New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line:	#						
	SECTION I: Parties	and Term of Cont	racts				
1	Public Employer: Hui	nterdon Central Re	egional HS	County: Hunterdon	- N. 1		
2	Employee Organizatio	Organization: Hunterdon Central Educ Assn		Number of Employees in Unit: 399			
3	Base Year Contract Te	7/1/2011-6	/30/2015	New Contract Term:	7/1/2015-6/30/201	9	
	SECTION II: Type of	f Contract Settlen	nent (please check	only one)			
4	Contract set	tled without neutra	l assistance				
5	Contract sett	led with assistance	of mediator				
6	Contract sett	led with assistance	of fact-finder				
7	Contract sett	led with assistance	of super-conciliator				
8	If contract was settled		•		mendations?		
	Yes No No	V		·			
	SECTION III: Salary	Base					
	The salary base is the the parties negotiate			xpired or expiring agr	eement. This is the b	base cost from which	
	the parties negotiate	tile salai y ilici eases	23803825				
9	Salary Costs in Base Y	ear	\$123003023				
10	Longevity Costs in Bas	se Year	\$ 33400				
11	Total Salary Base		\$ 23837225				
	SECTION IV: Salary	Increases for Eac	h Year of New Agr	eement*			
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	7/1/2015	7/1/2016	7/1/2017	7/1/2018	***************************************	
13	Cost of Salary Increments (\$)	526293	634372	675899	719857		
14	Salary Increase Above Increments (\$)	68803	0	0	O		
15	Longevity Increase (\$)	5300	5700	6300	8800		
16	Total \$ Increase (sum of lines 13-15)	600396	638772	689699	720857		
17	New Salary Base (\$)	24437621	25077693	25759892	26488549		
18	Percentage increase over prior year	2.51 %	2.61 %	2.72 %	2.82 %	<u>%</u>	

^{*}If contract duration is longer than five years, please add an additional page.

SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

Item Description Health Ben Waiver	Base Year Cost (\$) 247537	Year 1 Increase (\$)	Year 2 Increase (\$) 238942	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
Mechanic Tools	650	0	150	0	0	COLUMN TO THE PARTY OF THE PART
Oper Footwear	4860	O	540	0	0	Accessional and a second
Oper License	39600	0	0	3600	3600	The special control of the second sec
Oper Tools	1950	0	450	0	0	
			forticemental services and services are services and services and services and services and services and services are services and services are services and services and services are services and services are services and services are services and serv			Transmission mission
		Averable the flood control and the spread to accelerate to every second or to a	20000000000000000000000000000000000000	genometer mentale statement de s	ANTONIO I MARCO I LA CONTROLO CONTROLO MARCO	
Totals(\$):	graduction de stantant and de stantant action and the stantant and the sta		ANCHER MINISTER MINISTER PROPERTY OF THE ANCHER PROPERTY CONTRACTOR OF THE ANCHER PROPERTY CONTRACTOR OF THE A			And the state of t
	Health Ben Waiver Mechanic Tools Oper Footwear Oper License Oper Tools	Mechanic Tools Oper Footwear Oper License Oper Tools Totals(\$):	Cost (\$) Increase (\$)	Health Ben Waiver 247537 0 238942	Health Ben Waiver 247537 0 238942	Health Ben Waiver 247537 0 238942

st If contract duration is longer than five years, please add an additional page.

	SECTION VI: Medical Costs	
		Base Year Year 1
21	Health Plan Cost	s 6099852 s 6099852
22	Prescription Plan Cost	\$\frac{1666328}{\$} \\$\frac{12270387}{}
23	Dental Plan Cost	\$ 435766 \$ 441475
24	Vision Plan Cost	\$ 0
25	Total Cost of Insurance	\$ <mark>8201946 </mark>
26	Employee Insurance Contributions	\$ 1275000 s 1500000
27	Employee Contributions as % of Total Insurance Cost	15.5 %

Page 2 of 3 (complete all pages)

Page 3

Section VI: Medical Costs (continued)

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

Health benefits waiver payments were previously 30% of the cost of insurance premiums net of calculated employee health benefits contribution. Beginning in Year 2, health benefits waiver payments were standardized as follows:

\$5,000 medical/Rx family; \$4,000 medical/Rx 2-adults; \$3,000 medical/Rx parent-children; \$2,000 medical/Rx single

\$300 dental family; \$200 dental 2-adults; \$200 dental parent-children; \$100 dental single

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Gymlyn Corbin

Position/Title:

Business Administrator/Board Secretary

Signature:

Dymlyn Coller

Date:

07/26/2017

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