

**AGREEMENT BETWEEN
TOWNSHIP OF CHERRY HILL
CAMDEN COUNTY, NEW JERSEY**

and the

**CHERRY HILL POLICE DEPARTMENT
SUPERIOR OFFICERS ASSOCIATION**

January 1, 2022 – December 31, 2025

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WHEREAS, the **CHERRY HILL SUPERIOR OFFICERS' ASSOCIATION** [hereinafter called the "Association"] and the **TOWNSHIP OF CHERRY HILL** [hereinafter called the "Township"] desire to clarify their understandings reached for a successive collective bargaining contract for the term January 1, 2022 through December 31, 2025, and the parties put forth the following mutual agreements.

PREAMBLE

THIS AGREEMENT entered into this ____ day of _____, 2022, by and between the **TOWNSHIP OF CHERRY HILL**, in the County of Camden, New Jersey, a municipal corporation of the State of New Jersey, and **CHERRY HILL SUPERIOR OFFICERS' ASSOCIATION** (hereinafter called the "Association").

ARTICLE I
RECOGNITION

A. The Township, pursuant to Public Employment Relations Commission Docket No. RO-889, recognizes the Association as the representative for the purposes of collective negotiations for all sergeants, lieutenants and captains employed in the Police Department, but excluding special police, school crossing guards, police reserve, dispatchers, managerial executives, confidential employees, professional employees and craftsmen within the meaning of the Act, and all other employees of the Township of Cherry Hill.

B. The title of Officer shall be defined to include the plural as well as the singular, and to include males and females.

ARTICLE II
NON-DISCRIMINATION

There shall be no discrimination by the Township or the Association against any employee because of the employee's membership or non-membership in the Association. Neither the Township nor the Association shall discriminate against any employee because of race, creed, color, national origin, ancestry, age, marital status, religion, pregnancy, civil union status, domestic partnership status, affectional or sexual orientation, genetic information, sex, gender identity or expression, disability, including AIDS or HIV, or atypical hereditary cellular or blood trait, or because of the liability for service in the Armed Forces of the United States, and any other characteristic protected by law.

ARTICLE III
ASSOCIATION RIGHTS & RESPONSIBILITIES

A. Authorized representatives of the Association, whose names shall be filed in writing with the Business Administrator, or his/her designee, shall be permitted to visit any police facility for the purpose of processing or investigating grievances, provided that prior approval has been secured from the Chief of Police, or his/her designee, on condition that such prior approval shall not be unreasonably withheld. At least one (1) authorized representative shall be granted such permission. The representative shall not unreasonably interfere with the normal conduct of the work within the police facility.

B. Up to a maximum of three (3) authorized representatives shall be excused from their normal duties to participate in negotiations for the renewal of this Agreement or the execution of a new Agreement. Such representatives shall attend negotiations session, if on duty, in the appropriate uniform and be available for duty in the event the need arises.

C. The President, or in his/her absence, the Vice President of the Association shall have the right while on duty to investigate and process grievances and to attend Association functions upon direct application to the Chief of Police or his/her designee.

D. Copies of disciplinary charges or other notices relating to disciplinary action shall be furnished to the Association upon written request.

E. The Association will be responsible for acquainting its members with the provisions of this Agreement, and shall be responsible insofar as possible for the adherence to the terms of this Agreement by such members, and the Association recognizes that the conditions set forth in this Article shall be subject to the mission of the Township.

F. The Employer agrees to grant necessary time off without loss of pay for the SOA President or designee to attend the annual State PBA Convention.

G. The Employer agrees to grant the necessary time off without loss of pay for the SOA President or designee to attend seminars and conferences relating to collective bargaining and SOA business up to three (3) days annually.

ARTICLE IV **MANAGEMENT RIGHTS**

A. The Township hereby retains and reserves unto itself, without limitation, all powers, rights, authority, duties and responsibilities conferred upon and vested in it by the Laws and Constitution of the State of New Jersey and of the United States including, but without limiting the generality of the foregoing, the following rights:

1. To the executive management and administration control of the Township government and its properties and facilities and the activities of its employees;

2. To hire all employees, and subject to the provisions of law, to determine their qualifications and conditions for continued employment, or assignment, and to promote and transfer employees;

3. To suspend, demote, discharge or take other disciplinary action for good and just cause according to law.

B. Pursuant to the Laws of the State of New Jersey and of the United States, the exercise of the foregoing powers, rights, duties or other responsibilities of the Township, the adoption of policies, rules, regulations and practices furtherance thereof, and the use of judgment and discretion in connection therewith, shall be limited only by the terms of this Agreement, and then only to the extent such terms hereof are in conformance with the Constitution and Laws of New Jersey and of the United States.

ARTICLE V
LEAVE OF ABSENCE WITHOUT PAY

A. A leave of absence without pay shall, at the discretion of the Township, be granted for good cause to any employee who has been employed for a period of ninety (90) days after the probationary period.

B. Maternity Leave: Upon presentation of proof of pregnancy, a female Officer will be relieved of her street duties and assigned to an in-house function by the Chief of Police. The female Officer will receive one (1) month leave of absence with pay after the birth of her child.

C. Any Police Officer who does not take leave pursuant to Section B, shall be eligible for a leave of absence with pay upon the birth or adoption of a child for five working days immediately after the birth or adoption of the Police Officer's child.

D. Family/Medical leaves of absence will be granted in accordance with the provisions of the “Federal Family and Medical Leave Act” (hereinafter FMLA) and the “New Jersey Leave Act” (hereinafter NJFLA) and the regulations promulgated pursuant to those statutes, as well as a Family Leave Policy adopted by the Township of Cherry Hill. Under the provisions of these statutes, certain employees are entitled to twelve (12) weeks of leave during a twelve (12) month period. The circumstances under which leave may be taken vary depending on the type of leave requested and the Township will grant leave in accordance with the provisions of each statute, and the judicial decisions interpreting the requirements of each statute. Employees taking FMLA leaves and/or NJFLA leaves will be required to use accrued sick leave, vacation and administrative leave concurrent with the approved leave. Employees will also be required to take FMLA leaves and NJFLA leaves concurrently when possible under the statutes. The Township retains all rights to require proper certification from a health care provider pursuant to all applicable laws.

ARTICLE VI
MAINTENANCE OF OPERATIONS

A. It is recognized that the need for continued and uninterrupted operation of the Township's Department and Agencies is of paramount importance to the citizens of the community, and that there should be no interference with such operations.

B. Neither the Association nor any person acting in its behalf will cause, authorize, engage in, sanction, assist or support, nor will any of its members take part in any strike (i.e., the concerted failure to report for duty or stoppage of work or abstinence in whole or in part, from the full, faithful and proper performance of the employees' duties of employment), work stoppage, slowdown, walkout or other illegal job action against the Township.

C. The Association agrees that it will do everything in its power to prevent its members from participating in any strike, work stoppage, slowdown or other activities aforementioned, or support any such action by another employee or group of employees of the Township.

D. In the event of a strike, slowdown, work stoppage or other activity aforementioned, it is agreed that participation in any such activity by any employee covered under this Agreement shall entitle the Township to take any legal and statutory remedies.

E. Nothing contained in this Agreement shall be construed to limit or restrict the Township in its rights to seek and obtain such judicial relief as it may be entitled to have in law or in equity for injunction or damages, or both, in the event of such breach by the Association or its members.

ARTICLE VII GRIEVANCE PROCEDURE

A. PURPOSE

1. The purpose of this procedure is to secure, at the lowest possible level, an equitable solution to the problems which may arise affecting the terms and conditions of this Agreement.

2. Nothing herein shall be construed as limiting the right of any employee having a grievance to discuss the matter informally with any appropriate member of the departmental staff.

3. Nothing herein shall be deemed to deny the employees of their statutory or other legal rights concerning discipline. Nothing herein shall be deemed to deny employees of their rights to pursue any other statutory or legal remedies in lieu of resorting to the Grievance Procedure.

B. **DEFINITION**

The term "grievance" as used herein means any controversy arising over the interpretation, application or alleged violation of the terms and conditions of this Agreement, and shall be raised by the Association on behalf of an individual or group of individuals or the Township, and shall be deemed not to include discipline.

C. **STEPS OF THE GRIEVANCE PROCEDURE**

In order to resolve grievances covered by this Agreement between the parties, this procedure shall be followed unless any step is waived by mutual consent:

Step One

An aggrieved employee or the Association on behalf of an aggrieved employee or employees or the Township shall institute action under the provisions hereof within fifteen (15) days of the occurrence of the grievance, or within fifteen (15) days of the date when the officer should have known of the occurrence, and an earnest effort shall be made to settle the differences between the aggrieved employee and his/her immediate supervisor, for the purpose of resolving the matter informally. Failure to act within said fifteen (15) days shall be deemed to constitute an abandonment of the grievance. If a resolution of the grievance has not been reached within three (3) days of the informal discussion, the grievant may proceed to Step Two.

Step Two

(a) In the event a satisfactory settlement has not been reached at Step One, the employee or the Association shall, in writing and signed, file his/her grievance with the supervisory officer at the next level of command within the Department within three (3) days of decision at Step One, excluding weekends and holidays.

(b) The supervisory officer at the next level of command shall render a decision in writing within five (5) days from the receipt of the grievance.

Step Three

(a) In the event a satisfactory settlement has not been reached at Step Two, the grievant may within three (3) days of the supervisor's decision, file his/her written grievance with the Chief of Police.

(b) The Chief of Police shall review the matter and make a determination within five (5) days from the receipt of the grievance.

Step Four

(a) In the event a satisfactory settlement has not been reached at Step Three, the grievant may within three (3) days of the Chief's decision, file his/her written grievance with the Mayor.

(b) The Mayor shall review the decision of the Chief of Police and within ten (10) days from receipt of the grievance make a written determination.

Step Five

(a) In the event the grievance has not been resolved at Step Four, the Association may, within five (5) working days of the Mayor's decision, request arbitration. The arbitrator shall be chosen in accordance with the Rules of the Public Employment Relations Commission.

(b) However, no arbitration hearing shall be scheduled sooner than thirty (30) days after the final decision by the Mayor. In the event the aggrieved elects to pursue other remedies, the arbitration hearing shall be canceled and the matter withdrawn from arbitration. The Association shall pay whatever costs it may have incurred in processing the case to arbitration.

(c) The arbitrator shall be bound by the provision of this Agreement and restricted to the application of the facts presented to him involved in the grievance. The decision of the arbitrator shall be final and binding. In formulating his/her decision, the arbitrator shall adhere to the statutory and case law of New Jersey and the United States where applicable.

(d) The costs for the services of the arbitrator shall be borne equally between the Township and Association, unless the Association elects to withdraw, in which case any fees of the Arbitration Commission shall be paid by the Association. Any other expenses, including, but not limited to the presentation of witnesses, shall be paid by the party incurring the same.

(e) The arbitrator shall set forth his/her findings of facts and reasons for making the award within thirty (30) days after conclusion of the arbitration hearing unless agreed to otherwise by the parties.

(f) No response at any Step in this procedure by the Township or its agents shall be deemed to be a negative response. Upon the termination of the applicable time limits, the grievant may proceed to the next Step.

(g) Group grievances, which shall be defined as those affecting "substantially" all of the members of the Association, shall be filed by the Association and by the Association only at Step Three.

(h) The Township reserves the right to file in writing a grievance on its behalf with the Executive Board of the Association which shall conduct a conference with the representatives of the Township within ten (10) days of the filing of the grievance, and which shall render a determination within ten (10) days of said conference. In the event that the Township is

unsatisfied with the determination of the Association Executive Board, the Township may then proceed to the final Step of this Grievance Procedure.

(i) Time limits may be extended by the parties by written mutual agreement.

(j) All references to days in Article VII shall mean Mondays through Fridays, 9:00 A.M. - 5:00 P.M., excluding weekends and holidays.

ARTICLE VIII COMPENSATION

A. Effective January 1, 2022, salaries will be, per rank, as follows:

1. **Salary Compensation Schedule:** Effective January 1, 2022, for all bargaining unit members, salaries shall be paid in accordance with the salary schedule set forth below, with any adjustments retroactive where appropriate. The parties agree that this salary schedule represents increases for Sergeants, Lieutenants and Captains of 2.75% retroactive to January 1, 2022; 2.75% effective January 1, 2023; 2.75% effective January 1, 2024; and 2.75% effective January 1, 2025. On January 1, 2022, prior to calculation of any negotiated percentage increase, all salaries and all ranks shall receive a one-time salary adjustment of \$750. Any employee promoted to Sergeant after the signing of this contract, shall be paid for the first year of rank, \$5,000 below the existing Sergeant's annual salary; the second year of rank at \$2,500 below the existing Sergeant's salary, and the third year of rank and thereafter, at the same salary as the existing Sergeant's salary set forth below, except any newly promoted Sergeant at the commencement of the 24th year of service, shall be paid at the existing Sergeant salary for that calendar year and every year thereafter.

SALARY SCHEDULE

	2022	2023	2024	2025
Sergeants	\$ 139,834	\$ 143,679	\$ 147,630	\$ 151,690
Lieutenant	\$ 149,410	\$ 153,519	\$ 157,740	\$ 162,078
Captain	\$ 161,446	\$ 165,886	\$ 170,448	\$ 175,135

2. **Salary Compensation Schedule** – Acting Sergeant shall be paid at the same rate as a fully ranked Sergeant.

3. **Payment Schedule** – Payments will be made on an equal weekly or biweekly basis on Fridays at the discretion of the Township. Where the Township has adopted an ordinance to require net pay to be directly deposited pursuant to N.J.S.A. 52:14-15a, the Township shall continue to provide each employee, electronically through ADP IPay, twenty-four (24) hours prior to the deposit, all information concerning net pay, and withholdings from the employee’s pay check.

B. **Longevity** – Effective July 1, 2011, longevity was added into the base salary for all purposes in accordance with the Township’s regular payroll practices for all members of the bargaining unit promoted before July 1, 2011. Thereafter, longevity payments were eliminated and no other employee shall receive longevity.

C. **Work In A Higher Category** – Filling Temporary Vacancy

1. **Temporary Vacancy** - Any officer who anticipates an absence from his/her regularly scheduled work day will appoint, in writing, a Subordinate Officer from his/her respective unit to assume his/her position for that absence. In a case where the absent officer is unable to designate a replacement for his/her position, the Chief of Police, or his/her designee,

shall have the sole authority to assign a replacement officer. The acting officer shall receive a temporary salary increase (Filling Temporary Vacancy) upon submission of a Timekeeping Form, POSS Entry, approved by his/her supervisor for the period of substitution at the absent officer's Salary or at the Salary of the next higher rank above the acting officer's rate, whichever is lower, in accordance with ARTICLE VIII, Section A(2) and A(3).

2. **Permanent Vacancy** - In a case where there is no longer an officer in the vacant position, Chief of Police, or his/her designee, shall have the sole authority to assign a replacement officer. This may or may not be designated an "acting position" at the sole discretion of the Chief of Police.

3. **Acting Position** - Any officer assigned by order of the Chief of Police as an "acting" sergeant, lieutenant or captain shall receive the permanent rank after serving no more than twelve (12) consecutive months in that position from the date of the initial assignment and designation. If the rank becomes permanent, seniority in the higher rank shall be retroactive to the date of the initial assignment.

4. **Discretion** - The Chief of Police shall have the sole authority to place officers in an "acting" position, except as otherwise provided in Paragraph 1 above. The Chief of Police shall have the right to remove any "acting" officer with or without cause at any time prior to the end of the officer's having served twelve (12) consecutive months in an acting capacity.

ARTICLE IX **SICK LEAVE**

A. Sick leave for all members of the bargaining unit shall be earned at a rate of 110.5 hours per calendar year.

B. Paid sick leave is an employee benefit provided to all regular, full-time Police Officers unable to work scheduled hours due to the Police Officer's personal illness, injury or disease; the officer's receipt of professional medical care, or to care for an immediate family member's illness, injury or disease. The term "immediate family member" is defined to include mother, father, mother-in-law, father-in-law, child, or a spouse, domestic partner and/or civil union of an employee, as defined under New Jersey law.

C. Any amount of Sick Leave allowance not used in any calendar year shall accumulate to the employee's credit from year to year to be used if and when needed for such purpose.

D. In the event of compensable illness or injury within the meaning of the New Jersey Workers' Compensation Statute, the Township shall pay to the Employee for the first nine (9) months the employee is out on worker's compensation the difference between the normal full rate of pay and any benefits payable pursuant to the Workers' Compensation Statute so long as the Employee is entitled to such benefits. Thereafter, the Employee may elect to use accrued sick or vacation time to supplement the difference between the statutory rate up to but not including their full salary. Any such supplementation of worker's compensation payments shall not result in an officer making more than the officer's normal pay. Use of sick time shall be proportional to the gap in pay it is filling. For example, if worker's compensation pays two-thirds of base salary, the officer can use 1/3 of sick or vacation day to make up the difference for each day.

E. If an employee is absent for reasons that entitle him/her to Sick Leave, the employee shall report such absence in the manner provided in the Police Department's General Orders.

.F. The Township requires proof of illness under circumstances set forth in the Police Department's General Orders. The Township may adopt Sick Leave verification procedures through the Police Department's General Orders.

G. The Township may require an employee who has been absent because of personal illness, as a condition of his/her return to work, to be examined, at the expense of the Township, by a physician designated by the Township in accordance with the Police Department's General Orders.

ARTICLE X
COLLEGE INCENTIVE PROGRAM

A. Each employee who enters the College Incentive Program pledges to achieve an Associate's or Bachelor's Degree in Police Science, Administration or related field of study as designated by the institution of learning as being within their law enforcement degree program.

B. Each employee shall be compensated at the rate of one (\$1.00) dollar per month for each successfully completed credit earned at an accredited institution of higher learning, provided the courses studied had the prior approval of the Chief of Police.

C. Upon presentation of proof of successful completion through institutional records, payments shall be added to salary at the end of each semester, either in February, June or September.

D. In the event an employee does not earn any additional credits for three (3) consecutive semesters, all payments hereunder shall cease. The employee may reinstate him/herself in the program, but credits earned prior to his/her reinstatement shall not be compensated until attainment of the degree being sought. The employee may make application to the Chief for relief from the provisions of this Section.

E. Credits earned prior to appointment to the Department shall not be compensated until the attainment of the next highest degree, either the Associate's or the Bachelor's.

F. The highest level of compensation under this program shall be those credits up to and including the Bachelor's degree.

ARTICLE XI
EXCHANGE OF HOURS OF DUTY

A. The request for exchange of hours of duty by an employee may be granted by the Chief or his/her designee, provided such request has been made through channels and in conformance with the needs of the Department.

B. In volunteering to exercise the provisions of this Article, no officer shall work more than two (2) shifts and the provisions of Article XII shall not apply to the second shift unless the officer is ordered to work hours in excess of his/her shift, in which case Article XII shall be applicable to those excess hours.

ARTICLE XII
HOURS AND OVERTIME

A. **Overtime** – Overtime shall be paid for all hours worked in excess of the Officer's regularly scheduled shift or where an Officer is caused to work on a regularly scheduled day off ("RDO") as defined by the annual posted work chart and this Article, except as set forth in Paragraph E below:

1. All Superior Officers required to work in excess of their regular shift, with the approval or at the request of their Supervisor, shall be paid at one and one-half (1 ½) times their regular rate of pay on the following basis:

0 - 15 minutes	No Pay
16 minutes and after	Time and one half retroactive to the first minute.

B. Court appearances, as required in the line of duty, shall be compensated at the employee's option by means of compensatory time, computed on a time and one half basis, or at an hourly rate equal to one and one half (1 ½) of said Officer's hourly rate, with a three (3) hour minimum. The employee is to exercise said option (in writing) at the time of the Court appearance.

C. Compensatory time off earned during a calendar year, if unutilized, will be compensated for by the Township at the straight time rate earned at the end of that calendar year, unless he/she requests and is granted the right to accumulate such time off for the succeeding year. Such approval may be granted at the discretion of the Chief of Police or his/her designee.

D. **Work Schedules** – The regular duty schedule for non-patrol division will provide a basic work week of forty (40) hours. As is the present practice, where the schedule involves regular shifts other than eight (8) hours, the general schedule will provide offsets to insure the maintenance of the forty (40) hour base work week during the course of the year.

The regular duty schedule for employees working in the patrol division shall consist of a twelve (12) hour daily work schedule based on the Pitman Model (two (2) days on – two (2) days off – three (3) on – two (2) off – two days (2) on – three days (3) off). A basic work week of forty-two (42) hours composed of twelve (12) hour work shifts not to exceed one hundred sixty-eight (168) hours in any twenty-eight (28) day period. Mandatory rest periods between shifts and hours worked for outside employers will be determined by departmental policy.

E. **Regular Days Off** – When an Officer works on a regularly scheduled day off (“RDO”), as defined by the annual posted work chart and Section A of this Article, in connection

with any training, or community events, at which the primary focus is interaction with members of the community, this time shall be treated as RDO (compensatory time), and shall be awarded at one and one half (1.5) times for all hours worked in excess of the Employee's regular schedule. Any such time is to be designated as RDO in accordance with the provisions of this paragraph.

1. Unlike overtime time earned in Section A, Employees shall not receive monetary compensation for any earned RDO time.
2. RDO time earned under this paragraph may be taken off with the approval of the Police Chief or his/her designee, within a reasonable period of time after it is earned, subject to existing leave requirement requests. Leave will not be automatically granted if the maximum number of officers are already off.
3. At no time shall accumulated RDO time exceed two hundred (200) hours for any employee. If accumulated RDO time exceeds the permitted amount, the Chief of Police may schedule the Officer's RDO time in order to reduce the accumulated leave.
4. Any Officer who, outside of their regularly scheduled shift, volunteers to work at a community event, at which the primary focus is interaction with members of the community, shall receive RDO time in lieu of paid overtime or compensatory time for this work.
5. Any Special Operations Group officer attends unit training, they shall receive RDO in lieu of paid overtime or compensatory time, as set forth below:

Assigned training associated with Special Operations Group specialty units (TRT, CINT, K9, Police Service Rifle Team).

6. Any officer who requests training which is voluntary, non-mandated, and not operationally necessary, shall receive RDO in lieu of paid overtime or compensatory time, provided such training is approved by the Chief of Police or his/her designee in advance.
7. Overtime/Compensatory time shall be granted for all mandatory and/or involuntary training that takes place outside of an officer's normal work hours or where they are caused to work on a regular scheduled day off (RDO) as defined by the Annual Posted Work Chart and Section A of this Article, except any in service trainings covered under Section 5.
8. Notwithstanding anything to the contrary herein, Administrative adjustments are permitted for a temporary schedule change upon written mutual consent of both parties for any voluntary training assignment that is longer than five (5) consecutive days.

F. **Kelly Time** – Each month, employees in the Patrol Division shall earn ten (10) hours of compensatory time (120 hours per year) to offset the change in annual hours worked from 2068 hours to 2190 hours under the twelve (12) hour shift schedule. This compensatory time shall be designated as “Kelly Time” and shall be used in the year that it is earned. Employees shall not receive monetary compensation for any unused Kelly Time. This section shall not alter the other terms and conditions set forth in this Article, including but not limited to Hold Time Beyond a Shift, Recall Time, Off-Duty Court Time, RDO, and Compensatory Time (earned independently of Kelly Time). All other officers shall remain on their current work schedule.

G. **Call Back Time.** If an employee is called back in for extra duty (other than a Court appearance), he is to be guaranteed a minimum of four (4) hours of time at one and one half (1 ½) time rates. This provision shall not apply to a carry-over immediately subsequent to the employee's prior work shift. At the employee's option, to be exercised in writing at the time of recall, they may elect to be paid or receive compensatory time off.

H. **Staff Meetings.** Employees shall be obligated to attend Departmental or Divisional Staff meetings not to exceed four (4) hours per month without monetary compensation. Compensatory time in lieu of monetary compensation shall be given to all employees attending on off-duty time.

I. All permanent work schedule changes shall be made with a minimum of thirty (30) days notice.

J. If the twelve (12) hours shift schedule should be terminated and the Department reverts back to the prior schedule (2068 hours annually) all prior provisions shall resume without modification, as set forth in the parties' collective bargaining agreement which was effective January 1, 2010.

ARTICLE XIII **SECONDARY EMPLOYMENT**

A. With respect to DWI grants, seatbelt grants, block grants and other fixed hourly rate grants, members shall be entitled to the hourly rate allowed for in the respective grant or grants without regard to their regular hourly rate or their regular overtime rate.

B. With respect to the rate of compensation for outside contractors, including the Cherry Hill Board of Education, or private companies, the member shall be entitled to the hourly

rate set forth in the Ordinance adopted by the Township of Cherry Hill for contracted off-duty employment without regard to their regular hourly rate or their overtime rate.

C. Hours worked under subsections (A) and (B) above shall not count as hours worked in excess of an employee's normal regularly scheduled work hours for the purpose of computing overtime with the Township.

ARTICLE XIV CLOTHING ALLOWANCE

A. Members assigned to a Superior Officer rank shall be issued insignia, special clothing or special items required of that rank, not required of the Officer's prior rank. This shall include one breast badge, one hat badge, chevrons, bars and other insignia of rank and the cost to affix them to the uniform, if necessary. The Township will exercise due diligence in securing such item and equipment for newly appointed officers. Upon promotion from Sergeant to Lieutenant, each Police Officer shall be issued one summer (short sleeve), one winter (long sleeve) shirt, one pair of black pants, a hat and tie, replacement of BDU supervisor shirts (long and short sleeve), and chevron bars and other insignia of rank and the cost to affix them to the uniform, if necessary. Upon promotion from Lieutenant to Captain, that officer shall receive replacement of BDU supervisor shirts (long and short sleeve), and Chevron bars and other insignia of rank and the cost to affix those to the uniform, if necessary.

B. **Body Armor.** On July 1st of each year, the Chief of Police, or his designee, shall submit to the Township a list of ASSOCIATION officers assigned to field duty who are to be supplied with body armor. No employee shall receive this body armor unless his/her armor is five (5) years old or older. The cost of the body armor shall be paid by the Township and shall be of the same type and quality as those supplied by rank and file. The Township also agrees to maintain

a list of warranties and guarantees for all body armor. Specifications for body armor and the assignment as field officers are the sole responsibility of the Chief of Police.

ARTICLE XV
HOLIDAYS AND PERSONAL DAYS

A. In lieu of official paid holidays and/or personal days, each employee shall be granted a total of seventeen (17) days off in each calendar year earned at the rate of 1.416 days per month and pro-rated to the number of months worked for the final year of service. Holidays and Personal days shall continue to be based on one (1) work day regardless of the hours of the employees shift.

B. Holidays and/or personal days earned in one (1) year must be utilized by March 31 of the succeeding year, provided the employees are given the opportunity to utilize such holidays during this period.

ARTICLE XVI
VACATIONS

A. Each employee shall be entitled to annual vacation leave with pay in accordance with the following schedule:

From the second (2 nd) through and including the fifth (5 th) calendar year of employment	80 hours
From the sixth (6 th) through and including the tenth (10 th) calendar year of employment	120 hours
From the eleventh (11 th) through and including the fifteenth (15 th) calendar year	160 hours
From and after the sixteenth (16 th) calendar year of employment	200 hours

B. Accumulation of annual vacation leave from year to year may be permitted at the discretion of the Chief of Police with approval of the Mayor. However, accumulated vacation leave must be utilized in the year succeeding its accumulation in the form of requested compensatory time off and scheduled at such times as the needs of the Division permit.

C. An annual vacation leave schedule shall be prepared by each Division head in accordance with the provisions of this Article.

D. Vacation allotment will be pro-rated to the number of months worked for the final year of service.

ARTICLE XVII
SEPARATION, DEATH AND RETIREMENT

A. Employees shall retain all pension rights as police officers under New Jersey laws and Township Municipal Ordinance.

B. Employees retiring either after twenty-five (25) years of service pursuant to N.J.S.A. 43:16A-11.1 or having attained the age of fifty-five (55) pursuant to N.J.S.A. 43:16A-5 or as a result of a disability pension, whether work connected or not, shall be paid for all accumulated holidays, vacation, and other compensatory time as provided in this Agreement. Said payments shall be computed at the rate earned.

C. Employees intending to retire on other than disability pension shall accordingly notify the Chief of Police, or his/her designee, sixty (60) days prior to the start of fiscal year in which said retirement is to become effective. Such notice provision shall not apply to any employee who retires because of conditions not known or reasonably foreseeable by the employee.

D. In the event of an employee's death, his/her estate or legal representative shall be paid for all accumulated holidays, vacation, or other compensatory time as provided in this

Agreement. Payment shall be made at the employee's rate of pay at the time of his/her death. In the event the death occurs in the line of duty, there shall not be any proration of time regardless of when the death occurs during the year.

E. In the event of an employee's separation from service for any reason not set forth in Section B or D above, all accumulated vacation, holidays and other compensatory time shall be paid at the then current rate of pay to the employee, except that no payments shall be made for accumulated sick leave.

F. For benefits payable in the then current year in all cases of separation, death while not in the line of duty or retirement, all vacation, holidays, and other compensatory time shall be pro-rated as of the (1st) first of the month if the resignation, death or retirement is effective prior to the fifteenth (15th) day of the month and as of the last day of the month if the resignation, death or retirement is effective on or after the fifteenth (15th) of the month. Benefits shall be pro-rated on the calendar year from January 1 through December 31.

G. For benefits payable in the then current year in all cases where the employee died while in the line of duty, all vacation, holidays, and other compensatory time which would have accrued for the entire calendar year (in the year of the employee's death), shall be payable to the employee's estate or legal representative.

H. Separation shall be defined as any permanent cessation of employment, but shall not be deemed to include temporary leaves of absence, vacation, layoffs or other temporary leaves.

I. Any employee retiring within the calendar year of contract being negotiated shall receive a pro-rated share of that year's wage increase; pro-ration shall be based upon the calendar

year from January 1 through December 31 as compared to the period of time that employee actually served active duty during that year.

J. Upon retirement from Cherry Hill Township after completion of twenty-five (25) years of service with Cherry Hill Township, or on a disability pension, medical, dental, and prescription insurance coverage shall be provided for the retiree and his or her family up to Medicare eligibility, providing those eligible annually certify that they have no other medical, dental, and/or prescription coverage. The base plan for retiree health care is the State Health Benefits Direct 2030 plan or the equivalent.

Should the retiree move out of the area serviced by the Township's coverage, the retiree and his/her spouse shall be provided with a quarterly reimbursement for medical, dental and prescription coverage, providing those eligible for out of area coverage annually certify that they have no other insurance coverage and provide proof of payment to the out of area insurance provider.

The maximum cost to the Township under this provision shall not exceed 50% of the actual cost of the insurance up to fifteen thousand (15,000) dollars annually. The retiree's contribution shall be inclusive of any premium sharing contributions required under P.L. 2011, Chapter 78. All retirees may choose between medical, dental, or prescription (any or all) which is currently available to active employees under Article XXII of this Agreement. This provision shall apply to employees who retire during the term of this contract.

K. Upon retirement the Township shall make all payments for accumulated leave to the employee in the form of a lump sum payment. However, nothing in the contract shall prevent the employee from negotiating a multi-year payout for accumulated leave on an individual basis.

L. Any retiree who stops receiving any of the Township's medical, dental or prescription benefits and at some point wants to begin receiving them again will be allowed to rejoin the retiree medical benefits plan as stated above, provided that they certify annually that they have no other insurance coverage available to them.

M. The immediate family (spouse, children) shall receive for a period of three (3) months, the bi-weekly income check of a member killed in the line of duty.

ARTICLE XVIII
SERVICE RECORDS

A. Employees covered by this Agreement shall be entitled to inspect their service records upon request and by appointment.

B. Employees inspecting service records will be required to sign a form indicating the date, time and records inspected.

ARTICLE XIX
BULLETIN BOARD

A. The Township shall provide one (1) bulletin board for the posting of notices relating to matters and official business of all Police organizations.

B. The bulletin board may be utilized by the Association for the purpose of posting Association announcements and other relevant information. The Chief, or his/her designee, may have removed from the bulletin board any irrelevant material after notice to the Association President.

ARTICLE XX
BEREAVEMENT LEAVE

A. Because of death in the immediate family, leave with pay shall be granted from the day of death until the day after interment, inclusive. The immediate family shall include spouse

or significant other; civil union partner; child, stepchild; parent; sibling; grandparent; brother or sister in-law; daughter-in-law; son-in-law; grandchild; niece, nephew; uncle; aunt; cousin; or any person related by blood or marriage residing in an employee's household.

B. Proof of death may be required at the Township's discretion.

C. Additional bereavement leave may be granted at the discretion of the Chief of Police.

ARTICLE XXI
TRAVEL EXPENSE

Any officer that receives prior written approval from the Chief or designee to use his or her own vehicle for business purposes shall be reimbursed for all approved travel expenses pursuant to the current IRS standard mileage rates for business miles driven, and for all other travel expenses in connection with official duties.

ARTICLE XXII
MEDICAL BENEFITS

The Township shall continue to make available to employees and their families the existing medical, prescription, and dental insurance as provided in this Article. All active unit employees who have not withdrawn from the Township's health insurance program, shall contribute towards the cost of health insurance in accordance with P.L. 2011, Chapter 78. These payments shall be made on a pre-tax basis, pursuant to I.R.S. Section 125 salary reduction premium-only plan, and in accordance with the Township's regular payroll practices. These contributions shall cease upon the officer's retirement. Pursuant to N.J.S.A. 40A:10-21.2 in any successor Agreement, the contribution to health care benefits shall be negotiated as if the fourth-year employee premium share contribution was included in this Agreement.

A. **Medical Benefits:** the Township shall make available three (3) medical plans for employees to choose from – Bronze, Silver, and Gold Plan. Effective January 1, 2022, the Township shall provide medical benefits through the New Jersey State Health Benefits Program (SHBP). The “Gold Plan” shall be the “NJ Direct/NJ Direct 2019” plan, and the “Silver Plan” identified as the “NJ Direct 2030 plan.” The “OMNIA State Defector (with Blue Card)” plan identified as the “Bronze Plan.” Employees will have the opportunity to select the plan that best suits their individual needs.

1. The Silver Plan shall be the base plan for all covered employees with the employees' premium costs limited to the premium share in accordance with P.L. 2011 c.78, as amended. Employees who select coverage under the Gold Plan, or any other plan then offered with a higher premium shall pay the entire difference between the premium cost of the Silver Plan and the premium cost of the plan selected. All premium payments will be made on a pre-tax basis, pursuant to an IRS Section 125 salary reduction premium-only plan, in accordance with the Township's regular payroll practices. These contributions shall be in addition to the premium sharing contribution required by P.L. 2011, Chapter 78 in connection with the plan selected.

2. The Township shall have the right during the term of this Agreement:

a. To change the Gold or Silver Plans referenced in Section “A” above to plans that are equal to or better than the coverage and benefits offered by the Township in the plans designated in Section “A” above, and to change the Bronze Plan to tiered plan equivalent in coverage and benefits to the existing OMNIA State Defector Plan referred to in Section “A” above;

- b. Employees shall have the option to enroll in the following plans offered by SHBP: NJ Direct/Direct 2019; NJ Direct 2030; NJ Direct 2035; Omnia Health Plan; or NJ Direct HD 1500. In the event the Township withdraws from the SHBP, the provisions of this Article pertaining to the Gold, Silver or Bronze Plans, or plans equal or better thereto, shall be the standard to apply to any new medical plan or provider.
- c. Employees under this Contract shall have the right to buy up to a higher cost plan offered by the Township if the employee pays the entire difference between the premium cost of the Silver and the premium cost of the plan selected.
- d. To change prescription plans to the State Health Benefit Plan New Jersey Aetna or Horizon 2030 or its successor plan, or a plan equivalent in benefits to the existing Township prescription benefit plan, with retail and mail order co-payments for generic, preferred brand, and non-preferred identical to the co-payments set forth in this contract.
- e. The Township may not change the type of plan more than once during a twelve (12) month period. The Township agrees that the employees shall receive the insurance cards and other related forms before the change is made.
- f. It is agreed and understood that the employees will at no time be subject to a "reimbursement arrangement" as a result of interrupted or changing coverage. This shall not, however, preclude an employee from receiving reimbursement from the Township for medical costs incurred in the event the Township fails to comply with the terms of this Agreement.

- g. The Township further agrees to give at least thirty (30) days written notice of any proposed change in plans.
3. Coverage for eligible dependents shall be included in all health and prescription plans for eligible employees.
- b. The Township shall make dependent coverage in its health and prescription Plans as set forth in this Article, available for an adult child until the child turns 26 years of age in accordance with Section 2714 of the Federal Patient Protection and Affordable Care Act. Student status is not required. Coverage will terminate at the end of the year in which the child turns 26 years of age, subject to the right to elect continued coverage until age 31, pursuant to P.L. 2005, Chapter 375, as set forth below.
 - c. Subject to the provisions and requirements of P.L. 2005, Chapter 375, employees who are enrolled through any Township health or prescription plan may elect to enroll their dependent child until age 31 for an additional premium which shall be billed directly to the employee by the insurance carrier. Dependents that are permanently disabled will remain covered during the life of the employee.
 - d. "Civil union partners" and "domestic partners" of the same gender under New Jersey law shall be considered as dependents eligible for insurance benefits.
- B. **Flexible Spending Account:** Pursuant to P.L. 2011, Chapter 78, the Township shall continue to provide a flexible spending account (FSA) to permit employees to voluntarily set aside, on a pre-tax basis, a portion of their earnings to pay for qualified medical and dental

expenses not otherwise covered by their health benefits plan, pursuant to Section 125 of the Internal Revenue Code, 26 U.S.C. §125.

C. **Dental:** The Township shall provide dental benefits for Employees covered by this Agreement and each employee's family under the prevailing Delta Dental Service Benefits Plan, on the following basis:

1. 100% coverage for preventative dental expenses and diagnostic service expenses as defined in the prevailing Delta Dental Service Benefits Plan, summary of which is attached hereto as Exhibit A;

2. Coverage for prosthodontics and orthodontic services as defined in the aforesaid prevailing dental benefits plan on a 50/50 co-payment basis after each patient pays a fifty (\$50.00) dollar deductible per calendar year, up to one hundred fifty (\$150.00) dollars maximum.

D. **Prescription:** The Township shall provide prescription coverage for Employees covered by this Agreement and each Employee's family on the following basis:

RETAIL (30 Day Supply)

Generic	Preferred Brand	Non-Preferred Brand
\$10.00	\$15.00	\$25.00

MAIL ORDER (90 Day Supply)

Generic	Preferred Brand	Non-Preferred Brand
\$20.00	\$30.00	\$50.00

The Employee shall pay the lesser of the price of the generic prescription co-payment and the actual cost of the drug.

E. **Waiver:** Employees wishing to opt out of health, prescription, and/or dental coverage may do so for an annual rebate in an amount not less than the amounts set forth in the Employee Handbook in effect on the date of the signing of this Agreement. The rebate shall be available to all new benefit eligible employees on their effective date and to all current eligible employees. Payment shall be made quarterly for the preceding quarter. Employees wishing to opt back in to coverage may do so during open enrollment, or at any time a qualifying event occurs, including but not limited to loss of alternative benefits.

F. **Officers Killed in Line-of-Duty:** Health, prescription and dental insurance benefits for dependents of those officers killed in the line-of-duty are as follows: Certain medical benefits shall be continued for dependents of Police Officers killed during the performance of their police duties:

The Township shall continue to pay premium costs for its Silver health, prescription, and dental insurance coverage for the spouse and/or dependent children to age twenty-six (26) of any Police Officer killed while in the performance of his/her police duties under the following conditions:

1. The spouse of each deceased police officer does not remarry;
2. The spouse of each deceased police officer does not obtain medical insurance/benefit coverage from an employer or any other source;
3. The spouse does not qualify for medical insurance/benefit coverage as may be provided by a State or the Federal Government, including but not limited to Social Security, Medicare/Medicaid.

G. **Survivor Benefits:** The Township shall provide its Silver health plan, prescription and dental insurance coverage for a surviving spouse of a deceased member up to age of Medicare eligibility, subject to conditions described in Article XVII, Paragraph J. The surviving spouse shall be eligible for this benefit for ten (10) years from date of death. Annual certification will be required from those eligible that they have no other similar medical coverage.

H. **Long-Term Disability Insurance:** The Township will supply at no cost to the employees covered by this Agreement, a Long-Term Disability Plan which will provide income protection in the event of a non work-related illness or injury resulting in disability. The Township may at its discretion offer additional voluntary coverage to be paid by the employee at the employee's option.

ARTICLE XXIII
MILITARY SERVICE

A. When a full-time employee (either permanent or temporary) who is a member of the reserve component of any United States Armed Forces or the National Guard of any state, including the Naval Militia and Air National Guard, is required to engage in field training or is called for active duty, the employee will be granted a military leave of absence for the duration of the service. Members of the Reserves are entitled to paid military leave for up to thirty (30) workdays each year, and members of the New Jersey National Guard are entitled to paid military leave for up to ninety (90) workdays each year, and members of the New Jersey National Guard are entitled to paid military leave for up to ninety (90) workdays each year for active duty. Thereafter, the employee shall be paid the difference between military salary and the employee's regular salary for a period of up to eighteen (18) months. The paid leave will not be counted against any available time off, including but not limited to vacation, sick, or personal time. A full-

time temporary employee who has served less than one year shall not be entitled to paid leave but shall be granted non-paid military leave without loss of time. Drill weekends are not considered active duty for purposes of paid military leave. Employees will be required to use accrued time in this instance.

B. Employees on military service will also continue to receive paid health insurance coverage during the period of the paid leave (full or differential). After this period has expired, employees may continue coverage for themselves or their dependents under the Cherry Hill Township group plan, but will still be required to pay the state mandated premium share to the Township on a monthly basis, and will be invoiced for the premium share that would normally be deducted from the employee's pay. Employees who do not continue to pay their premium share will be able to continue coverage for themselves or their dependents under the Cherry Hill Township group plan by taking advantage of the COBRA provision. Employees will continue accruing service and salary credit in the PFRS during the period of leave pay.

C. Pursuant to the Uniformed Services Employment and Re-employment Rights Act, any employee released from active duty under honorable circumstances shall return to work without loss of privileges or seniority within the following time limits: for service less than thirty-one (31) calendar days, the employee must return to work on the beginning of the first regularly scheduled workday or forty-eight (48) hours after the end of military duty, whichever is later, with reasonable allowances for commuting; for service of thirty-one (31) to one hundred eighty (180) calendar days, the employee must submit an application for reinstatement within fourteen (14) calendar days after completing military duty; for service greater than one hundred and eighty (180)

calendar days, the employee must submit an application for reinstatement within ninety (90) calendar days after completing military duty.

ARTICLE XXIV
SEPARABILITY AND SAVINGS

If any provision of this Agreement or any application of this Agreement to any employee or group of employees is held invalid by operation of law or by a Court or other tribunal of competent jurisdiction following the valid adoption of this Agreement, such provision shall be inoperative, but all other provisions shall not be affected thereby and shall continue in full force and effect.

ARTICLE XXV
SUPERSEDING CLAUSE

This Agreement supersedes any and all other Agreements, ordinances and/or resolutions dealing with working conditions and terms and conditions of employment which are inconsistent with the terms of this Agreement.

ARTICLE XXVI
FULLY BARGAINED PROVISIONS

This Agreement incorporates the entire understanding of the parties in all matters which were or could have been the subject of negotiations. During the term of this Agreement, neither party shall be required to negotiate with respect to any matter other than those specifically provided for in this Agreement and whether or not within the knowledge or contemplation of either or both parties at the time they negotiated and executed this Agreement.

ARTICLE XXVII
DUES DEDUCTION

A. The Township agrees to grant rights of dues deduction to the Association and will deduct Association membership dues from the pay of those Employees who individually and voluntarily request in writing that such deductions be made. Such written request must be given to the Township Controller's Office. For each employee who signs such an authorization card, the check-off shall commence in the pay period following the filing of the authorization card with the Township. The Township shall remit to the Association once a month, the monies collected for this purpose.

B. The Association shall indemnify and save the Township harmless against all claims, demands, suits or other forms of liability which may arise by reason of any action taken in making deductions and remitting the same to the Association pursuant to this Article.

C. Employees who have authorized the payroll deduction of fees to the Association may revoke such authorization by providing written notice to the Township during the ten days following each anniversary date of their employment. Within five days of receipt of notice from an employee of revocation of authorization for the payroll deduction of fees, the Township shall provide notice to the Association of an employee's revocation of such authorization. The effective date of a termination in deductions shall be July 1 next succeeding the date on which notice of withdrawal is filed by an employee with the Township's disbursing officer.

ARTICLE XXVIII
TERMS AND RENEWAL

A. This Agreement shall be in full force and effect as of January 1, 2022, unless otherwise provided, and shall be in effect to and including December 31, 2025, unless otherwise

provided. If the parties have not executed a successor Agreement by December 31, 2025, then this Agreement shall continue in full force and effect until a successor Agreement is executed.

B. The parties agree that negotiations for a successor Agreement modifying, amending or altering the terms and provisions of this Agreement shall commence negotiations for the 2022 Contract no sooner than one hundred fifty (150) days prior to the expiration date of this Collective Bargaining Agreement.

C. Notice of intention to open negotiations for future contracts shall be accomplished by either party giving notice in writing to the other no sooner than one hundred fifty (150) and no later than ninety (90) days prior to January 1 of the calendar year for which negotiations are to be opened.

D. At least three (3) negotiation sessions must take place before either party can file for Interest Arbitration in accordance with the rules promulgated by the Public Employment Relations Commission (PERC). The terms of this Agreement and all practices shall remain in full force and effect until said successor Agreement is reached.

ARTICLE XXIX
MAINTENANCE OF BENEFITS

Except as this Agreement shall otherwise provide, all terms and conditions of employment applicable on the effective dates of this Agreement shall continue to be so applicable during the term of this Agreement. Unless otherwise provided in this Agreement, nothing contained herein shall be interpreted and/or applied so as to eliminate, reduce or otherwise detract from any police officer benefit existing prior to its effective date.

EXHIBIT A



DELTA DENTAL OF NEW JERSEY, INC.
CHERRY HILL TOWNSHIP
Group No. 3202

Plan Design	Delta Dental Premier/Advantage Program			
	Delta Dental Premier [®] Program	Advantage Program	Delta Dental PPO SM Program	DeltaCare [®] Plan NJ6
Preventive & Diagnostic	100%	100%	100%	No Charge
Basic	50%	50%	80%	No Charge
Crowns	50%	50%	50%	See Below
Prosthodontics	50%	50%	50%	See Below
Orthodontics	50%	60%	50%	See Below
Annual Maximum	\$1,000.00	\$1,000.00	\$1,000.00	None
Lifetime Ortho Maximum	\$1,000.00	\$1,000.00	\$1,000.00	See Below
Deductible (waived on P&D ^{***})	\$50/\$150	\$50/\$150	\$50/\$150	None
Procedure Codes	Approximate Employee Out-Of-Pocket Costs [†]			
0120- Periodic Oral Exam	\$0.00	\$0.00	\$0.00	\$0.00
0210- X-Rays, Complete Series	\$0.00	\$0.00	\$0.00	\$0.00
0272- 2 Following X-Rays	\$0.00	\$0.00	\$0.00	\$0.00
1110- Adult Prophylaxis	\$0.00	\$0.00	\$0.00	\$0.00
2150- 2 Surface Filling	\$80.00	\$72.00	\$19.80	\$0.00
2330- 1 Surface Comp. Resin Filling	\$75.00	\$58.50	\$17.00	\$0.00
2750- Porcelain/Gold Crown	\$565.00	\$469.00	\$400.00	\$290.00
3310- Anterior Root Canal	\$392.50	\$307.50	\$91.00	\$0.00
4341- Scalings & Root Planing (Quad)	\$122.50	\$90.00	\$26.50	\$0.00
5110- Complete Upper Denture	\$730.00	\$575.00	\$478.00	\$300.00
6750- Abutment Crown	\$555.00	\$469.00	\$400.00	\$290.00
7140- Single Extraction	\$92.50	\$69.00	\$19.00	\$0.00
8000- Orthodontics**	\$3,000.00	\$3,600.00	\$3,800.00	\$2,200.00

*Assumes utilization of a network dentist in each program.

**Based upon a \$4,800.00 charge.

***P & D=Preventive & Diagnostic

Visit your own dentist. If you do not have a dentist, there is a directory available with your plan administrator listing participating dentists. You may call 1-800-DELTA-OK and a list of participating dentists located in your area will be mailed directly to your home or you may access our Website at www.deltadentalnj.com.

During your FIRST appointment, tell your dentist that you are covered under this program. Give him/her your Group's name, its Delta Dental Group Number and your Social Security number. Your dependents, if covered, should give THEIR SOCIAL SECURITY NUMBER.

If you have any questions regarding your dental benefits, you may contact our Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310.

Delta Dental of New Jersey, Inc. will not assume the benefits and operation of your program. The group contract is not covered by state or federal law. The contract is between the insured and the insurer. Delta Dental of New Jersey, Inc. is not responsible for the contract.

Costs are estimated on average dental charges for each procedure based on information from Delta Dental.

EXHIBIT B

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. Benefits may change upon renewal. For more information about your coverage, or to get a copy of the complete terms of coverage, visit Member Online Services at <http://www.nj.gov/treasury/pensions/index.shtml> or by calling 1-609-292-7524. If you do not currently have coverage with Horizon BCBSNJ you can view a sample policy here, <http://www.nj.gov/treasury/pensions/index.shtml>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.ccio.cms.gov or call 1-609-292-7524 to request a copy.

Important Questions - Answers

Why This Matters

What is the overall deductible?

\$200.00 Individual / **\$500.00** Family for out-of-network providers. Aggregate family.

Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Are there services covered before you meet your deductible?

Yes. Preventive care is covered before you meet your deductible.

This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

Are there other deductibles for specific services?

No. In-network coinsurance limit **\$800.00** Individual/**\$2,000.00** Family; In-network: Active employee Health providers **\$6,960.00** Individual/**\$13,920.00** Family. Retiree Health providers **\$7,349.00** Individual/**\$14,698.00** Family. Out-of-network Health providers **\$5,000.00** Individual/**\$12,500.00** Family. Premiums, balance-billing charges and health care this plan doesn't cover.

You don't have to meet deductibles for specific services.

What is the out-of-pocket limit for this plan?

The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

What is not included in the out-of-pocket limit?

Premiums, balance-billing charges and health care this plan doesn't cover.

Even though you pay these expenses, they don't count toward the out-of-pocket limit.

Will you pay less if you use a network provider?

Yes. For a list of in-network providers, see www.HorizonBlue.com/shbp or call **1-800-414-SHBP (7427)**.

This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Do you need a referral to see a specialist? (No.)

You can see the specialist you choose without a referral.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Condition/Health Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20.00 Copayment per visit.	30% Coinsurance.	Out-of-network coverage for chiropractic and acupuncture services are limited to no more than \$35 a visit for chiropractic and \$60 a visit for acupuncture or 75% of the in-network cost per visit, whichever is less.
	Specialist visit	\$30.00 Copayment per visit; Specialist. (Adult) \$20.00 Copayment per visit; Specialist. (Child)	30% Coinsurance.	
If you have a test	Preventive care/ screening/ immunization	No Charge.	Not Covered.	One per calendar year. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
	Diagnostic test (x-ray, blood work)	No Charge.	30% Coinsurance.	none
If you need drugs to treat your illness or condition	Imaging (CT/PET scans, MRIs)	No Charge.	30% Coinsurance.	Requires pre-approval.
	Generic drugs			none
	Preferred brand drugs			
	Non-preferred brand drugs	See separate Prescription Drug Plan SBC		
More information about prescription drug coverage is available through your employer.	Specialty drugs			
	Facility fee (e.g., ambulatory surgery center)	No Charge.	30% Coinsurance.	none
If you have outpatient surgery	Physician/surgeon fees	No Charge.	30% Coinsurance.	30% Coinsurance for out-of-network anesthesia.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.tn.gov/treasury/pensions/index.shtml>

Outpatient Medical Services Services You May Need	What You Will Pay Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you need immediate medical attention Emergency room care	\$125.00 Copayment per visit for Outpatient Hospital.	\$125.00 Copayment per visit for Outpatient Hospital. Deductible does not apply.	If admitted within 24 hours, the copayment is waived. Payment at the in-network level applies only to true Medical Emergencies & Accidental Injuries.
Emergency medical transportation	10% Coinsurance.	30% Coinsurance.	Limited to local emergency transport to the nearest facility equipped to treat the emergency condition.
Inpatient care	\$30.00 Copayment per visit for Specialist. (Adult) \$20.00 Copayment per visit for Specialist. (Child)	30% Coinsurance for Specialist.	none
If you have a hospital stay Facility fee (e.g., hospital room)	No Charge.	30% Coinsurance.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.
Physician/surgeon fees	No Charge.	30% Coinsurance.	Requires pre-approval. 30% Coinsurance for out-of-network anesthesia.
If you need mental health, behavioral health, or substance abuse services Outpatient services	No Charge for Outpatient Hospital. \$30.00 Copayment (Adult)/\$20.00 Copayment (Child) per Office visit for Mental Health and Behavioral Health. No Charge for Substance Abuse Office visit.	30% Coinsurance.	Some specialty outpatient services require pre-approval.
Inpatient services	No Charge.	30% Coinsurance.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.norwest.com/pensions/index.shtml>

What You May Need	What You Will Pay	Network Provider (You will pay the fees)	Out-of-Network Provider (You will pay (fees))	Limitations, Exceptions & Other Important Information
Office visits	\$20.00 Copayment per visit for Office. \$30.00 Copayment per visit for Specialist.	30% Coinsurance.	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e. Ultrasound).	—none—
Childbirth/delivery professional services	No Charge.	30% Coinsurance.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.	Requires pre-approval.
Childbirth/delivery facility services	No Charge.	30% Coinsurance.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.
Home health care	No Charge.	30% Coinsurance.	Requires pre-approval.	Requires pre-approval.
Rehabilitation services	No Charge for Inpatient and Outpatient Facility. \$30.00 Copayment per visit for Office (Adult). \$20.00 Copayment per visit for Office (Child).	30% Coinsurance.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.
Habilitation services	No Charge for Inpatient and Outpatient Facility. \$30.00 Copayment per visit for Office (Adult). \$20.00 Copayment per visit for Office (Child).	30% Coinsurance.	Requires pre-approval. Limited to 120 days in-network and 60 out-of-network facility days for a combined maximum of 120 days per calendar year. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.	Requires pre-approval for all rentals and some purchases.
Skilled nursing care	No Charge.	30% Coinsurance.	Requires pre-approval for all rentals and some purchases.	Requires pre-approval for all rentals and some purchases.
Durable medical equipment	10% Coinsurance.	30% Coinsurance.	Requires pre-approval for all rentals and some purchases.	Requires pre-approval for all rentals and some purchases.

If you are pregnant

If you need help recovering or have other special health needs

* For more information about limitations and exceptions, see the plan or policy document at <http://www.dill.com/assure/pensions/index.shtml>

Example Benefit Item	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
	Network Provider You Will Pay the Cost	Out-of-Network Provider You Will Pay the Most		
	Hospice services	No Charge.	50% Coinsurance.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.
If your child needs dental or eye care	Children's eye exam	\$20,000 Copayment per visit for Specialist.	Not Covered.	Coverage is limited to 1 visit.
	Children's glasses	Not Covered.	Not Covered.	_____none_____
	Children's dental check-up	Not Covered.	Not Covered.	_____none_____

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-414-7427 (SHRP), the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.acio.cms.gov, or the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.getcovered.nj.gov or call 1-833-677-1010.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Horizon Blue Cross Blue Shield of New Jersey Member Services at 1-800-414-SHBP (7427). You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Example 1: Peg is being a baby. (In-network emergency prenatal care and a specialist visit)

- The plan's overall deductible \$0.00
- Specialist Copayment \$30.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
 Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (ambulatory)

Total Example Cost \$12,700.00

In this example, Peg would pay:
Cost Sharing

- Deductibles \$0.00
 - Copayments \$30.00
 - Coinsurance \$0.00
 - Limits or exclusions \$70.00
 - The total Peg would pay is \$100.00
- What isn't covered*

Example 2: Managing Joe's type 2 diabetes. (A year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0.00
- Specialist Copayment \$30.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
 Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost \$5,600.00

In this example, Joe would pay:
Cost Sharing

- Deductibles \$0.00
 - Copayments \$20.00
 - Coinsurance \$80.00
 - Limits or exclusions \$3,500.00
 - The total Joe would pay is \$3,780.00
- What isn't covered*

Please note that some of the Limits or Exclusions listed above may be covered under the Prescription Plan.

Example 3: Mia's Simple Fracture. (In-network emergency room visit and follow-up care)

- The plan's overall deductible \$0.00
- Specialist Copayment \$30.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
 Emergency room care (including medical supplies)
 Diagnostic test (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost \$2,800.00

In this example, Mia would pay:
Cost Sharing

- Deductibles \$0.00
 - Copayments \$300.00
 - Coinsurance \$100.00
 - Limits or exclusions \$10.00
 - The total Mia would pay is \$410.00
- What isn't covered*

This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above. The plan would be responsible for the other costs of these EXAMPLE covered services.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.mt.gov/treasury/pensions/index.shtml>

EXHIBIT C

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. Benefits may change upon renewal. For more information about your coverage, or to get a copy of the complete terms of coverage, visit Member Online Services at <https://www.nj.gov/treasury/pensions/index.shtml> or by calling 1-609-292-7524. If you do not currently have coverage with Horizon BCBSNJ you can view a sample policy here, <http://www.nj.gov/treasury/pensions/index.shtml>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.cco.cms.gov or call 1-609-292-7524 to request a copy.

Important Questions

Answers

Why This Matters

What is the overall deductible?

\$400.00 Individual / \$1,000.00 Family for out-of-network providers. Aggregate family.

Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Are there services covered before you meet your deductible?

Yes. Preventive care is covered before you meet your deductible.

This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

Are there other deductibles for specific services?

No.

You don't have to meet deductibles for specific services.

What is the out-of-pocket limit for this plan?

In-network coinsurance limit \$800.00 Individual/\$2,000.00 Family; Active employer in-network Health providers \$6,960.00 Individual/\$13,920.00 Family. Retiree in-network Health providers \$7,349.00 Individual/\$14,698.00 Family. Out-of-network providers \$2,000.00 Individual/ \$5,000.00 Family.

The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

What is not included in the out-of-pocket limit?

Premiums, balance-billing charges and health care this plan doesn't cover.

Even though you pay these expenses, they don't count toward the out-of-pocket limit.

Will you pay less if you use a network provider?

Yes. For a list of in-network providers, see www.HorizonBlue.com/shbp or call 1-800-414-SHBP (7427).

This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider

might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

You can see the specialist you choose without a referral.

Do you need a referral to see a specialist? No

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medication	Services You May Need	What You Will Pay National Provider Network (You will pay the rest)	What You Will Pay Out-of-Network Provider (You will pay the rest)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15.00 Copayment per visit.	30% Coinsurance.	Out-of-network reimbursement is based on 175% of CMS. Out-of-network coverage for Chiropractic, acupuncture and physical therapy services are limited to no more than \$35 a visit for chiropractic and \$60 a visit for acupuncture and \$52 a visit for physical therapy or 75% of the in-network cost per visit, whichever is less.
	Specialist visit	\$15.00 Copayment per visit.	30% Coinsurance.	
If you have a test	Preventive care/screening/immunization	No Charge.	Not Covered.	One per calendar year. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
	Diagnostic test (x-ray, blood work)	No Charge.	30% Coinsurance.	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available through your employer.	Imaging (CT/PET scans, MRIs)	No Charge.	30% Coinsurance.	Requires pre-approval. none
	Generic drugs			
	Preferred brand drugs			
	Non-preferred brand drugs			
	Specialty drugs			
	See separate Prescription Drug Plan SBC			

* For more information about limitations and exceptions, see the plan or policy document at <http://www.mn.gov/health/insurance/index.shtml>

Category	Services You May Need	What You Will Pay	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge.	No Charge.	30% Coinsurance.	none
	Physician/surgeon fees	No Charge.	No Charge.	30% Coinsurance.	30% Coinsurance for out-of-network anesthesiast.
If you need immediate medical attention	Emergency room care	\$150.00 Copayment per visit for Outpatient Hospital.	\$150.00 Copayment per visit for Outpatient Hospital. Deductible does not apply.	\$150.00 Copayment per visit for Outpatient Hospital. Deductible does not apply.	\$50 Copayment/visit for physician referrals and pediatric (under age 19) ER visits; and if admitted within 24 hours, the copayment is waived. Payment at the in-network level applies only to true Medical Emergencies & Accidental Injuries.
	Emergency medical transportation	10% Coinsurance.	10% Coinsurance.	30% Coinsurance.	Limited to local emergency transport to the nearest facility equipped to treat the emergency condition.
If you have a hospital stay	Inpatient care	\$15.00 Copayment per visit for Specialist.	\$15.00 Copayment per visit for Specialist.	30% Coinsurance for Specialist.	none
	Facility fee (e.g., hospital room)	No Charge.	No Charge.	30% Coinsurance.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.
If you need mental health, behavioral health, or substance abuse services	Physician/surgeon fees	No Charge.	No Charge.	30% Coinsurance.	Requires pre-approval. 30% Coinsurance for out-of-network anesthesiast.
	Outpatient services	No Charge for Outpatient Hospital. \$15.00 Copayment per Office visit for Mental Health and Behavioral Health. No Charge for Substance Abuse Office visit.	No Charge for Outpatient Hospital. \$15.00 Copayment per Office visit for Mental Health and Behavioral Health. No Charge for Substance Abuse Office visit.	30% Coinsurance.	Some specialty outpatient services require pre-approval. Mental health services will be reimbursed at 175% of CMS fee schedule.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.hi.gov/treasury/encsuns/index.htm>

What Medical Services You May Need	Network Provider (You will pay the least)	What You Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If your child needs dental or eye care	Children's eye exam \$15.00 Co-payment per visit.	Not Covered.	Coverage is limited to 1 visit.
Children's glasses	Not Covered.	Not Covered.	_____none_____
Children's dental check-up	Not Covered.	Not Covered.	_____none_____

* For more information about limitations and exceptions, see the plan or policy document at <http://www.aflac.com/treasury/pensions/index.shtml>

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
- Long Term Care
- Routine foot care
- Dental care (Adult)
- Private-duty nursing
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (for pain management only)
- Hearing Aids (Only covered for members age 15 or younger)
- Non-emergency care when traveling outside the U.S. (Subject to deductible/coinsurance and balance billing.)
- Bariatric surgery (requires pre-approval)
- Infertility treatment (requires pre-approval)
- Routine eye care (Adult)
- Chiropractic care (limited to 30 visits/year)
- Most coverage provided outside the United States. (Subject to deductible/coinsurance and balance billing.)

* For more information about limitations and exceptions, see the plan or policy document at <http://www.til.gov/irsasrv/pensions/index.shtml>

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-414-7427 (SHBP), the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cchios.hhs.gov, or the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.getcovered.nf.gov or call 1-833-677-1010.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Horizon Blue Cross Blue Shield of New Jersey Member Services at 1-800-414-SHBP (7427). You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

For an example of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Postpartum Care
 (e.g. care of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
 Specialist office visits (*prenatal care*)
 Childbirth / Delivery Professional Services
 Childbirth / Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*postpartum*)

Total Example Cost \$12,700.00

In this example, Peg would pay:
Cost Sharing

Deductibles	\$0.00
Copayments	\$20.00
Coinsurance	\$0.00
Limits or exclusions	\$70.00
The total Peg would pay is	\$90.00

What isn't covered

Please note that some of the Limits or Exclusions listed above may be covered under the Prescription Plan.

Managing Joe's Type 2 Diabetes
 (e.g. care of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
 Primary care physician office visits (*including diet/nutrition*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600.00

In this example, Joe would pay:
Cost Sharing

Deductibles	\$0.00
Copayments	\$200.00
Coinsurance	\$80.00
Limits or exclusions	\$3,500.00
The total Joe would pay is	\$3,780.00

What isn't covered

Mia's Simple Fracture
 (in-network emergency room visit and follow-up care)

- The plan's overall deductible \$0.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
 Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800.00

In this example, Mia would pay:
Cost Sharing

Deductibles	\$0.00
Copayments	\$200.00
Coinsurance	\$100.00
Limits or exclusions	\$10.00
The total Mia would pay is	\$310.00

What isn't covered

The plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above. The plan would be responsible for the other costs of these EXAMPLE covered services.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/budget/indicators.htm>

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. Benefits may change upon renewal. For more information about your coverage, or to get a copy of the complete terms of coverage, visit Member Online Services at <http://www.nj.gov/treasury/pensions/index.shtml> or by calling 1-609-292-7524. If you do not currently have coverage with Horizon BCBSNJ you can view a sample policy here, <http://www.nj.gov/treasury/pensions/index.shtml>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary at www.cco.nj.com/you or call 1-609-292-7524 to request a copy.

Why This Matters

What is the overall deductible? \$100.00 Individual for in-network providers. \$400.00 Individual / \$1,000.00 Family for out-of-network providers. Aggregate family.

Are there services covered before you meet your deductible? Yes. Preventive care is covered before you meet your deductible. Are there other deductibles for specific services? No.

What is the out-of-pocket limit for this plan? In-network coinsurance limit \$800.00 Individual/\$2,000.00 Family; Active employee in-network Health providers \$6,960.00 Individual/ \$13,920.00 Family. Out-of-network providers \$2,000.00 Individual/\$5,000.00 Family.

What is not included in the out-of-pocket limit? Premiums, balance-billing charges and health care this plan doesn't cover. Will you pay less if you use a network provider? Yes. For a list of in-network providers, see www.HorizonBlue.com/shbp or call 1-800-414-SHBP (7427).

Do you need a referral to see a specialist? No. You can see the specialist you choose without a referral.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Coverage (What's Covered)	Services You May Need	Network Provider (You will pay the least)	What You Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness Specialist visit	\$15.00 Copayment per visit. <u>Deductible</u> does not apply. \$15.00 Copayment per visit. <u>Deductible</u> does not apply.	30% <u>Coinurance</u> . 30% <u>Coinurance</u> .	Out-of-network reimbursement is based on 175% of CMS. Out-of-network coverage for Chiropractic, acupuncture and physical therapy services are limited to no more than \$35 a visit for chiropractic and \$60 a visit for acupuncture and \$52 a visit for physical therapy or 75% of the in-network cost per visit, whichever is less.
If you have a test	Preventive care/screening/immunization	No Charge. <u>Deductible</u> does not apply.	Not Covered.	One per calendar year. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you need drugs to treat your illness or condition	Diagnostic test (x-ray, blood work)	No Charge. <u>Deductible</u> does not apply.	30% <u>Coinurance</u> .	—none—
If you need drugs to treat your illness or condition More information about prescription drug coverage is available through your employer.	Imaging (CT/PET scans, MRIs)	No Charge. <u>Deductible</u> does not apply.	30% <u>Coinurance</u> .	Requires pre-approval.
If you have outpatient surgery	Generic drugs Preferred brand drugs Non-preferred brand drugs Specialty drugs	See separate Prescription Drug Plan SBC		—none—
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge. <u>Deductible</u> does not apply.	30% <u>Coinurance</u> .	—none—
	Physician/surgeon fees	No Charge. <u>Deductible</u> does not apply.	30% <u>Coinurance</u> .	30% <u>Coinurance</u> for out-of-network anesthesia.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.al.gov/treasury/index.shtml>

What you may need	What you will pay	What you will pay (the most)	Limitations, Exceptions, & Other Important Information
<p>If you need immediate medical attention</p>	<p>Emergency room care</p>	<p>\$150.00 Copayment per visit for Outpatient Hospital. Deductible does not apply.</p>	<p>\$50 Copayment/visit for physician referrals and pediatric (under age 19) ER visits; and if admitted within 24 hours, the copayment is waived. Payment at the in-network level applies only to true Medical Emergencies & Accidental Injuries.</p>
<p>Emergency medical transportation</p>	<p>10% Coinsurance.</p>	<p>30% Coinsurance.</p>	<p>Limited to local emergency transport to the nearest facility equipped to treat the emergency condition.</p>
<p>If you have a hospital stay</p>	<p>Urgent care</p>	<p>\$15.00 Copayment per visit for Specialist. Deductible does not apply.</p>	<p>—none—</p>
<p>If you need mental health, behavioral health, or substance abuse services</p>	<p>Facility fee (e.g., hospital room)</p>	<p>30% Coinsurance.</p>	<p>Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.</p>
<p>Outpatient services</p>	<p>Physician/surgeon fees</p>	<p>No Charge. Deductible does not apply.</p>	<p>Requires pre-approval. 30% Coinsurance for out-of-network anesthesia.</p>
<p>Inpatient services</p>	<p>Office visit for Mental Health and Behavioral Health. No Charge for Substance Abuse Office visit. No Charge for Outpatient Hospital. Deductible does not apply.</p>	<p>30% Coinsurance.</p>	<p>Some specialty outpatient services require pre-approval. Mental health services will be reimbursed at 175% of CMS fee schedule.</p>
<p>Inpatient services</p>	<p>No Charge. Deductible does not apply.</p>	<p>30% Coinsurance.</p>	<p>Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.</p>

Coburn Medical Event	Services You May Need	What You Will Pay Network Provider (You will pay the base)	Out-of-Network Provider (You will pay R-RMS)	Limitations, Exceptions, & Other Important Information
If you are pregnant	Office visits	\$15.00 Copayment per visit for Office. Deductible does not apply.	30% Coinsurance.	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC. (i.e. Ultrasound.)
	Childbirth/delivery professional services	No Charge. Deductible does not apply.	30% Coinsurance.	none
	Childbirth/delivery facility services	No Charge. Deductible does not apply.	30% Coinsurance.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.
	Home health care	No Charge. Deductible does not apply.	30% Coinsurance.	Requires pre-approval
	Rehabilitation services	\$15.00 Copayment per visit for Office. No Charge for Inpatient and Outpatient Facility. Deductible does not apply.	30% Coinsurance.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.
	Habilitation services	\$15.00 Copayment per visit for Office. No Charge for Inpatient and Outpatient Facility. Deductible does not apply.	30% Coinsurance.	Requires pre-approval. Limited to 120 days in-network and 60 out-of-network facility days for a combined maximum of 120 days per calendar year. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.
	Skilled nursing care	No Charge. Deductible does not apply.	30% Coinsurance.	Requires pre-approval for all rentals and some purchases.
	Durable medical equipment	10% Coinsurance.	30% Coinsurance.	Requires pre-approval. There is a separate \$500 deductible per inpatient stay for out-of-network facilities.
	Hospice services	No Charge. Deductible does not apply.	30% Coinsurance.	

If you need help recovering or have other special health needs

* For more information about limitations and exceptions, see the plan or policy document at <http://www.m.gov/benefits/pensions/index.shtml>

Children's Medical Event	Services You May Need	What You Will Pay Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If your child needs dental or eye care	Children's eye exam	\$15.00 Copayment per visit. Deductible does not apply.	Not Covered.	Coverage is limited to 1 visit.
	Children's glasses	Not Covered.	Not Covered.	none
	Children's dental check-up	Not Covered.	Not Covered.	none

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic Surgery
- Long Term Care
- Routine foot care
- Dental care (Adult)
- Private-duty nursing
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (for pain management only)
- Hearing Aids (Only covered for members age 15 or younger)
- Non-emergency care when traveling outside the U.S. (Subject to deductible/coinsurance and balance billing.)
- Bariatric surgery (requires pre-approval)
- Infertility treatment (requires pre-approval)
- Routine eye care (Adult)
- Chiropractic care (limited to 30 visits/year)
- Most coverage provided outside the United States. (Subject to deductible/coinsurance and balance billing.)

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nls.gov/treasury/pensions/index.shtml>

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-414-7427 (SHBP), the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccoi.ehhs.gov, or the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ehsa. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.getcovered.nj.gov or call 1-833-677-1010.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Horizon Blue Cross Blue Shield of New Jersey Member Services at 1-800-414-SHBP (7-427). You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebda/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

..... is an example of how this plan might meet each for a complete individual situation, see the next section.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.nj.gov/treasury/pensions/index.shtml>

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Giving Her Baby
 (In-network emergency room visits and well-child checkups)

- The plan's overall deductible \$100.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
 Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasound and blood work)
 Specialist visit (anesthesia)

Total Example Cost \$12,700.00

In this example, Peg would pay:
 Cost Sharing

- Deductibles \$0.00
- Copayments \$20.00
- Coinsurance \$0.00
- Limits or exclusions \$70.00
- The total Peg would pay is \$90.00

What isn't covered

Managing Joe's Type 2 Diabetes
 (Out-of-network emergency room visits and well-child checkups)

- The plan's overall deductible \$100.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
 Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost \$5,600.00

In this example, Joe would pay:
 Cost Sharing

- Deductibles \$100.00
- Copayments \$200.00
- Coinsurance \$70.00
- Limits or exclusions \$3,500.00
- The total Joe would pay is \$3,870.00

What isn't covered

Please note that some of the Limits or Exclusions listed above may be covered under the Prescription Plan.

Mia's Simple Fracture
 (In-network emergency room visits and follow-up care)

- The plan's overall deductible \$100.00
- Specialist Copayment \$15.00
- Hospital (facility) Coinsurance 0%
- Other Coinsurance 10%

This EXAMPLE event includes services like:
 Emergency room care (including medical supplies)
 Diagnostic test (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost \$2,800.00

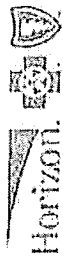
In this example, Mia would pay:
 Cost Sharing

- Deductibles \$100.00
- Copayments \$300.00
- Coinsurance \$100.00
- Limits or exclusions \$10.00
- The total Mia would pay is \$510.00

What isn't covered

This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above. The plan would be responsible for the other costs of these EXAMPLE covered services.

* For more information about limitations and exceptions, see the plan or policy document at <http://www.fl.tox.treasury/pensions/index.shtml>



Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Horizon BCBSNJ provides free aids and services to people with disabilities (e.g., qualified sign language interpreters and information in other formats) and to those whose primary language is not English (e.g. information in other languages) to communicate effectively with us.

Contacting Member Services

Please call Member Services at 1-800-355-BLUE (2-583) (TTY 711) or the phone number on the back of your member ID card, if you need the free aids and services noted above and for all other Member Services issues.

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, you can file a discrimination complaint also known as a Section 1557 Grievance. Horizon BCBSNJ's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address: **Horizon BCBSNJ**

Civil Rights Coordinator
PO Box 820, Newark, NJ 07101.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal, online at <https://ocrportal.hhs.gov/ocrportal/hobby.jsf> or by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at 1-800-568-1019 or 1-800-537-7697 (TDD). OCR Complaint forms are available at www.hhs.gov/office/office/file/index.html.

Language assistance

Si habla un idioma diferente al inglés, hay ayuda disponible gratis. Llame al número que aparece al reverso de su tarjeta de identificación. 如英語以外的語言，有免費的協助服務。請致電號碼查詢詳情。 請向我們的服務人員索取免費的協助服務。

Se voce fala um idioma diferente do inglês, a ajuda está disponível gratuitamente. Ligue para o número no verso do seu bilhete de identificação. ४ी तरे अडिथ सिवादी भाषा बोलैत हौए, तौ मददगी नसे उपलब्ध छै. तमारी अडिथ अडिथ नंबर पर छै।

Jestli mówisz w języku innym niż angielski, pomoc udzielana jest bezpłatnie. Zadzwoń pod numer podany na odwrocie dowodu osobistego. Se parli una lingua diversa dall'inglese, è disponibile un servizio di assistenza gratuito. Chiama il numero sul retro della tua carta d'identità.

Kung nagsasalita ka ng isang wika maliban sa Ingles, magagamit ang tulong nang walang bayad. Tumawag sa numero ng nasa likod ng iyong ID card.

Если вы не говорите по-английски, вам помогут бесплатно. Позвоните по телефону, указанный на обратной стороне вашего ID-карты.

Si au pale on lèt lang ke Angle, gen ed ki disponib gratis. Rele nan nimewo ki ekri nan do kat idantifyan w lan. यदि आप अंग्रेजी ही बोलते हैं, तो नि:शुल्क सहायता उपलब्ध है। अपने आईडी कार्ड के पीछे दिए गए नंबर पर नंबर बनाने के लिए हमें मदद करें। Anh, thì chúng tôi có thể giúp bạn miễn phí. Hãy gọi số ở mặt sau thẻ ID của bạn. Si vous parlez une langue autre que l'anglais, l'aide est gratuite. Appelez le numéro au dos de votre carte d'identité.

تلا کنت تحت لئہ اکثری علامہ کروس بلو شیڈ ہلڈنگز یا نوٹر لک المساعدة مجاناً يمكنك الحصول على خدماتنا بلو کروس بلو شیڈ ہلڈنگز یا نوٹر لک المساعدة مجاناً. اگر آپ انگریزی کے علاوہ کوس اور صرف زبان بول سکتے ہیں تو منت مدد دستیاب ہے۔ براہ مہربانی منشی کارڈ کی پیٹھ طرف مزید شدہ نمبر پر کلک کریں۔

An Independent Licensee of the Blue Cross and Blue Shield Association

* For more information about limitations and exceptions, see the [plan or policy document](#) at <http://www.bluecross-treasury/pensions/index.shtml>

ARTICLE XXX
CONTAGIOUS DISEASES


Any officer who shall suffer from a serious communicable disease shall be treated with a rebuttable presumption that the disease was contracted on the job. Incident reports may be used to validate such claims.

ARTICLE XXXI
INSURANCE


Employees covered by this Agreement shall be fully indemnified and defended by the Employer in all lawful circumstances in which the Employee renders first aid, whether on-duty or off-duty.

This Agreement is entered into this 26 day of JULY, 2022.

For the ASSOCIATION:




Edward Williams, Pres. Cherry Hill
Superior Officers Association (SOA)




Chris Wernig
SOA Representative, Cherry Hill
Superior Officers Association (SOA)

For the TOWNSHIP:



Susan Shin Angulo, Mayor
Cherry Hill Township



David Fleisher
President, Cherry Hill Township Council

ATTEST:

