together we can influence the way health care is delivered without reducing benefits.

HOSPITAL TRANSFERS

An inpatient being transferred from one hospital to another is considered a new admission. A call to the Referral Center must be placed within 48 hours, or the next business day, advising us of this transfer.

OUTPATIENT SURGICAL PROCEDURES

If you are admitted to a hospital as a result of complications from outpatient surgery, a call to the Referral Center must be placed within 48 hours, or the next business day, advising of the admission.

NEWBORN EXTENDED STAYS

A newborn child's stay in the hospital is considered part of the mother's maternity admission and is not subject to Pre-Admission Review. However, if the newborn child remains in the hospital after the mother is discharged, this is considered a new admission, and a call must be placed to the Referral Center within 48 hours, or the next business day, advising of this extended stay.

MANDATORY SECOND SURGICAL OPINION PROGRAM?

1. What is the Mandatory Second Surgical Opinion Program?

The Mandatory Second Surgical Opinion Program (MSSOP) is a program that covers the cost of a second opinion by a qualified specialist when surgery has been recommended to a patient.

The program is designed to promote quality health care and, at the same time, control health care costs. Also, as an informed patient you can make a better decision when faced with surgery. In many cases, an unnecessary surgery can be avoided.

A list of the surgeries for which you must obtain a second opinion is included.

2. How does the Mandatory Second Surgical Opinion Program work?

If you or a family member is advised of the need for surgery by a physician:

Call the Second Opinion Referral Center TOLL-FREE number.

You will be given the names of board-certified cooperating second opinion specialists in your area.

Choose one of them and advise the Referral Center of your choice and the date and time of the appointment.

The Referral Center will mail out a special claim form and a letter confirming the appointment to the doctor.

Keep the appointment (or advise the doctor of cancellation).

After the doctor renders the second opinion, he or she will send the completed form to the Referral Center.

3. If the second opinion specialist says I do not need surgery, can I have the surgery anyway?

Yes, the program requires only that you obtain a second opinion. The second opinion does not have to confirm the need for surgery. The final decision to have surgery lies with you, the patient. If the opinions conflict, you can obtain a third opinion which would also be covered under this program. Just call the Second Opinion Referral Center and follow the same procedure you used for a second opinion.

4. What happens if I wait a while after getting a second opinion and then decide to have surgery?

The second opinion is valid on your records at the Referral Center for 90 days. If you schedule surgery after 90 days have elapsed, you must call the Referral Center again to update your records.

5. How much will it cost for the second opinion?

Nothing. If you follow the program guidelines and select one of the doctors from the Referral Center, the cost of the second opinion (and the optional third) is paid in full by the County of Essex.

6. Which surgical procedures are part of the Mandatory Second Surgical Opinion Program?

ARTHROSCOPY	Examination of JOINT using a scope (may include meniscectomy)
CATARACT SURGERY	Surgical removal of cataract (clouded lens) from the EYE.
CHEMONUCLEOLYSIS OF DISK	Destruction of VERTEBRAL DISK by injection
CHOLECYSTECTOMY	Removal of GALLBLADDER (may include examination of bile ducts)
CORONARY ARTERY BYPASS SURGERY	Insertion of vein graft to bypass an obstructed HEART ARTERY
EXCISION OF INTER-VERTEBRAL DISK	Removal of a herniated DISK (including excision of disk with fusion)
HYSTERECTOMY	Removal of Uterus
MASTECTOMY	Surgical removal of BREAST (or portion)
MENISCETOMY	Removal of cartilage from the KNEE
PROSTATECTOMY	Removal of all or part of the PROSTATE
RHINOPLASTY	Surgery of NOSE to correct deformities (includes submucous resection)
SEPTECTOMY WITH RHINOPLASTY	Removal of an obstruction of the NOSE (includes submucous resection)
SPIRAL FUSION	Joining of VERTEBRAE for immobilization
TONSILLECTOMY	Removal of the TONSILS

7. What happens if I do not obtain a second opinion?

Coverage for surgery is reduced by 20% to a maximum of \$500.

8. What if my doctor advises me to have a surgery not on the mandatory list, but I want a second opinion?

It is very important to call the Second Opinion Referral Center to discuss the particular procedure. In most cases your health benefits plan will allow for payment, but some surgery is not covered for a second opinion, for example:

- Cosmetic surgery
- Dental surgery
- Minor surgery (i.e. removal of sebaceous cyst)
- Surgery ineligible by your health benefits plan
- Sterilization procedures
- Emergency surgery
- Surgery that is performed on an already hospitalized patient

9. Why do I have to go to one of the Referral Center's doctors?

By using the Referral Center's physicians the County of Essex can:

- guarantee that claims will be paid properly;
- eliminate payment by subscribers for the second opinion consultation; and
- be assured that the cooperating specialist is board certified. Physicians who participate in the program are certified and meet certain criteria.

10. Does the second opinion doctor contact my original doctor?

We ask the specialist giving the second opinion consultation not to contact the original physician to discuss findings or recommendations except with the consent of the patient.

11. What if the second opinion specialist wants to take more tests and/or x-rays? Are these charges covered also?

In most cases the County of Essex will ask that the specialist not order additional x-ray and laboratory procedures when satisfactory studies are already available. However, there are times when the specialist might feel additional tests are needed. The specialist must call the Referral Center if additional tests are requested.

12. Why can't the second opinion doctor perform the surgery? What if I like him/her better?

Part of the arrangement between the County of Essex and the specialists participating in the program, is an agreement that the specialist will not perform the surgery. This was done to help the second opinion physician make an unbiased diagnosis. If the physician knows he cannot perform the surgery, he or she will not sway the patient to have unnecessary surgery.

13. Are doctors aware of this program?

Yes, they are aware of it and most of them accept it. Doctors realize that the thrust on health care is toward cost containment and patient involvement. As a result of programs like theirs, they deal with more informed, more relaxed patients. Doctors also are aware that some programs are mandatory and that their payments might be reduced if the second opinion was not given. The Referral Center receives many calls from physician's offices asking if specific procedures need a second opinion. They also receive many requests from physicians who wish to join this program as a second opinion specialist.

14. If I am rushed to the hospital in an emergency or if it is determined that I need surgery while hospitalized, do I need a second opinion?

No. If you need surgery while you are hospitalized regardless of your admitting diagnosis, second opinions are not required or allowed. Also, you do not need a second opinion if you are admitted to the hospital for emergency surgery.

15. What if I live out-of-state?

The Referral Center has physicians who provide second opinions for locations outside of New Jersey. If you live out-of-state and require a second opinion, you must call the Referral Center.

16. Why has this program been included in our health benefits package?

This program has been included as an effort to control health care costs. Research has shown that many employees with mandatory second opinion programs in place have experienced substantial savings from these programs. How? The fact is that some elective surgery may not be necessary, yet it always involves some risk and expense. Approximately 20% of elective surgery will not be confirmed as necessary when a second opinion is obtained. When appropriate, alternative treatments may replace surgery, which in turn may mean reduced risk to the patient. However, when surgery is confirmed by the second opinion, you know that surgery is most likely the best treatment for you.

IN WITNESS WHEREOF, the parties have, by their authorized representative, set their hands and seals this 29th day of ~~November~~ December, 1993.

FOR ESSEX COUNTY CORRECTION OFFICERS, PBA LOCAL 153

Don Salvatore
DON SALVATORE, PRESIDENT

Nicholas Condito
NICHOLAS CONDITO, 1st VICE PRES.

Salvatore Vitale
SALVATORE VITALE, EXECUTIVE VICE PRES.

COUNTY OF ESSEX

Thomas J. D'Alessio
THOMAS J. D'ALESSIO
COUNTY EXECUTIVE

ATTEST:

Adrienne Davis
ADRIANNE DAVIS
CLERK TO THE BOARD OF
CHOSEN FREEHOLDERS

APPROVED AS TO FORM AND LEGALITY:

Stephen J. Edelstein
STEPHEN J. EDELSTEIN, ESQ.
ESSEX COUNTY COUNSEL