

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

14 Total Base Salary Cost from Line 13: \$ 5008816

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	
16 Cost of Salary Increments (\$)	<u>0</u>	<u>0</u>	<u>137471</u>	<u>141595</u>	<u>145843</u>	
17 Salary Increase Above Increments (\$)	<u>53060</u>	<u>84428</u>	<u>29060</u>	<u>29060</u>	<u>29060</u>	
18 Longevity Increase (\$)	<u>13498</u>	<u>0</u>	<u>22147</u>	<u>24524</u>	<u>13892</u>	
19 Total Increased Cost for "Other" Items (\$)	<u>1901</u>	<u>1688</u>	<u>2953</u>	<u>2722</u>	<u>3070</u>	
20 Total Increase (\$) (sum of lines 16-19)	<u>68459</u>	<u>86116</u>	<u>191631</u>	<u>197901</u>	<u>191865</u>	

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 735972 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 14.69 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 2.94 % [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
25	Totals (\$):							

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 781776	\$ 759564
27	Prescription Plan Cost	\$ 0	\$
28	Dental Plan Cost	\$ 41100	\$ 39996
29	Vision Plan Cost	\$ 0	\$
30	Total Cost of Insurance	\$ 822876	\$ 799560


SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>295706</u>	\$ <u>275087</u>
32	Contributions as % of Total Insurance Cost	<u>35.93</u> %	<u>32.15</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: Ellen Mageean
Position/Title: CFO/Director of Finance
Signature: 
Date: 11/7/2022

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

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