

CONTRACTUAL AGREEMENT

BETWEEN

CAMDEN COUNTY COUNCIL #10

AND

CAMDEN COUNTY MOSQUITO COMMISSION

JANUARY 1, 2008 TO DECEMBER 31, 2012

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PREAMBLE

This agreement entered into by the Camden County Mosquito Extermination Commission, hereinafter referred to as the "Commission" or "employer", and Camden County Council #10, hereinafter referred to as the "Union", has as its purpose the promotion of harmonious relations between the Commission and the Union; the establishment of an equitable and peaceful procedure for the resolution of differences; and the establishment of rates of pay, hours of work and other conditions of employment.

ARTICLE I RECOGNITION

The Commission recognizes the Union as the bargaining agent for the purpose of establishing salaries, wages, hours and other conditions of employment for all its employees in the classifications listed under Schedule A, attached hereto and by reference made a part of the Agreement, and for such additional classifications as the parties may later agree to include. This recognition, however, shall not be interpreted as having the effect of, or in any way abrogating the rights of employees as established under Chapter 303, Laws of 1968, N.J.S.A. 34:13A-1 et seq.

ARTICLE II CHECK OFF

- 1) The Mosquito Extermination Commission authorizes the County Treasurer to deduct or have deducted the Union's monthly membership dues from the pay of those employees who did individually request in writing that such deductions be made. The amounts to be deducted shall be certified to the County Treasurer and the Commission by the Financial Secretary/Treasurer of Council #10, together with a list of the names of all employees for whom the deductions were made by the 10th day of the succeeding month after such deductions are made. The revocation of this authorization shall be in writing in duplicate, one to be sent to Council #10 and one copy to the County Treasurer and further, in accordance with the provisions of applicable statutes as presently existing or as may be amended.
- 2) A check-off shall commence for employees who sign a properly dated authorization card, cards to be supplied by the Union and verified by the Financial Secretary/Treasurer of Council #10 during the month following the filing of such cards with the County and Commission.
- 3) If during the life of this Agreement, there shall be any change in the rate of membership dues, the Union - Council #10 - shall furnish the Commission and the County Treasurer written notice at least thirty (30) days prior to the effective date of such change and shall furnish to the Commission and the appropriate County Department/Division either new authorizations from the members showing the authorized deduction for each employee, or an official notification on the letterhead of Council #10 and signed by the President and/or authorized official advising of such changed deduction.
- 4) Any employee, being a dues paying member of Council #10, may, upon proper written

notification, withdraw from Council #10 by filing the proper written notice of withdrawal with the Financial Secretary/Treasurer of the Union, the Commission, and the County Treasurer. The filing of this written notice of withdrawal shall be effective to terminate deductions in accordance with N.J.S.A. 52:14-15.9e, as amended.

- 5) The Union shall indemnify, defend and hold the Commission and Camden County harmless against any and all claims, demands, suits, or other forms of liability that shall arise out of or by reason of action taken by the Commission or the County or in reliance upon information furnished by the Union or official notification on the letterhead of Council #10, and signed by the President and or an authorized official of Council #10.

ARTICLE IIA AGENCY SHOP

- 1) The Commission agrees to deduct or have deducted the fair share fee from the earnings of those employees who elect not to become members of the Union and transmit the fee to the majority representative.
- 2) The deduction shall commence for each employee who elects not to become a member of the Union during the month following written notice from the Union of the amount of the fair share assessment. A copy of the written notice of the amount of the fair share assessment must also be furnished to the New Jersey Public Employment Relations Commission
- 3) The fair share fee for services rendered by the Union shall be in an amount equal to the regular membership dues, initiation fees and assessments of the Union, less the cost of benefits financed through the dues and available only to members of the Union, but in no event shall the fee exceed eighty-five (85%) percent of the regular membership dues, fees and assessments.
- 4) The sum representing the fair share fee shall not reflect the costs of financial support of political causes of candidates, except to the extent that it is necessary for the Union to engage in lobbying activity designed to foster its policy goals, collective negotiations and contract administration and to secure for the employees it represents advances in wages, hours, and other conditions of employment which ordinarily cannot be secured through collective negotiations with the Commission.
- 5) Prior to January 1st and July 31st of each year, the Union shall provide advance written notice to the New Jersey Public Employment Relations Commission and to all employees within the unit the information necessary to compute the fair share fee for services enumerated above.
- 6) The Union shall establish and maintain a procedure whereby any employee can challenge the assessment as computed by the Union. This appeal procedure shall in no way involve the Commission or require the Commission to take any action other than to hold the fee in escrow pending resolution of the appeal.

- 7) The Union shall indemnify, defend, save and hold the Commission harmless against any and all claims, demands, suits or other forms of liability that shall arise out of or by reason of action taken by the Commission in reliance upon salary deduction authorization cards or the fair share assessment information as furnished by the Union to the Commission, or in reliance upon the official notification on letterhead of the Union and signed by the President of the Union, advising of such changed deduction.
- 8) Membership in the Union is separate, apart and distinct from the assumption by one of the equal obligations to the extent that he has received equal benefits. The Union is required under this Agreement to represent all of the employees in the bargaining unit fairly and equally, without regard to Union membership. The terms of this Agreement have been made for all employees in the bargaining unit, and not only for members in the Union and this Agreement has been executed by the Commission after it had satisfied itself that the Union is a proper majority representative.

**ARTICLE III
WORK SCHEDULES**

- 1) The regular scheduled workweek shall consist of five (5) consecutive days, Monday through Friday, inclusive. The regular scheduled number of hours of work is noted elsewhere in this agreement. A modified work schedule shall be available to all employees as mutually agreed to by the affected employee, the Commission and the Union.
- 2) The regular starting time of work shifts will not be changed without reasonable notice to the affected employee and without first having discussed such changes and the need for same with Council #10, if time permits. No employee shall have his/her regular hours work schedule or regular day off schedule changed for the purpose of avoiding payment of overtime.
- 3) The normal lunch period for eight (8) hour employees shall be 12:00 noon to 12:30 PM. This will not preclude a person starting or finishing his lunch period earlier or later according to the dictates of the job. Employees commencing the lunch period after 12:00 noon will contact their superior, informing the superior that they are starting their lunch period after the regular scheduled time. Office employees will take their lunch period as designated by the Superintendent.
- 4) The Commission agrees to allow a fifteen (15) minute rest break during the AM hours, the rest break to be taken in the period 9:45 to 10:30; and a fifteen (15) minute rest break during the PM hours, the rest break to be taken in the period 2:15 to 2:45 PM. Time for rest break is not accumulative.
- 5) When an employee is delayed in reporting for work assignment on time, he shall endeavor, where possible, to contact his superior or the Commission office and notify them that he will be late. An employee, when he/she is late, shall have the right to use sick or personal time to cover the period of lateness, provided the use of such time is appropriate. Continual or habitual lateness will not preclude the Commission from taking disciplinary action against

said individual or individuals.

- 6) When an employee does not expect to report for work, he will call the Commission office not later than one-half (1/2) hour after the designated starting period and state the reason for his absence (sick). Failure to call will result in the employee not being paid for that day.
- 7) An employee, who wishes to leave work before the end of the normal scheduled work day, must notify his/her immediate supervisor or the Superintendent and state the reason for leaving. He/she shall be entitled to the use of accrued sick or personal leave, as appropriate. If sick and personal leave are exhausted, compensatory time and then vacation leave may be used to cover the remainder of the scheduled work day, as long as acceptable proof of an emergency situation is provided.
- 8) An employee who is out because of illness but who does not have sick time accrued, may request the use of accrued vacation day for this illness. It must be submitted in writing immediately upon returning to work and the approval/disapproval rests with the Superintendent or a Commissioner. The continual requesting of a vacation day to cover illness may result in a case of abuse of sick time.
- 9) Employees who receive an unpaid lunch may elect to have either a one hour or a one-half hour lunch period. Such election shall remain in effect for a minimum of one year, unless otherwise arranged. The above shall be available to all employees and mutually agreed to by the affected employee, the Commission and the Union.

ARTICLE IV OVERTIME

- 1) Overtime refers to any time worked beyond the regular hours of duty, provided the individual has worked the normal number of hours in the workday. Overtime is granted only when an employee is ordered to work by a supervisor and/or Commissioner.
- 2) Time and one-half the employee's regular rate of pay shall be paid for work under any of the following conditions:
 - a) All work performed in excess of the employee's regular number of hours of duty in any one day, as authorized by the Superintendent.
 - b) All work performed in excess of the employee's regular number of hours of duty in any one week, except that hours for which time and one-half is paid shall not be included in the base weekly hours.
 - c) All work performed on Saturday.
- 3) Employees shall have the option of taking compensatory time in lieu of cash payment for overtime. If an employee chooses compensatory time in any instance, the amount of such time will be computed on the same basis as set forth in Section 2 above.

- 4) Overtime work shall be distributed as equally as possible among employees within the same classification.
- 5) Overtime shall be paid currently, or at least no later than the second pay period after overtime was served/or when funds are available and if overtime pay has been agreed upon.
- 6)
 - a) Where an employee has earned compensatory time as a result of working overtime and has requested time off, but has been denied the use during the year in which it was earned, the Commission shall reimburse the employee for the unused compensatory time for the current year at the appropriate rate of pay, no later than the second pay period of the succeeding year. The employee may elect to maintain his/her balance of compensatory time through the succeeding year. All compensatory time earned in the prior year must be used no later than the succeeding year. If not used, the Commission shall reimburse the employee for the unused compensatory time earned in the prior year as well as any compensatory time earned in the succeeding year, as elected by the employee, no later than the second pay period of the second succeeding year.
 - b) There will be no unreasonable denial or restriction as to the days of the week relating to the usage of compensatory time. Compensatory time off must be scheduled and approved by the Superintendent.
- 7) If an employee refuses to work overtime when directed, such refusal may result in disciplinary action. Request to be excused from overtime work must be approved by the Superintendent or a Commissioner.
- 8)
 - a) Commission agrees, when possible, to give employees a least 24 hours' notice when overtime work is required so as not to create a hardship on the employee. Commission agrees to allow employees in the same title and/or an employee capable and qualified to perform said overtime work to exchange assignments. However, all changes must be approved by the Superintendent or the General Supervisor or, in the absence of both, by a Commissioner.
 - b) In the event 24 hours' notice cannot be given, employees required to work overtime will be authorized one-half (1/2) hour, without pay, for the supper period. If they are not notified at least 24 hours ahead of time, they will be reimbursed supper money, not to exceed \$6.00, upon presentation of a valid receipt. Such employees will be paid the appropriate rate of pay for the hours actually worked.
 - c) Commission agrees from June 1st to September 1st of any contract year to post schedules of individuals/teams who may be called to work overtime. The Commission

shall alternate employees where feasible, on the weekly lists, so as to reduce/eliminate employees having to work overtime in successive weeks.

- 9) If an employee has knowledge that his work assignment requires him/her to work past his/her normal quitting time, he/she can be required to continue his/her duties after normal quitting. He/she will be re-reimbursed at the overtime rate for work performed. (This will not be considered "Call In" time).
- 10) The Commission agrees to guarantee one (1) hour (overtime pay) if an employee is scheduled for overtime and is unable to work due to conditions beyond his/her control. This guarantee is valid only if the employee has not been notified before the end of a normal workday.
- 11) Voluntary overtime shall be distributed by classification and seniority from most senior on a rotating basis beginning with the employee immediately following the last senior employee that worked, except if the scope of the work would require his/her knowledge of geographical locations. Mandatory overtime shall be distributed by classification and seniority from the least senior employee on a rotating basis beginning with the employee immediately following the last employee that worked.

**ARTICLE V
CALL IN TIME**

- 1) Any employee who is requested / directed and returns to work during periods other than his regularly scheduled shift shall be paid time and one-half for such work and be guaranteed not less than four (4) hours pay, regardless of the number of hours actually worked.
- 2) The provisions of this section do not apply to Sections 9 & 10 of Article IV.
- 3) If the employee's call in time work assignment and his regular shift overlap, he shall be paid time and one-half for that period worked prior to the regular shift. Thereafter, for the balance of his regular work shift, he shall be paid at the appropriate rate.

**ARTICLE VI
RATES OF PAY**

- 1) The hiring (starting rate) will be determined by the Commission, and will not be contestable later, if accepted by the employee at the time of initial employment.
- 2) The Commission and the Union shall negotiate the salary for any title for which a salary has not been previously negotiated.
- 3) The pay scale for all employees covered by this Agreement is based on 8 hours for field personnel and 6 hours for office personnel.
- 4) When an employee is promoted or reclassified, so as to assume additional duties or responsibilities, or in recognition of the performance of his duties, then, his salary shall be

adjusted to the prevailing rate of his new title. In no event, shall such employee's salary be less than that he received in his prior title.

- 5) Rates of compensation provided for in these regulations are fixed on the basis of full time service in full time positions.
- 6) The salary authorized under these regulations shall be interpreted as exclusive of any longevity pay.
- 7) Any employee, who performs work in a higher paid classification than his own, shall be compensated for such work, after he has performed this work for 10 consecutive work days during more than fifty percent (50%) of the time while on the job. The provisions of this section do not apply to employees in a training or trainee status.
- 8) An employee shall be paid the rate of pay for his own classification when performing work of a lower classification.
- 9) An employee, who having been directed to perform duties in a lower classification than his own, and refuses, can be denied pay for the day or part of the day and is subject to disciplinary action.
- 10) The rates of pay for the various titles covered by this contractual agreement shall be appended to this contractual agreement and will become the part known as "Schedule A".
- 11) All employees covered under this Agreement will receive pay changes or increases as follows:
 - a) Effective the first pay period of 2010, all hourly rates shall be increased by 3.5%. Retroactive payments will be paid no later than the first pay period in November 2010.
 - b) Any employee who worked during any period covered by this Agreement prior to the signing this Agreement shall receive a \$1,750 payment to be paid no later than the second pay period in January of 2011. This is a one time payment not added to base salary.
 - c) Effective the fourteenth pay period of 2011, all hourly rates shall be increased by 2.8%.
 - d) Effective the first pay period of 2012, all hourly rates shall be increased by 2.8%.
- 12) The Commission agrees that when a person is employed at a salary less than the current prevailing salary, said employee will be paid at 6% less than the prevailing rate for the first year and 3% less for the second year. After two (2) years, the salary will become the prevailing rate.
- 13) All employees who earn and maintain a CDL license will be paid the difference for the upgrade to a CDL license upon verification.

**ARTICLE VII
INSURANCE**

The Commission having joined and being a part of the County of Camden's Insurance Program will adhere to the County of Camden's insurance policies as follows:

- 1) All employees will have the choice of enrolling in the Preferred Provider Organization (PPO) Plan, or in the HMO/POS plan (See attached Appendix A for the PPO Plan and Appendix B for the HMO/POS Plan). The County agrees that in the event that a dependent or a retiree resides for at least more than one month of the year in a location outside of the states of New Jersey, Delaware and the following five counties in Pennsylvania (Philadelphia, Chester, Bucks, Delaware and Montgomery), the County will enroll the dependent or retiree in the PPO plan with National Access to local providers in their residing area.

The County reserves the right to change carriers and/or add or remove specific plans so long as the County agrees to maintain substantially similar benefits to those in existence on January 1, 2009, except as provided below. Unless otherwise stated herein, all changes in this Article shall go into effect no sooner than January 1, 2011, and prior to these changes becoming effective, all of the provisions in the Insurance Article in the 2003-2007 collective bargaining agreement shall remain in full force and effect.

2)

- a) Effective no sooner than January 1, 2011, the prescription co-payments shall be as follows:

Retail Pharmacy (One Month Supply)

Salary	Generic	Brand	Brand Non-formulary
Under \$30,000	\$6	\$11	\$26
\$30,000-50,000	\$6	\$13	\$28
\$50,000-70,000	\$6	\$15	\$30
Over \$70,000	\$6	\$17	\$32

Mail Order Pharmacy (Three Month Supply)

Salary	Generic	Brand	Brand Non-formulary
Under \$30,000	\$11	\$16	\$31
\$30,000-50,000	\$11	\$18	\$33
\$50,000-70,000	\$11	\$20	\$35

Over \$70,000

\$11

\$22

\$37

Employees and their dependents are encouraged to use generic prescription drugs. If a drug is on the formulary list and the doctor does not specify that only a brand name may be used, the pharmacist will substitute the generic equivalent, if available. If the doctor specifies "dispense as written", the pharmacist must dispense whatever is specified. If the participant, however, specifically requests a brand name, the participant shall pay the difference in price between the generic and non-generic prescription drug in addition to the brand co-pay.

- b) The Traditional Plan (Appendix C) shall remain for those existing employees currently enrolled in that plan. After the signing of this Agreement, no new employees shall be permitted to enroll in the Traditional plan, and if an employee currently enrolled in the Traditional plan leaves that plan, he or she will not be permitted to re-enroll in that plan.
- c) Effective no sooner than January 1, 2011, employees covered by the Agreement shall contribute 1.75% of their base salary towards premiums for the HMO/POS plan and 2.25% of their base salary for the PPO and Traditional plans. These payments shall be made on a pre-tax basis pursuant to an IRS Section 125 plan. Employees opting out of insurance coverage shall not be subject to these premium contributions. These premium contributions shall be considered inclusive of the statutorily mandated 1.5% contribution which became effective May 22, 2010 and any other contributions mandated by State law. These contributions shall include prescription coverage.
- d) Effective no sooner than January 1, 2011, all participants in the HMO/POS or the PPO plans shall be subject to a twenty (\$20) co-pay for all visits to a primary care physician, a twenty-five dollar (\$25) co-pay for all specialist visits, and a two hundred dollar (\$200) hospitalization co-pay for any inpatient hospital admission in accordance with the attached schedule of benefits (Appendix A & B).
- e) Effective January 1, 1999, the County shall provide as a covered benefit (1) mammograms once yearly for all female employees and/or dependents over age forty, or more frequently, or at an earlier age, if a physician so prescribes; and (2) pap smears of the type prescribed by the employee's or dependent's physician once annually or more often as prescribed by employee's or dependent's physician because of a particular medical condition and/or family history. A hearing exam shall be provided as a covered benefit once every two (2) years or more frequently if medically prescribed.
- f) "Civil union partners" and "domestic partners" shall be considered as dependents eligible for insurance benefits including opt-out.
- g) Effective January 1, 2003, the County shall provide as a covered benefit all prescription contraceptive medications and devices.

- h) The County will reimburse an employee on active pay status for the premium cost of the Medicare Plan when the employee or his spouse reaches age 65 but only for a maximum of a six (6) month period prior to retirement. The parties agree to reopen negotiations with respect to this provision if the laws governing Medicare should change during the term of this Agreement.
- i) The County will continue to offer coverage in all plans for dependents up to the end of the year in which they turn age 19; if the dependent is a registered full-time student enrolled to an accredited institution, the dependent will be covered until the end of the month in which they turn age 23 for the HMO plan. PPO and prescription drug plans cover dependents up until the end of the year they turn age 23 regardless of student status. Subject to New Jersey statutory regulations (Chapter 375) and requirements, employees who are enrolled through any County medical or prescription plan may voluntarily opt to enroll their dependent in the (Dependent to age 31) coverage for an additional premium which is billed directly to the employee by the insurance carrier. These provisions shall be subject to any requirements mandated by federal law and conform to the Patient Protection and Affordable Care Act. Dependents that are permanently disabled will remain covered during the life of the employee. Effective January 1, 2011, dependent children shall remain covered in the County's Medical and Prescription Drug Plans until age 26, subject to New Jersey State Eligibility Rules for dependents. Student status is not required. Coverage will terminate at the end of the month in which the child turns 26 subject to enrollment to age 31, pursuant to New Jersey statutory regulations, Chapter 375 as set forth above.
- 3)
- a) Current employees retiring with twenty-five (25) or more years of service with Camden County and/or affiliated organizations and twenty-five (25) or more years of service credit in a state or locally administrated retirement system, and employees retiring on an accidental disability pension, retiring prior to December 31, 2012 (last day of active service), shall continue to receive fully paid health and prescription drug benefits. Throughout retirement, these employees will continue to pay the medical and prescription co-payments, deductibles and co-insurance that they paid as active employees at the time of their retirement.
- b) Current employees retiring at age 62 or older with at least fifteen (15) years of service with Camden County and/or affiliated organizations; or retiring with at least fifteen (15) years of service with Camden County and/or affiliated organizations or retiring on an ordinary disability pension, shall continue to receive health and prescription benefits subject to the following percentage of premium co-payments effective no sooner than January 1, 2011:

<u>Years with the Employer</u>	<u>Percent of Premium</u>
10 years through 14 years (for	30%

Disability retirement only)

Under 15 years	Cobra coverage only
15 years up to 19 years	25%
20 years up to 24 years	15%
25 years or more	0% (if retired prior to 12/31/2012)

- c) Employees who retire after December 31, 2012 (last day of active service)(other than those retiring on an accidental disability pension), with twenty-five (25) or more years of service with Camden County and/or affiliated organizations and twenty-five (25) or more years of service credit in a state or locally administered retirement system, shall contribute, based on the amount of their pension, one-half (1/2) of the percentage of salary contribution paid by active employees as well as the identical medical and prescription co-payments, deductibles and co-insurance paid by active employees. Retirees 65 or older who are eligible for Medicare shall pay the percentage of premium contribution in accordance with the above and the amount of the health and prescription drug programs applicable to Medicare eligible retirees to which they are enrolled.
- d) Prior years of employment with Camden County and/or affiliated organizations shall count as "Years With the Employer" for the purpose of determining the appropriate co-pay as set forth above.
- e) All retirees, age sixty-five (65) or older, are required to enroll in Medicare Parts A & B. If receiving health benefits from the Employer through an HMO, they must enroll in the Medicare HMO plan, if available, no later than three (3) months after turning age sixty-five (65), and remain enrolled so long as the Medicare plan is equal to or better than the HMO being offered.
- Retirees may change their health care plan during the annual open enrollment period or if they are relocated to an area which is not serviced by their current plan. The County shall reimburse the retiree the cost of said enrollment into Medicare Part B. These reimbursements are inapplicable to anyone who retires prior to the signing of this Agreement. The retiree must remain on the County plan for secondary coverage.
- f) Employees who retire after December 31, 2012, shall not have their co-payments for doctor visits or prescriptions increased by more than 10% in any three year period, and their premium sharing is capped at an amount equal to 1.5% of an individual's pension payment. It will be the retiree's responsibility to verify the pension amount which is subject to the premium contribution set forth above.
- 4) Any employee covered by the agreement may choose, in writing to participate in the

“Optional Health Benefits Program.” Participation in this program is totally voluntary and is intended for those employees who are covered by health insurance through another source.

- a) If two employees are married or qualify as domestic partners/civil union partners and one of them receives health insurance coverage from Camden County or any other Employer Agency listed below, the other may not participate in the opt-out program.

Camden Employer Row Office
 Camden Employer Mosquito Commission
 Camden Employer Superintendent of Schools
 Camden Employer Prosecutor’s Office
 Camden Employer Library System
 Camden Employer Municipal Utilities Authority
 Camden Employer Improvement Authority
 Camden Employer Pollution Control Authority
 Camden Employer Board of Elections
 Camden Employer Superintendent of Elections
 Camden Employer Health Services Center

- b) Participation in the opt-out program means being paid the amounts listed below in lieu of insurance coverage.
- c) If two employees are married or qualify as domestic partners/civil union partners, they may be covered individually as an employee or as a dependent under his or her spouse’s/partner’s County plan, but not both. Dependent children must be covered under one plan only.
- d) If the spouse’s/partner’s benefits are terminated, the employee and his/her dependents may enroll in any of the available Plans. Employees who opt to participate in this program must do so for a minimum of one (1) year at a time unless there is a change of life event. Applications must be made within thirty (30) days after the loss of coverage. Eligible employees shall be permitted to opt out of either medical coverage or prescription coverage or both.
- e) Employees on non-paid leaves do not receive Opt Out payments.
- f) If an employee chooses to participate in this program and drops employee and/or dependent coverage, the employee shall receive a monetary incentive as outlined below. The opt-out monthly amounts will be as follows:

<u>Change in Coverage Level</u>	<u>Medical Opt- Out Amount</u>	<u>RX Opt- Out Amount</u>
From Family to No Coverage	\$415.83	\$174.33

From Family to Single Coverage	\$272.68	\$114.04
From Family to Parent/Child Coverage	\$173.70	\$71.71
From Family to Husband/Wife Coverage	\$107.89	\$60.29
From Parent/Child to Single Coverage	\$98.98	\$42.34
From Parent/Child to No Coverage	\$242.13	\$102.63
From Husband/Wife to Single Coverage	\$164.79	\$114.04
From Husband/Wife to No Coverage	\$307.94	\$174.33
From Single to No Coverage	\$143.16	\$60.29

- g) The incentive payments provided shall be paid in equal monthly payments and appropriate deductions shall be made from the gross incentive amount.
 - h) The optional health benefits program shall be available to all new benefit-eligible employees on their benefit effective date and shall be available to all current and prospective retirees under the same terms and conditions applicable to active employees.
 - i) The incentive shall begin to be paid to eligible employee no later than one month after the effective date of the option.
 - j) An employee who files for opt out after May 22, 2010 shall receive an incentive equal to 25% of the savings to the County not to exceed \$5,000 in accordance with applicable State law.
 - k) In order to enroll in the Opt Out Program, an employee must complete the enrollment form and provide proof of dependent status and current health insurance coverage. Annual reenrollment is required.
- 5) County employees who are the dependents and/or spouse of an employee or retiree receiving benefits as the result of employment by Camden County, a Camden County Row Office, the Camden County Mosquito Commission, the Camden County Superintendent of Schools, the Camden County Prosecutor's Office, the Camden County Health Services Center, the Camden County Library System, the Camden County Municipal Utilities Authority, the Camden County Improvement Authority, the Camden County Pollution Control Authority, the Camden County Superintendent of Elections, or the Camden County Board of Elections, and who are otherwise eligible for health benefits, must choose one type of health benefit coverage only and are not eligible for opt out.
- 6) The County will provide each employee with disability coverage provided by the State of New Jersey.
- 7) Effective no sooner than January 1, 2011, employees shall be responsible for extra costs

incurred by the County if there is a change in an employee's life status (divorce, death of spouse, etc.) which would affect their health and prescription benefits and the employee does not report it to the County Insurance Division within 60 days of the event.

- 8) The County shall implement a Section 125 Premium Conversion Plan which will permit the payment of certain employee contributions in pre-tax dollars.
- 9) The County will pay or cause to be paid to the Council #10 Health and Welfare Fund the sum of \$350 per year, increased to \$375 per year effective January 1, 2011 for each employee who is a member of the representative or for whom the representative is the bargaining agent.

The Representative agrees to save and hold harmless the employer from any liability arising out of the administering of the fund to which this sum shall be paid on behalf of each employee as stated above, and further agrees to make available to the employer audits or reports dealing with said funds on June 30, 1983, and each June 30th thereafter.

ARTICLE VIII SICK LEAVE WITH PAY

- 1) Sick leave is hereby defined to mean absence of any employee from duty because of personal illness or injury; exposure to contagious disease; care, for a reasonable period of time, of a seriously ill member of the employee's immediate family; or death in the employee's immediate family, for a reasonable period of time.
- 2) Employees of the Commission shall be entitled to the following sick leave with pay:
 - a) New employees – one working day paid sick leave for each month of service from the initial month of employment through December 31 next following the date of employment.
 - b) Full time employees – After December 31 of the first year of employment, fifteen working days paid sick leave per calendar year, credited at the beginning of each calendar year in anticipation of continued employment.
 - c) Part-time employees – sick leave with pay shall be pro-rated according to hours worked in active pay status per month.
- 3) If any employee requires none or a portion only of such allowable sick leave for any calendar year, the amount of such leave not taken shall accumulate to his credit from year to year and he/she shall be entitled to such accumulated sick leave with pay if and when needed.
- 4) If any employee is absent for five (5) consecutive working days for any of the reasons set forth in the above rule, the Commission shall require acceptable evidence on the form prescribed. The nature of the illness and the length of time the employee will be absent shall be stated on a doctor's certificate and the employee will be required to adhere to

Section 6 of Article III.

- 5) At the discretion of the Superintendent/Commissioner(s), he/she may, at any time, require the employee seeking sick leave to submit medical evidence acceptable to the Superintendent so long as the employee is advised in advance of the requirement. No such requirement shall be effective for a period longer than 6 months unless there is reasonable cause to believe that the employee is seeking sick leave for purposes not authorized by this Article. If sick leave is not approved, the time involved during which the employee was absent may be charged to his vacation time, if approved; however, the employee has the right to appeal this decision to the Appointing Authority (Commissioners).
- 6) Sick leave claimed by reason of quarantine or exposure to contagious disease may be approved on the certification of the local Health Department.
- 7) Employees on a daily, hourly or seasonal basis are not eligible.
- 8) The term "immediate family" is hereby defined to include the following: mother, father, mother-in-law, father-in-law, brother, sister, brother-in-law, sister-in-law, spouse, child, stepchild, grandchild, grandmother, grandfather, foster child, legal ward, legal guardian, civil union partner, domestic partner and other relatives residing in the employee's household. With the exception of civil union partner, brother-in-law, sister-in-law and stepchild, the above definition is intended to be the same as the definition of "immediate family" set forth in Section 4A of the New Jersey Administrative Code and shall be modified to conform with any changes, additions or deletions made to the Code.
- 9) Effective January 1, 1995, employees who do not use sick time in any calendar quarter of the year shall earn one (1) additional vacation day for each quarter where there is no sick time used. Employees who use no sick time at all during any calendar year shall earn a total of five (5) additional vacation days for that year. Additional vacation days earned shall be credited to the employee's account as of January 1 of the following year. All vacation leave taken in that year shall be initially charged against this additional earned vacation leave, and then against earned vacation leave pursuant to Article X. No employee shall be entitled to earn additional vacation time in any quarter if during that calendar year the employee used 15 days of sick leave, unless that sick leave was used in conjunction with a hospital stay of three (3) days or more. Additional vacation time earned must be used within two (2) years of it being credited or it will be lost.
- 10) The elimination of the sell-back of sick leave effective January 1, 1994, shall have no effect on employee's accumulated sick leave nor their ability to continue to accumulate sick leave as per Civil Service rules.
- 11) Employees will be required to complete the required form for sick time used/requested. ("Call in" or when he/she leaves the job prior to end of normal duty hours).
- 12) Any employee who terminates service with the County with at least twenty-five (25) years

of service and who is 55 years of age or older shall be entitled to lump sum terminal leave pay equal to one half of the employee's earned and unused sick leave multiplied by his/her current rate of pay up to a maximum of \$23,000. Effective as of December 31, 2010, current employees will no longer be able to add days to their accumulated sick time for the purposes of sell-back at retirement. All time available as of that date will be available for any employee eligible for and requesting payment of accrued sick leave at retirement. Any sick leave used after that date will initially come from sick leave provided or accrued after that date. Sick leave banked prior to December 31, 2010 will not be used until all of the sick leave accrued after that date is exhausted. Current employees who retire on or before December 31, 2015 (last day of active service) will be able to sell back days at retirement pursuant to this section, but employees retiring after that date and any employee newly hired after this Agreement is signed, will not be eligible to sell back sick leave at retirement pursuant to this section.

**ARTICLE IX
LEAVE OF ABSENCE**

- 1) Leave of Absence for employees shall be granted as provided in Civil Service Statutes and rules and regulations except as otherwise set forth herein.
- 2) Military leaves of absence shall be granted in accordance with law.
- 3) Emergency and Special Leave -- An employee shall be given time off without incurring a loss of pay. The amount of money received for performing duties listed in a, b and c below, shall not be deducted from the amount of pay received from the Commission (pay received from the Commission, plus outside reimbursement, equals regular pay) when:
 - a) Performing Jury Duty, State Court, the employee involuntarily summoned shall serve without loss of pay and is allowed to retain stipend, up to \$10.00 per day for service.
 - b) Performing Jury Duty, Federal Court, the employee shall receive full pay plus a stipend of \$10.00 paid by the Federal Court. All moneys received by the employee, in excess of \$10.00 paid by the Federal Court, in serving as a Federal Juror, shall be returned to the County or the Mosquito Extermination Commission.
 - c) Commanded to appear as a witness and not a party before a court, legislative committee or judicial or quasi-judicial body.
 - d) Performing emergency civilian duty in relation to National Defense or other emergency when so ordered by the Governor or President.
- 4) Any employee who is a duly authorized representative of the organizations listed in N.J.S.A. 38:23-1 and any amendment thereto shall be granted a leave of absence with pay for the purpose of traveling to and from and attending any state or national convention or to attend an Annual Union Seminar of said organization, not to exceed five (5) days in any calendar year. Request to be off to attend the function must be submitted in writing to the

Superintendent or his designee in advance, provided the Union supplies a statement and/or certificate indicating that he/she attended the full day (s) conferences. The request shall state the purpose and length of time he/she will be absent.

- 5) Employees returning from an authorized leave of absence as set forth herein will be restored to their original classification at the then appropriate rate of pay, with no loss of seniority, or other employee rights, privileges or benefits.
- 6) Leave of Absence with Pay (BEREAVEMENT):
 - a) A leave of absence with pay up to five (5) days shall be granted an employee desiring such leave because of death (bereavement) in the immediate family, as follows:

Mother, father, spouse, children (including foster children and stepchildren) brother, sister, foster parent and step parent
 - b) A leave of absence with pay up to three (3) days shall be granted an employee desiring such leave because of death as follows:

Mother-in-law, father-in-law, grandmother, grandfather, brother-in-law, sister-in-law, grandchildren, stepbrother, stepsister, son-in-law and daughter-in-law
 - c) The employee must commence "Leave of Absence" with pay for death in immediate family during the following times:
 - i) Day of or day after "day of death" and/or day of burial
 - ii) Leave granted for death is not required to be taken consecutively but must be completed no later than three (3) working days after burial.
 - d) Employees must provide the Commission with a current list identifying all family members by name and relationship. It is the employees' responsibility to keep such list current.
- 7) Employees on maternity leave shall be granted earned and accumulated sick leave during the time prior to the expected date of confinement and through the period of disability as certified by an acceptable medical provider, in conjunction with any rights the employee may have under the state and federal family medical leave acts.
- 8) PERSONAL DAYS
 - a) All employees shall enjoy four (4) personal days per year for personal, business, household or family matters described in this section and shall be non -accumulative. All days will be available for use beginning with the first pay period of each year, except for new employees who will be prorated quarterly for the first full two (2) years of employment.

b) Business means an activity that requires the employee's presence during the workday and is of such a nature that it cannot be attended to at a time outside the workday.

c) Personal, household or family refers to matters when the employee's absence from duty is necessary for the welfare of the employee or his family.

ARTICLE X VACATIONS

1) Permanent, full time employees of the Commission shall be entitled to the following annual vacation with pay:

1 day per month for the first year

1 year 1 day to 5 years - 12 working days

5 years 1 day to 10 years - 13 working days

10 years 1 day to 15 years - 18 working days

15 years 1 day to 20 years - 20 working days

20 years 1 day to 25 years - 25 working days

25 years 1 day or more - 28 working days

a) Temporary full-time employees of the Commission shall be entitled to vacation leave to the same extent such leave is provided for permanent employees.

b) Provisional, full time employees of the Commission shall be entitled to vacation leave to the same extent such leave is provided to permanent employees in accordance with the above schedule.

c) c) Employees on a daily, hourly or seasonal basis are not eligible for paid vacation leave.

d) Permanent part-time employees shall receive vacation leave on a pro-rated basis in accordance with the above schedule.

2)

a) Employees may submit by April 1 of each year, dates they are requesting to utilize vacation time. Approval will be based on the following:

i) Seniority

ii) Job title and/or duties

- b) Other requests for vacation time will be by the following criteria: Vacation requests must be submitted for approval not less than ten (10) working days prior to the requested starting date. In case of conflict of requested vacation dates, the following rules will be used as guide lines for approval of vacation time requested:
 - i) Date of Request
 - ii) Job Title and/or Duties
 - iii) Seniority
- 3) Vacation time will not be advanced.
- 4) Employees are authorized to take only one-half (1/2) of their vacation time, accrued for one (1) year, during the period May 15th to September 15th.
- 5) The Commission will close for vacation December 25th through January 1st for the years covered by this contract. Personnel who do not have accrued vacation or compensatory time will suffer loss of pay.
- 6)
 - a) Where in a calendar year, the vacation leave or any part thereof is not used, such vacation periods shall accumulate and any unused vacation resulting from the pressure of work as determined by the Commission may be carried forward into the next succeeding year only and will be scheduled to be taken in the succeeding year. Denial of vacation time shall be given to the employee in writing. If in the second year, due to the pressure of work, as determined by the Commission, the employee still has accumulated vacation that will be lost, the employee has a right to sell that time only. Such request shall be made in writing by December 1. This section shall be limited in accordance with Section 4 of this Article.
 - b) Upon separation from employment, the employee shall be entitled to vacation allowance for the current year prorated upon the number of months worked in the calendar year in which the separation becomes effective and any vacation time which may have been carried over from the preceding calendar year.
 - c) If an employee dies, for vacation credits a sum of money equal to the compensation figure of his salary rate, at the time of death, shall be calculated and paid to his estate for said vacation credit.
 - d) When vacation allowance for any employee changes, based on his years of service, during any calendar year the annual allowance shall be computed on the basis of the number of months and shall be prorated for the balance of the year.
 - e) Employees may request permission to use vacation leave for sick leave, provided sick

leave is exhausted. Written authorization should be given before said usage or as soon as possible after verbal authorization is given to the employee.

- 7) Employee may request the use of vacation leave time due to unforeseen circumstances; approval/disapproval rests with the Superintendent/Commissioner(s).
- 8) Employees may request payment of vacation time accrued and not used for the prior year. Request must be made in writing before December 1st of the current year.

**ARTICLE XI
WORKERS' COMPENSATION**

- 1) When an employee is injured on duty, and meets the qualifications for Workers' Compensation, the employee will receive Workers' Compensation due him/her, plus the difference between the amount received as compensation and his salary during the period of temporary disability, to a maximum of forty-five (45) days.
- 2) In the event of continued temporary disability beyond the forty-five (45) day period aforementioned, the eligible employee will continue to receive Workers' Compensation. If the employee is entitled to use and authorizes the Commission to charge time to accumulated sick, vacation or personal leave, the employee may receive the difference between the amount received as worker's compensation and his/her salary.
- 3) An employee shall be permitted time off from work, including reasonable travel time, with no loss of pay or deduction from the employee's accumulated leave, in order to receive medical treatment when the appointment has been scheduled by the County to take place during the employee's regular work day.

**ARTICLE XII
SENIORITY**

- 1) Seniority is defined as an employee's total length of service with the Commission beginning with his original date of permanent hire in the current classification. Employees who are laid-off by the Commission or the County and are subsequently re-employed by the Commission in any capacity within seven (7) years of the effective date of lay-off shall receive seniority credit for all time worked for the Commission and/or County prior to layoff with respect to all provisions of this Agreement.
- 2) All Commission or County time worked or approved leaves will be counted except for a break in service if caused by termination. For employees with the same total length of service, seniority preference shall be given in alphabetical order of the employee's last name.
- 3) The Commission shall maintain an accurate, up-to-date seniority roster showing each employee's date of hire, classification and shall furnish copies of same to the Union annually or when there is a change.

- 4) Except when N.J. Civil Service statutes require otherwise, in all cases of promotions, demotions, layoff, recall, work schedules and other situations where substantial employee advantages or disadvantages are concerned, an employee with the greatest amount of seniority shall be given preference provided he has the ability to perform work involved.

**ARTICLE XIII
HOLIDAYS**

- 1) The following national and state holidays are recognized as paid holidays when celebrated as holidays: New Year's Day; Martin Luther King's Birthday; President's Day; Good Friday; Easter Monday; Memorial Day; 4th of July; Labor Day; Columbus Day; Veteran's Day; Thanksgiving Day; Christmas Day; General Election Day during the years covered by this contract.
- 2) Holidays/off days which fall within an employee's vacation period shall not be charged to the employee's vacation leave.
- 3) It is understood that there shall be one (1) day of celebration in the event the Holidays are celebrated on a day other than the actual day of said holiday, and no additional day shall be received because of the adjustment on the day of celebration.
- 4) Holidays which fall on Saturday shall be celebrated on the preceding Friday. Holidays which fall on a Sunday shall be celebrated on the following Monday.
- 5) In order to be eligible to receive holiday pay as set forth in this Article, an employee must work the day before and the day after the holiday, unless he or she has been specifically authorized to be off. If an employee is serving a suspension on a day before or a day after a holiday and as a result is disqualified from receiving holiday pay under this Section, the holiday shall be counted as a day of suspension.
- 6) When the Board of Freeholders declare an off day for all County employees, those who are required to work on such off day shall be given a compensatory day at a later date.
- 7) This provision has no applicability when off days are declared or granted pursuant to a contract with other Representative Associations or Unions. .

**ARTICLE XIV
LONGEVITY PAY**

Effective the first pay period of 1998, employees had their longevity pay added to their base pay. For purposes of this conversion, employees were entitled to longevity pay added to their base pay in an amount one level higher than they would ordinarily be entitled to based on their years of service. Employees who had more than 20 years of service were entitled to a maximum of \$1,600.

**ARTICLE XV
PERSONNEL COMMITTEE**

- 1) A Personnel Committee shall be set up within the Commission and shall consist of three (3) Commissioners appointed by the Chairman and including the Chairman.
- 2) The Personnel Committee will be involved with and make recommendations to the full Commission on personnel matters, grievances, etc.
- 3) The Personnel Committee shall act as the Commission's Affirmative Action Committee.

**ARTICLE XVI
STRIKES AND LOCKOUTS**

- 1) In addition to any other restriction under the law, the Union will not cause a strike, work stoppage or intentional slowdown of work of any kind, nor will any employee take part in a strike, intentionally slowdown in the rate of work, or in any manner cause interference with or stoppage of the Commission's work. The Commission and the Employee/Union will follow the Grievance Procedure for which provision is made herein. The Commission shall not cause any lockout.
- 2) If either of the parties or if any person violates this section, then such parties or person shall be responsible for any damages resulting as a matter of consequence of such action and such damages may be recovered by appropriate action instituted in the County Court of Camden County of the Superior Court Law Division, Camden County.
- 3) In the case of a strike or a work stoppage by any other public collective bargaining unit, employees of the Camden County Mosquito Extermination Commission will exert every effort to report for work and perform their assigned duties, provided that these do not interfere with, cause bodily harm to, or involve any activity associated with the other public union or bargaining unit.

**ARTICLE XVII
SAFETY AND HEALTH**

- 1) The Commission shall at all times maintain safe and healthful working conditions and will provide employees with any wearing apparel, tools or devices reasonably necessary in order to insure their safety and health. Employees failing to utilize safety tools and equipment or wear safety apparel will be subject to disciplinary action. An employee having been issued safety tools/equipment and wearing apparel, and reports for work without same, may be sent home with loss of pay for that day or period of absence.
- 2) The Commission and the Union shall designate a safety committee member for each unit of representation. They shall meet prior to the "ditch season" in late October, prior to the "route" season and periodically, as necessary, to review the conditions in general and to make recommendations to either or both parties when appropriate. The safety committee member representing the Union shall be permitted a reasonable opportunity to visit work locations throughout the Commission's facilities, where employees covered by this Agreement perform their duties, for the purpose of investigating safety and health conditions, during working hours with no loss of pay, for periods not to exceed three (3)

hours per week, unless additional time is authorized by the Superintendent or the Commission.

- 3) Employees will receive a boot allowance of \$140. Receipts must be provided and will be payable in the months of June and/or December. All boots shall meet OSHA safety standards for work being performed.
- 4) Winter coats will be provided by the Commission and be replaced on an as needed basis, but no more than once a year. Maintenance will be done by the employee.
- 5) New uniforms provided by the Commission shall be tan in color. As part of the new uniform issue, four (4) short sleeved shirts shall be provided in lieu of four (4) long sleeve shirts.

ARTICLE XVIII EQUAL TREATMENT

- 1) The Commission agrees that there shall be no discrimination or favoritism for reasons of sex, age, nationality, race, religion, marital status, political affiliation, union membership or activities.
- 2) The Commission may establish reasonable and necessary rules of work and conduct for employees. Such rules shall be equitably applied and enforced.
- 3) Five (5) working days prior to the implementation of any new rules of work or conduct, the Commission agrees to notify the Union and the employees. This section shall not apply to changes necessitated by technical problems or directives from regulatory and advisory bodies as well as legislation mandating change. Proposed new rules or modifications of existing rules governing working conditions shall be negotiated with the Union before they are established as provided by N.J.S.A. 34:13A-5.3.
- 4) All articles of this Agreement shall be equitably applied to all employees covered by this Agreement in so far as practicable.
- 5) The Union as well as the affected employee shall receive a copy of any disciplinary action and attachment(s) which is placed in an employee's file. All employees shall have the right to review their personnel files upon reasonable request.

ARTICLE XIX GRIEVANCE PROCEDURES

- 1) Any grievance or dispute, that might arise between the parties in reference to the application of or the meaning, or the interpretation of the agreement shall be settled in the following manner:

Step 1. The aggrieved employee or the Union at the request of the employee, shall take up the grievance or dispute with the Superintendent within fourteen (14) calendar days of its occurrence. Failure to act within said fourteen (14) day period shall be deemed to constitute an abandonment of the grievance. The grievance must be in writing. The

Superintendent shall respond to the employee or Union in writing within fourteen (14) calendar days.

Step 2. If the grievance still remains unadjusted, it shall be presented by the Union, Grievance Committee or employee, to the Personnel Committee of the Mosquito Extermination Commission in writing within fourteen (14) calendar days after the response from the Superintendent was due. The Commission shall respond, in writing, to the employee, Union or Grievance Committee within fourteen (14) calendar days after the next regularly scheduled Commission meeting. If the grievance remains unsettled, the Union may elect to pursue further steps on one hand, described by Steps 3 and 4. The Commission and the Union will meet periodically at either party's request to discuss and try to settle as many grievances as possible prior to a hearing at Step Three. Both parties commit to settle outstanding grievances without the time and expense of having to go through the process below.

Step 3. If the grievance remains unsettled, the employee or the Union may submit the grievance to arbitration pursuant to the rules and regulations of the Public Employment Relations Commission within twenty (20) calendar days after receipt of the Commission's reply and shall give written notification of submission to the Chairman of the Commission. Failure to submit to arbitration within the twenty (20) day limit will constitute an abandonment of the grievance. The cost of arbitration shall be borne by the party found to be at fault.

Step 4. With regard to subject matters not involving the expenditure of funds, the arbitration proceedings shall be conducted by an arbitrator to be selected by the Commission and the Union pursuant to the rules and regulations of the Public Employment Relations Commission. The arbitrator shall restrict his inquiry to the standards established by this Agreement. The parties direct the arbitrator to decide, as a preliminary question, whether he has jurisdiction to hear and decide the matter in dispute. The arbitrator shall be bound by the provisions of this agreement and the Constitution and Laws of the State of New Jersey and be restricted to the application of the facts presented to him involved in the grievance. The arbitrator shall not have the authority to add to, modify, detract from or alter in any way the provisions of this Agreement or any amendment or supplement. The findings of the arbitrator shall be binding on both parties. The arbitrator shall be requested to issue his decision within thirty (30) days after the conclusion of testimony and argument.

- 2) Whenever any employee of the Commission who is a representative of the union is mutually scheduled to participate during working hours in related business concerning negotiations, grievance proceedings, conferences or meetings, he/she shall suffer no loss in regular pay or be charged for sick leave or vacation time. If the scheduled business commences or terminates after regular scheduled hours of work for the representative he/she will not be entitled to overtime.
- 3) Agents of the Union, who are not employees of the Commission, will be permitted to visit with employees during working hours at their work station for the purpose of discussing

Union representation matters, after first having notified the Commission or Superintendent and so long as there is no undue interference with the normal operation of Commission business.

- 4) The Commission shall give written notifications to the Union when an employee is being suspended, fined, demoted or removed from employment. The notification shall be submitted to the Union at the same time the preliminary notice is given to the affected employee and shall indicate the extent and reason for the punishment.
- 5) Notwithstanding any of the procedures or steps listed above, the Appointing Authority (Commission/Superintendent) does not renounce any of the rights granted under the provisions of Civil Service.

**ARTICLE XX
GENERAL PROVISIONS**

- 1) The Commission agrees to allow the Union to install and maintain a bulletin board in the Mosquito Commission garage area for the purpose of posting Union announcements and other information of non-controversial nature. The Union will be responsible for maintaining the bulletin board in an orderly or up to-date manner.
- 2) It is agreed that the representatives of the Commission and the Union will meet from time to time upon a reasonable request of either party to discuss matters which are not necessarily a grievance as such. Such meetings shall be initiated by written request of either party, which shall reflect the precise agenda of the meeting. A seven (7) day advance notice will be given by the Union and/or the Commission.
- 3) During the terms of this agreement, the Commission will allow the Trustee and/or the Shop Steward to attend authorized meetings of the Union during "duty hours" not to exceed three (3) hours per calendar month, when the Commission is so notified of the meeting in writing prior to said meeting.
- 4) There shall be an employee performance evaluation and such evaluations shall be made not less frequently than on a yearly basis. Employees shall have the right to appeal said evaluation to the Personnel Committee.
- 5) If an employee is on an approved leave during a pay day, his/her paycheck shall be made available to him/her on the preceding day, provided the checks are in the Commission office and the employee has requested the check on the leave form.
- 6) The Commission shall permit employee authorized payroll deductions for the Camden County Council #10 Political Action Committee.
- 7) The Commission will print at their cost thirty-five (35) copies of this contract, twenty-five (25) for the union and ten (10) in reserve, within sixty (60) days of the signing of the Agreement.

- 8) A "hyperlink" to the New Jersey Department of Personnel webpage listing open competitive and promotional announcements will be provided on the Camden County Today website.
- 9) Representatives of the Commission and Council #10 shall meet, at either party's request, to discuss issues associated with the sell back of compensatory time.

**ARTICLE XXI
MANAGEMENT RIGHTS**

- 1) The Mosquito Commission hereby retains and reserves unto itself without limitation, all powers, rights, authority, duties and responsibilities conferred upon and vested in it prior to the signing of this agreement 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:
 - a) The executive management and administrative control of the Commission and its properties and facilities and activities of its employees by utilizing personnel, methods and means of the most appropriate and efficient manner possible as may from time to time be determined by the Commission.
 - b) To make rules of procedure and conduct, to use improved methods and equipment, to determine work schedules and shifts, to decide the number of employees needed for any particular time and to be in sole charge of the quality and quantity of the work required.
 - c) The right of management to make, maintain and amend such reasonable rules and regulations as it may from time to time to deem best for the purposes of maintaining order, safety and/or the effective operation of the Department, after advance notice thereof to the employees to require compliance by the employees is recognized.
 - d) To hire all employees, and subject to the provisions of law, to determine, their qualifications and conditions of continued employment, or assignment, and to promote and transfer employees.
 - e) To suspend, demote, discharge or take any other appropriate disciplinary action against any employee for good and just cause, according to law
 - f) To lay off employees in the event of lack of work or funds or under conditions where continuation of such work would be inefficient and non-productive
 - g) The Commission reserves the right with regard to all other conditions of employment not reserved to make such changes as it deems desirable and necessary for the efficiency and effective operation of the department.
- 2) In the exercise of the foregoing powers, rights, authority, duties and responsibilities of the Commission, the adoption of policies, rules, regulations and practices and the furtherance thereof and the use of judgment and discretion in connection therewith, shall be limited

only to the specific and express terms of this agreement and then only to the extent such specific and express terms hereof are in conformance with the Constitution and laws of New Jersey and of the United States.

- 3) Nothing contained herein shall be construed to deny or restrict the Commission of its rights, responsibilities and authority under N.J.S.A. 26-9, or any other national, state, county or local laws or regulations.

**ARTICLE XXII
FULLY BARGAINED AGREEMENT**

- 1) This agreement represents and incorporates the complete and final understanding and settlement by the parties of all bargainable issues which were or could have been the subject of negotiations.
- 2) During the term of this agreement, neither party will be required to negotiate with respect to any such matter, whether or not covered by this agreement and whether or not within the knowledge or contemplation of either or both parties at the time they negotiated or signed this agreement.
- 3) This agreement is for five (5) years and is effective January 1, 2008 through December 31, 2012.

**ARTICLE XXIII
TERMINATION**

- 1) It shall be automatically renewed from year to year thereafter unless either party shall notify the other in writing one hundred-twenty (120) days prior to the anniversary date that it desires to modify this agreement. In the event that such notice is given, negotiations shall begin no later than ninety (90) days prior to the anniversary date. This agreement shall remain in force and be effective during the period of negotiations and until notice of termination of this agreement is provided to the other party in the manner set forth in the following paragraph.
- 2) In the event that either party desires to terminate this agreement, written notice must be given to the other party not less than thirty (30) days prior to the desired termination date which shall not be before the anniversary date set forth in the preceding paragraph.
- 3) Any changes, modifications or amendments of any part of this contract shall not cause a change, modification of amendment in any other part unless expressly so stated and this agreement shall continue in full force and effect. This writing contains the entire agreement between the parties and shall not be enlarged, diminished or modified in any way without the express written approval of both parties.

**ARTICLE XXIV
SEPARABILITY AND SAVINGS**

Each and every clause of this agreement shall be deemed separable from each and every other

clause of this agreement to the extent that in the event any clause or clauses shall be finally determined to be in violation of any law, then in such event, such clause, or clauses, only to the extent that any may be so in violation shall be deemed of no force and effect and unenforceable without impairing the validity and enforceability of the rest of the agreement, including any and all provisions on the remainder of any clause, sentence or paragraph in which offending language may appear.

**ARTICLE XXV
FRINGE BENEFITS**

- 1) Employees required to travel on authorized, necessary Commission business and who are required to use their personal vehicle shall be reimbursed at the currently applicable IRS rate plus out-of-pocket expenses.
- 2) Employee pension contributions and repayment of loans from the pension program will be deducted in equal payments from the first two (2) salary payments to an employee each month. This shall be subject to county payroll procedures.
- 3) The Commission will provide heavy duty work gloves, as worn out, to each non-clerical employee covered by this collective bargaining agreement.
- 4) The Commission agrees to confer with the Safety Commission established in Article XVII during the preparation of bid specifications in order to obtain heavy winter coats in the uniform contract. The Commission agrees to review its current uniform budget and utilize any and all savings to provide employees with additional uniform items.
- 5) Employees working in areas served by mass transit, including rail, bus, or other commercial transportation licensed for public conveyance shall be eligible to participate in the TransitChek program allowing purchase of public transportation vouchers with pre-tax dollars.

DURATION

This agreement shall be in force and effective as of January 1, 2008, and shall remain in effect to and including December 31, 2012, without any reopening date. This agreement shall continue in full force and effect from year to year thereafter, until one party or the other gives notice, in writing, no sooner than one-hundred-fifty (150) days nor no later than one-hundred-twenty (120) days prior to the expiration of this agreement of a desire to change, modify or terminate this agreement.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals at the County of Camden, New Jersey on this 27th day of October, 2010.

CAMDEN COUNTY COUNCIL #10

CAMDEN COUNTY MOSQUITO EXTERMINATION
COMMISSION

Karl R. Moore 10/26/10

John R. [Signature]

Margaret [Signature]

Arthur Jamieson
10/27/10

[Signature]

SCHEDULE A					
TITLE	2003	2004	2005	2006	2007
Supervisor	\$43,237	\$44,966	\$46,540	\$48,169	\$49,855
Heavy Equip Operator Supervisor	\$42,312	\$44,005	\$45,545	\$47,139	\$48,789
Asst. Chief Inspector M.E.	\$42,312	\$44,005	\$45,545	\$47,139	\$48,789
Asst. Supervisor M.E.	\$41,264	\$42,915	\$44,417	\$45,971	\$47,580
Mosquito ID Specialist	\$41,264	\$42,915	\$44,417	\$45,971	\$47,580
Senior Inspector M.E.	\$40,918	\$42,554	\$44,044	\$45,585	\$47,181
Inspector M.E.	\$39,989	\$41,589	\$43,044	\$44,551	\$46,110
Insp./Heavy Equipment Operator	\$39,989	\$41,589	\$43,044	\$44,551	\$46,110
Heavy Equipment Operator	\$39,922	\$41,519	\$42,973	\$44,477	\$46,033
Equipment Operator	\$38,734	\$40,283	\$41,693	\$43,152	\$44,663
Mechanic	\$38,072	\$39,595	\$40,981	\$42,415	\$43,900
Mechanic's Helper	\$37,395	\$38,891	\$40,252	\$41,661	\$43,119
Laborer	\$33,747	\$35,097	\$36,325	\$37,597	\$38,912
Inspector Trainee M.E.	\$37,724	\$39,233	\$40,606	\$42,027	\$43,498
Administrative Clerk	\$38,050	\$39,572	\$40,958	\$42,391	\$43,875
Principal Clerk Stenographer	\$32,423	\$33,720	\$34,900	\$36,122	\$37,386
Senior Clerk Stenographer	\$29,638	\$30,823	\$31,902	\$33,019	\$34,174
Senior Clerk Typist	\$29,518	\$30,699	\$31,774	\$32,886	\$34,037
Clerk Stenographer	\$27,132	\$28,217	\$29,204	\$30,227	\$31,284
Clerk Typist	\$25,651	\$26,677	\$27,610	\$28,577	\$29,577

APPENDIX A

SCHEDULE OF BENEFITS

Subject to the exclusions, conditions and limitations of this Plan, a Covered Person is entitled to benefits for the Covered Services described in this *Schedule of Benefits* during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limits or Lifetime Maximum. The percentages for Coinsurance and Covered Services shown in this *Schedule of Benefits* are not always calculated on actual charges. For an explanation on how Coinsurance is calculated, see the Covered Expense definition in the *Defined Terms* section.

Covered Services may be provided "In-Network" by a Preferred Provider or "Out-of-Network" by a Non-Preferred Provider. However, the Covered Person will maximize the benefits available when Covered Services are provided In-Network by a Provider that belongs to the AmeriHealth PPO Network (a Preferred Provider) and has a contract with the Carrier to provide services and supplies to the Covered Person. The *Your AmeriHealth PPO Network Plan* section provides more detail regarding Preferred and Non-Preferred Providers and the AmeriHealth PPO Network.

Some Covered Services must be Precertified before the Covered Person receives the services. Precertification of services is a vital program feature that reviews Medical Appropriateness/Medical Necessity of certain procedures and/or admissions. In certain cases, Precertification helps determine whether a different treatment may be available that is equally effective yet less traumatic. Precertification also helps determine the most appropriate setting for certain services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the *Your AmeriHealth PPO Network Plan* and the *Managed Care* sections. Covered Services that require Precertification, and any Penalty for failure to obtain a Precertification, are specified on the *Schedule of Benefits*.

BENEFIT PERIOD	Calendar Year, except as otherwise specified in the following pages.
PROGRAM DEDUCTIBLE (Covered Person's Responsibility)	
Covered Person's Deductible	
In-Network Care	None.
Out-of-Network Care	\$100 per Covered Person per Benefit Period for Out-of-Network Covered Services.
This Deductible applies to all Out-of-Network Covered Services except as otherwise specified in the following pages.	

PROGRAM DEDUCTIBLE
(Continued)

Family Deductible

In-Network Care None.

Out-of-Network Care The family Deductible amount is equal to 2.5 times the individual Out-of-Network Deductible. In each Benefit Period, it will be applied to all family members covered under a Family Coverage. An Out-of-Network Deductible will not be applied to any covered individual family member once that covered individual has satisfied the individual Out-of-Network Deductible for that Benefit Period, or the family Deductible has been satisfied for all covered family members combined.

Deductible Carryover Expenses incurred for Covered Expenses in the last three (3) months of a Benefit Period which were applied to that Benefit Period's Deductible will be applied to the Deductible of the next Benefit Period.

Prior Carrier Credit If a Group changes carriers during a contract's Benefit Period, a Covered Person may be entitled to credit toward this Plan's Deductible. Credit will be applied toward the Deductible under this Plan for those expenses incurred and applied against the deductible provisions of the prior carrier's plan during the Benefit Period, and within ninety (90) days prior to the Effective Date of this Plan. Such expenses must: (a) meet this Plan's definition of Covered Expense; and (b) be subject to a similar Deductible provision under this Plan.

COINSURANCE
(Covered Person's Responsibility)

In-Network Care 10% for In-Network Covered Services.

Out-of-Network Care 30% for Out-of-Network Covered Services.

Coinsurance described above applies to all Out-of-Network Covered Services except as may otherwise be indicated by the coverage percentages set forth in the following pages.

OUT-OF-POCKET LIMIT

INDIVIDUAL OUT-OF-POCKET LIMIT

In-Network Care

When a Covered Person incurs \$1,500 of Coinsurance expense in one (1) Benefit Period for In-Network Covered Services, the Coinsurance percentage will be reduced to 0% for the balance of that Benefit Period.

Out-of-Network Care

When a Covered Person incurs \$10,000 of Coinsurance expense in one (1) Benefit Period for Out-of-Network Covered Services, the Coinsurance percentage will be reduced to 0% for the balance of that Benefit Period.

The individual out-of-pocket amount specified shall not include any expense incurred for Inpatient or Outpatient Mental Illness Care (other than for Serious Mental Illness), any Deductible, Penalty or Copayment amount.

FAMILY OUT-OF-POCKET LIMIT

In-Network Care

After two (2) times the In-Network Individual Out-of-Pocket Limit amount has been incurred for Covered Services by Covered Persons under the same Family Coverage in a Benefit Period, the Coinsurance percentage will be reduced to 0% for the balance of that Benefit Period. However, no family member will contribute more than the In-Network Individual Out-of-Pocket Limit amount.

Out-of-Network Care

After two (2) times the Out-of-Network Individual Out-of-Pocket Limit amount has been incurred for Covered Services by Covered Persons under the same Family Coverage in a Benefit Period, the Coinsurance percentage will be reduced to 0% for the balance of that Benefit Period. However, no family member will contribute more than the Out-of-Network Individual Out-of-Pocket Limit amount.

The family out-of-pocket amount specified shall not include any expense incurred for Inpatient or Outpatient Mental Illness Care (other than for Serious Mental Illness), any Deductible, Penalty or Copayment amount.

LIFETIME MAXIMUM

In-Network Care

Unlimited.

Out-of-Network Care

\$5,000,000 per lifetime per Covered Person for Out-of-Network Covered Services.

REINSTATEMENT

Amounts applied to a Covered Person's Lifetime Maximum are not restorable.

PRIMARY AND PREVENTIVE CARE	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
PRIMARY CARE PHYSICIAN	100%, after a Copayment of \$20 per visit.	70%
Office Hours	100%, after a Copayment of \$20 per visit.	70%
After Hours/Home Visits	100%, after a Copayment of \$20 per visit.	70%
PEDIATRIC PREVENTIVE CARE	100%, after a Copayment of \$20 per visit.	70%
PEDIATRIC IMMUNIZATIONS	100%	70% Deductible does not apply.
ADULT PREVENTIVE CARE	100%, after a Copayment of \$20 per visit.	70%
ROUTINE GYNECOLOGICAL EXAMINATION, PAP SMEAR	100%	100% Deductible does not apply.
MAMMOGRAMS	100%	100% Deductible does not apply.
COLORECTAL CANCER SCREENING	100%	70%
LEAD POISONING SCREENING AND TREATMENT	100%	70% Deductible does not apply.

PRIMARY AND PREVENTIVE CARE (Continued)	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
NEWBORN AND INFANT SCREENING FOR HEARING LOSS		
Charges Incurred as a Hospital Inpatient	100%	70% Deductible does not apply.
Charges Incurred as a Hospital Outpatient	100%	70% Deductible does not apply.
Charges Incurred for an office visit		
Primary Care Services	100%, after a Copayment of \$20 per visit.	70% Deductible does not apply.
Specialist Services	100%, after a Copayment of \$25 per visit.	70% Deductible does not apply.
OSTEOPOROSIS TESTING (BONE MINERAL DENSITY TESTING or BMDT)	100%	70%
TESTING FOR PROSTATE CANCER	100%	70%

INPATIENT BENEFITS	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
<p>HOSPITAL SERVICES</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Pre-certification required for all inpatient admissions other than an admission for Emergency Care or Maternity Care.</p> </div>	<p>100%, after a Copayment of \$200 per admission.</p> <p>Benefit Period Maximum: 365 In-Network Inpatient days.</p>	<p>70%, after a Copayment of \$200 per admission.</p> <p>Benefit Period Maximum: 365 Out-of-Network Inpatient days.</p> <p>This maximum is part of, not separate from, In-Network days maximum.</p> <p>Failure to request Pre-certification for Out-of-Network services may result in a reduction in benefits payable equal to the lesser of \$1,000 or 50%.</p>
<p>MEDICAL CARE</p>	<p>100%</p>	<p>70%</p>
<p>SKILLED NURSING CARE FACILITY</p> <p>Up to 90 days per admission.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Pre-certification required for all Skilled Nursing Care Facility Inpatient admissions.</p> </div>	<p>100%</p>	<p>100%</p> <p>Failure to request Pre-certification for Out-of-Network services may result in a reduction in benefits payable equal to the lesser of \$1,000 or 50%.</p>

INPATIENT/OUTPATIENT BENEFITS.	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
BLOOD	100%	70%
HOSPICE SERVICES <div data-bbox="358 604 662 682" style="border: 1px solid black; padding: 2px;">Respite Care: Maximum of seven (7) days every six (6) months.</div> <div data-bbox="358 709 662 766" style="border: 1px solid black; padding: 2px;">Precertification required for all Inpatient Hospice Services.</div>	100%	70% Failure to request Precertification for Out-of-Network services may result in a reduction in benefits payable equal to the lesser of \$1,000 or 50%.
MATERNITY/OB-GYN/FAMILY SERVICES Maternity/Obstetrical Care Professional Service Facility Service Elective Abortions Professional Service Outpatient Facility Charges Newborn Care Infertility	100% 100%, after a Copayment of \$200 per admission. 100% 100% 100% Covered on the same basis as any other medical condition. No special restrictions apply.	70% 70% 70% 100% 70% Covered on the same basis as any other medical condition. No special restrictions apply.
<p>There is a limit of four (4) insured egg retrievals per lifetime of the Covered Person (Egg Retrieval Lifetime Limit)*. All egg retrievals for which benefits were paid or payable, on or after November 29, 2001, under any form of health benefit plan count toward the Egg Retrieval Lifetime Limit.</p> <p>* Benefits provided for in-vitro fertilization (IVF), gamete Intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT) services are limited to a Covered Person who: (1) has used all reasonable less expensive medically appropriate treatments and still be unable to become pregnant or carry a pregnancy to live birth; (2) has not reached the Egg Retrieval Lifetime Limit shown above; and (3) is age forty-five (45) or younger. The Covered Person and their attending Physician must also provide signed certification forms as required by the Carrier.</p>		

INPATIENT/OUTPATIENT BENEFITS (Continued)	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
<p>MENTAL ILLNESS CARE (other than for Serious Mental Illness)</p> <p>Inpatient Treatment</p> <p>Pre-certification required for all inpatient admissions.</p> <p>Benefit Period Maximum: Ninety (90) In/Out-Network Inpatient days.</p>	<p>100%</p>	<p>50%</p> <p>Failure to request Pre-certification for Out-of-Network services may result in a reduction in benefits payable equal to the lesser of \$1,000 or 50%.</p>
<p>Mental Illness Care (other than for Serious Mental Illness) inpatient days limits are part of, not separate from, the Inpatient Hospital Services days limit.</p>		
<p>Outpatient Treatment</p> <p>Pre-certification required for all In-Network Outpatient visits.</p> <p>Benefit Period Maximum: Sixty (60) In/Out-Network Inpatient days.</p>	<p>80%</p>	<p>70%</p>
<p>Ninety (90) Mental Illness Care (other than for Serious Mental Illness) Inpatient days may be exchanged for additional Partial Hospitalization services or Mental Illness Care (other than for Serious Mental Illness) Outpatient visits. Each Inpatient day may be exchanged for four (4) Outpatient visits or two (2) Partial Hospitalization visits.</p>		

INPATIENT/OUTPATIENT BENEFITS (Continued)	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
SERIOUS MENTAL ILLNESS CARE	100%	70%, after a Copayment of \$200 per admission.
Inpatient Treatment for Serious Mental Illness	Benefit Period Maximum: 365 In-Network Inpatient days.	Benefit Period Maximum: 365 Out-of-Network Inpatient days.
Precertification required for all inpatient admissions.		This maximum is part of, not separate from, In-Network days maximum.
		Failure to request Precertification for Out-of-Network services may result in a reduction in benefits payable equal to the lesser of \$1,000 or 50%.
Outpatient Treatment for Serious Mental Illness	100%, after a Copayment of \$25 per visit.	70%
SURGICAL SERVICES		Failure to request Precertification for Out-of-Network services may result in a 20% reduction in benefits payable for certain Surgical Services.
Precertification required for certain Surgical procedures.		
Outpatient Facility Charges	100%	100%
Outpatient Professional Charge	100%	70%
Outpatient Anesthesia	100%	70%
Second Surgical Opinion	100%	70%
If more than one (1) surgical procedure is performed by the same Professional Provider during the same operative session, the Carrier will pay 100% of the Covered Service for the primary procedure and 50% of the Covered Services for each additional procedure.		

INPATIENT/OUTPATIENT BENEFITS (Continued)	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
<p>TRANSPLANTS</p> <p>Inpatient Facility Charges</p> <p>Pre-certification required for all Inpatient admissions.</p> <p>Outpatient Facility Charges</p> <p>Pre-certification required for Outpatient Transplants (except cornea).</p>	<p>100%</p> <p>100%</p>	<p>70%</p> <p>Failure to request Pre-certification for Out-of-Network services may result in a reduction in benefits payable equal to the lesser of \$1,000 or 50%.</p> <p>100%</p> <p>Failure to request Pre-certification for Out-of-Network services may result in a 20% reduction in benefits payable.</p>
<p>If more than one (1) surgical procedure is performed by the same Professional Provider during the same operative session, the Carrier will pay 100% of the Covered Service for the primary procedure and 50% of the Covered Services for each additional procedure.</p>		
<p>TREATMENT FOR ALCOHOL ABUSE</p> <p>Inpatient Treatment</p> <p>Pre-certification required for all Inpatient admissions.</p>	<p>100%</p> <p>Benefit Period Maximum: 365 In-Network Inpatient days.</p>	<p>70%, after a Copayment of \$200 per admission.</p> <p>Benefit Period Maximum: 365 Out-of-Network Inpatient days.</p> <p>This maximum is part of, not separate from, In-Network days maximum.</p> <p>Failure to request Pre-certification for Out-of-Network services may result in a reduction in benefits payable equal to the lesser of \$1,000 or 60%.</p>
<p>Outpatient Treatment</p>	<p>100%, after a Copayment of \$25 per visit.</p>	<p>70%.</p>

INPATIENT/OUTPATIENT BENEFITS (Continued)	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
<p>TREATMENT OF DRUG ABUSE AND DEPENDENCY</p> <p>Detoxification</p> <p>Pre-certification required for all inpatient admissions.</p> <p>Maximum of seven (7) days per Benefit Period and Lifetime Maximum of four (4) confinements.</p> <p>Hospital and Non-Hospital Residential Treatment</p> <p>Pre-certification required for all inpatient admissions.</p> <p>Maximum of fifty (50) days of confinement per Benefit Period (Additional days may be available if allowed under Outpatient Drug Services); and Lifetime Maximum of ninety (90) days.</p> <p>These inpatient days limits are part of, not separate from, the inpatient Hospital days limits.</p>	<p>100%</p> <p>100%, after a Copayment of \$200 per admission.</p>	<p>50%</p> <p>Failure to request Pre-certification for Out-of-Network services may result in a reduction in benefits payable equal to the lesser of \$1,000 or 50%.</p> <p>50%</p> <p>Failure to request Pre-certification for Out-of-Network services may result in a reduction in benefits payable equal to the lesser of \$1,000 or 50%.</p>
<p>Outpatient Services</p> <p>Maximum of thirty (30) full session or equivalent Partial Hospitalization visits per Benefit Period.</p> <p>Thirty (30) additional full session or equivalent Partial Hospitalization visits are available and may be exchanged on a two-to-one basis to obtain up to fifteen (15) additional days of Hospital or Non-Hospital Residential Care.</p> <p>Lifetime Maximum: 120 visits.</p>	<p>90%</p>	<p>70%</p>

INPATIENT/OUTPATIENT BENEFITS (Continued)	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
TREATMENT OF WILM'S TUMOR	Treatment of Wilm's Tumor is covered on the same basis as any other medical condition. No special restrictions apply.	Treatment of Wilm's Tumor is covered on the same basis as any other medical condition. No special restrictions apply.

OUTPATIENT BENEFITS	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
ALLERGY INJECTIONS* * The Primary Care or Specialist office visit Copayment amount will apply.	100%	70%
AMBULANCE SERVICES Emergency Non-Emergency <div style="border: 1px solid black; padding: 2px; width: fit-content;">Precertification is required for Non-Emergency Ambulance services.</div>	90% 90%	90% 70% Failure to request Precertification for Out-of-Network Non-Emergency Ambulance services may result in a 20% reduction in benefits payable.
DAY REHABILITATION PROGRAM <div style="border: 1px solid black; padding: 2px; width: fit-content;">Benefit Period Maximum: Thirty (30) In-Network/Out-of-Network sessions.</div>	100%	70% Failure to request Precertification for Out-of-Network services may result in a 20% reduction in benefits payable.
DIABETIC SUPPLIES AND EDUCATION Drugs and Supplies purchased from a pharmacy Supplies purchased from a Durable Medical Equipment Supplier Other Covered Expense, including Education	100% 100% 100%	70% 70% 70%

OUTPATIENT BENEFITS <i>(Continued)</i>	If the Covered Person uses an <u>In-Network Provider,</u> the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider,</u> the Plan will pay:
DIAGNOSTIC SERVICES Routine Diagnostic/Radiology Services Non-Routine Diagnostic/Radiology Services (including MRI/MRA, CT scans, PET scans) <div style="border: 1px solid black; padding: 2px; width: fit-content;"> Precertification of certain Non-Routine Diagnostic/Radiology Services is required. </div> Laboratory and Pathology Tests	100% 100% 100%	70% 70% Failure to request Precertification for certain Out-of-Network Non-Routine Diagnostic/Radiology services may result in a 20% reduction in benefits payable. 70%
DURABLE MEDICAL EQUIPMENT <div style="border: 1px solid black; padding: 2px; width: fit-content;"> Precertification is required for purchases with a billed amount that exceeds \$500 and all rentals (includes replacements and repairs). </div>	90%	70% Failure to request Precertification for Out-of-Network services may result in a 20% reduction in benefits payable.
EMERGENCY CARE SERVICES	100%	100% Deductible does not apply.
HOME HEALTH CARE CHARGES IN LIEU OF HOSPITALIZATION <div style="border: 1px solid black; padding: 2px; width: fit-content;"> Precertification is required for Home Health Care services. </div>	100%	70% Failure to request Precertification for Out-of-Network services may result in a 20% reduction in benefits payable.

OUTPATIENT BENEFITS <i>(Continued)</i>	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
INHERITED METABOLIC DISEASES, MEDICAL FOODS AND LOW PROTEIN MODIFIED FOOD PRODUCTS Equipment purchased from a Durable Medical Equipment Supplier Other Covered Expenses	100% 100%	70% 70%
NON-SURGICAL DENTAL SERVICES <div style="border: 1px solid black; padding: 2px;"> Precertification is required for Non-Surgical Dental Services. </div>	100%	70% Failure to request Precertification for Out-of- Network services may result in a 20% reduction in benefits payable.
PRIVATE DUTY NURSING SERVICES <div style="border: 1px solid black; padding: 2px;"> Precertification is required for Private Duty Nursing services. </div>	100%	70% Failure to request Precertification for Out-of- Network services may result in a 20% reduction in benefits payable.
PROSTHETIC DEVICES <div style="border: 1px solid black; padding: 2px;"> Precertification is required for supplies with a billed amount that exceeds \$500 (includes replacements and repairs). </div>	90%	70% Failure to request Precertification for Out-of- Network supplies may result in a 20% reduction in benefits payable.
RESTORATIVE SERVICES <div style="border: 1px solid black; padding: 2px;"> Benefits are limited to eight (8) In-Network/Out-of-Network visits per lifetime for orthoptic/pleoptic therapy. </div>	90%	70%
SPECIALIST OFFICE VISITS	100%, after a Copayment of \$25 per visit.	70%

OUTPATIENT BENEFITS (Continued)	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
THERAPEUTIC INJECTIONS* * The Primary Care or Specialist office visit Copayment amount will apply.	100%	70%
THERAPY SERVICES Cardiac Rehabilitation Therapy <div style="border: 1px solid black; padding: 2px;"> Precertification is required for Cardiac Rehabilitation Therapy. </div> Chemotherapy Dialysis Infusion Therapy <div style="border: 1px solid black; padding: 2px;"> Precertification is required for Infusion Therapy. </div> Pulmonary Rehabilitation Therapy <div style="border: 1px solid black; padding: 2px;"> Precertification is required for Pulmonary Rehabilitation Therapy. </div>	90% 100% 80% 90%	70% Failure to request Precertification for Out-of-Network services may result in a 20% reduction in benefits payable for Cardiac Rehabilitation Therapy. 70% Failure to request Precertification for Out-of-Network services may result in a 20% reduction in benefits payable for Infusion Therapy. 70% Failure to request Precertification for Out-of-Network services may result in a 20% reduction in benefits payable for Pulmonary Rehabilitation Therapy.

OUTPATIENT BENEFITS (Continued)	If the Covered Person uses an <u>In-Network Provider</u> , the Plan will pay:	If the Covered Person uses an <u>Out-of-Network Provider</u> , the Plan will pay:
THERAPY SERVICES (Continued) Physical Therapy/Speech Therapy/Occupational Therapy Radiation Therapy Respiratory Therapy <div style="border: 1px solid black; padding: 2px; width: fit-content;"> Precertification is required for Respiratory Therapy. </div>	90% 100% 90%	70% Failure to request Precertification for Out-of- Network services may result in a 20% reduction in benefits payable for Speech Therapy. 70% 70% Failure to request Precertification for Out-of- Network services may result in a 20% reduction in benefits payable for Respiratory Therapy.

LIMITING AGE FOR DEPENDENTS	Children under age nineteen (19). Full-time Students under age twenty-three (23). Dependent Coverage will terminate at the end of the month in which the child attains the Limiting Age for Dependents.
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APPENDIX B

AmeriHealth POS

Summary of Benefits



County of Camden

AmeriHealth Point-of-Service lets you maintain Freedom of Choice by allowing you to select your own doctors and hospitals. You maximize your coverage by having care provided or referred by your Primary Care Physician. Of course, with AmeriHealth Point-of-Service, you have the freedom to self-refer your care to an AmeriHealth participating specialist or to specialists who do not participate in our network; however, higher out-of-pocket costs apply.

This program may not cover all your health care services. Services may not be covered because they are:

- Not covered under your benefit contract
- Not medically necessary
- Limited by a benefit maximum (i.e. visit limit)

Your benefit description material identifies details about your benefit program. It also includes information about exclusions and benefit limitations. After reviewing this information, please contact our Member Service department if you have additional questions.

Benefit	Network	Non-Network
DEDUCTIBLE		
Individual	Not Applicable	\$3,000
Family	Not Applicable	\$6,000
Coinsurance	Not Applicable	50%
Out-of-Pocket Limit		
Individual	\$1,000	\$15,000
Family	\$2,000	\$30,000
LIFETIME MAXIMUM	Unlimited	\$5 Million
DOCTOR'S OFFICE VISITS		
Primary Care Services	\$20 Copayment/visit	50%, after deductible
Specialist Services	\$25 Copayment/visit	50%, after deductible
PEDIATRIC IMMUNIZATIONS	100%**	50%, NO deductible
ROUTINE EYE EXAM	\$25 Copayment/visit; one exam every two years	Not Covered
ROUTINE GYNECOLOGICAL EXAM/PAP	\$25 Copayment/visit	50%, NO deductible
MAMMOGRAM	100%	50%, NO deductible

* Non-network providers may bill you the difference between the plan allowance, which is the amount paid by the plan, and the providers actual charge.

** Office visits subject to copayment.



Services That Require Preapproval/Precertification

<p>INPATIENT SERVICES</p> <p>Surgical and non-surgical inpatient admissions</p> <p>Acute Rehabilitation</p> <p>Skilled Nursing Facility</p> <p>Inpatient Hospice</p> <p>Maternity Admission (for notification only)</p> <p>OUTPATIENT FACILITY/OFFICE SERVICES (other than inpatient)</p> <p>PET Scans, MRI, MRA, CT, and Nuclear Cardiology</p> <p>Hysterectomy</p> <p>Cataract Surgery</p> <p>Nasal Surgery for Submucous Resection and Septoplasty</p> <p>Transplants (except cornea)</p> <p>Comprehensive Outpatient Pain Management Programs (including epidural injections)</p> <p>Obesity Surgery</p> <p>Sleep Studies</p> <p>Uvulopalatopharyngoplasty (including laser-assisted)</p> <p>ALL HOME CARE SERVICES (including infusion therapy in the home)</p> <p>INFUSION THERAPY DRUGS administered in an Outpatient Facility or in a Professional Provider's Office (see list included in your open enrollment packet)</p> <p>BIRTHING CENTER (for notification only)</p> <p>ELECTIVE (non-emergency) AMBULANCE TRANSPORT</p> <p>OUTPATIENT PRIVATE DUTY NURSING</p> <p>PROSTHETICS AND ORTHOTICS - PURCHASE ITEMS OVER \$500, INCLUDING REPAIRS AND REPLACEMENTS (except custom supplies)</p> <p>DURABLE MEDICAL EQUIPMENT - PURCHASE ITEMS OVER \$500, INCLUDING REPAIRS AND REPLACEMENTS, AND ALL RENTALS (except oxygen, diabetic supplies, and unit dose medication for nebulizer)</p>	<p>RECONSTRUCTIVE PROCEDURES & POTENTIALLY COSMETIC PROCEDURES</p> <p>Abdominoplasty</p> <p>Augmentation Mammoplasty</p> <p>Blepharoplasty</p> <p>Chemical Peels</p> <p>Dermabrasion</p> <p>Excision of Redundant Skin</p> <p>Keioid Removal</p> <p>Lipectomy/Liposuction</p> <p>Orthognathic Surgery Procedures</p> <p>Mastopexy</p> <p>Otoplasty</p> <p>Panniculectomy</p> <p>Reduction Mammoplasty</p> <p>Removal or Reinsertion of Breast Implants</p> <p>Rhinoplasty</p> <p>Surgery for Varicose Veins</p> <p>Scar Revision</p> <p>Subcutaneous Mastectomy for Gynecomastia</p> <p>MENTAL HEALTH / SERIOUS MENTAL ILLNESS / SUBSTANCE ABUSE / ALCOHOL ABUSE</p> <p>Network Outpatient Mental Health Treatment/ Substance Abuse Treatment (Not Alcohol Abuse)</p> <p>Inpatient Serious Mental Illness Treatment/ Inpatient Alcohol Abuse Treatment</p> <p>Inpatient Mental Health Treatment / Inpatient Substance Abuse Treatment</p>
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Preapproval/precertification is not a determination of eligibility or a guarantee of payment. Coverage and payment are contingent upon, among other things, the patient being eligible, i.e., actively enrolled in the health benefits plan when the preapproval/precertification is issued and when approved services occur. Coverage and payment are also subject to limitations, exclusions, and other specific terms of the health benefits plan that apply to the coverage request. Preapproval/precertification list subject to change annually.

In addition to the preapproval/precertification requirements listed above, you should contact AmeriHealth for certain categories of treatment so you will know prior to receiving treatment whether it is a covered service. This applies to network providers and members who elect to receive treatment provided by non-network providers. The categories of treatment (in any setting) include:

- Any surgical procedure that may be considered potentially cosmetic; and
- Any procedure, treatment, drug or device that represents "new or emerging technology;" and
- Services that might be considered experimental/investigative.

PENALTIES:

PDS Network: It is the network provider's responsibility to obtain preapproval for services listed. Members are held harmless from financial penalties if the network provider does not obtain preapproval.

PDS Non-Network: It is the member's responsibility to initiate precertification for the services listed. The member will be subject to a 20% reduction in benefits if precertification is not obtained for the inpatient/outpatient treatment services listed above.

APPENDIX C

TRADITIONAL PLAN

The County agrees to maintain substantially similar benefits to those in existence on January 1, 2009. In addition the following apply to the Traditional Plan:

- a) The yearly deductible applicable to those employees enrolled in the County's Traditional health insurance plan shall be \$200 for single coverage/\$300 for family coverage.
- b) Employees are encouraged to utilize the services of "Preferred Providers". The County will be responsible for designating such "Preferred Providers". This program is strictly voluntary and shall not reduce the level of benefits currently provided pursuant to the County's self-insured health benefit program.
 - i) Employees will be advised by the County of the designated "Preferred Providers" and may sign up on a voluntary basis at any time during the calendar year for one (1) full year.
 - ii) Certain other "Preferred Providers" as designated by the County may be made available to enrolled and non-enrolled employees on a voluntary case-by-case basis.
 - iii) Notwithstanding the provisions of (a) above, employees may opt out of a "Preferred Provider" program during the period of open enrollment in order to enroll in an HMO program.
- c)
 - i) In the event any participant covered by the County's self-insured health benefits program contemplates any of the elective (non-emergency) surgical procedures set forth below, a second opinion by another qualified doctor is mandatory and must be submitted. If no second opinion is submitted, the County will only pay for fifty percent (50%) of the total cost of said surgery and all related treatment and services. Participants contemplating elective surgery which requires a second opinion must contact the administrator of the County's Self-Insured Benefits Program to arrange for said second opinion, which shall be provided at no additional cost to the participant.

ELECTIVE PROCEDURES REQUIRING SECOND OPINION

1. Bunionectomy
 2. Cataract Removal
 3. D & C (Dilation and Curettage)
 4. Hemorrhoidectomy
 5. Herniorrhaphy
 6. Hysterectomy
 7. Knee Surgery
 8. Spinal and Vertebral Surgery
 9. Ligation and Stripping of Varicose Veins
 10. Mastectomy or other Breast Surgery
 11. Prostatectomy
 12. Submucous Resection
 13. Tonsillectomy and/or Adenoidectomy
- ii) All hospitalizations of a non-emergency nature must be pre-certified to verify the necessity of, and authorize the length of, an overnight hospital stay before a participant enters the hospital. Participants or their attending physicians must contact the Pre-certification Administrator to arrange for this pre-certification. Denial decisions by the Certification Administrator may be appealed to the County Director of Insurance who shall be bound by the employee's doctor, which doctor will have the final say as to the necessity and length of hospital stay for the selected procedure. If any employee does not follow this procedure, the County's self-insured plan will only pay fifty percent (50%) of the costs associated with the selected procedure.
- d) All of the elective (non-emergency) minor surgical procedures set forth below will be considered as covered benefits under the County's self-insured health benefits program only when performed on an out-patient basis unless the participant's doctor certifies in advance to the program's administrator, and in writing that special medical circumstances require that the procedure be performed in a hospital.

PROCEDURES WHICH MUST BE PERFORMED ON AN OUTPATIENT BASIS

1. Tonsillectomy and/or Adenoidectomy
2. Simple hernia repair

3. Excision of skin lesions and cysts
4. Minor gynecological procedures
5. Cataract Removal
6. Dilation and Curettage
7. Tubal Ligation
8. Knee Surgery
9. Bunionectomy
10. Submucous Resection
11. Biopsies
12. Correction of Hammer Toe
13. Removal of Foreign Body
14. Vasectomies
15. Bronchoscopy
16. Laryngoscopy
17. Minor Fractures

- e) Where a participant is required by his/her doctor to undergo diagnostic tests prior to surgery being performed, to be considered a covered benefit under the County's self-insured health benefits program, such pre-admission testing must be performed on an out-patient basis unless the participant's doctor certifies in advance to the program's administrator, and in writing, that special medical circumstances require that the procedure be performed in a hospital.
- f) There will be no benefits paid under the County's self-insured health benefits program for any treatment provided in a hospital emergency room except where the treating doctor certifies in writing that such treatment was necessitated by an accident or life saving emergency.
- g) Participants in the County's self-insured health benefit program are encouraged to carefully review all bills they receive for covered benefits under the program. If a participant discovers an error in a bill submitted to the Administrator for payment under the program, which results in an overcharge to the County, the participant shall either advise the Administrator in writing of the error in question or contact the provider directly and have the bill corrected. Upon the submission of acceptable written documentation, the participant shall be entitled to a refund of fifty percent (50%) of the amount saved as a result of the correction of the error, up to a maximum of \$100 per bill.
- h) When any payment is made under the County's self-insured health benefits program, the County shall be subrogated to all the rights of recovery of the participants against any third party. Participants will be required to enter into subrogation agreements to this effect as appropriate.
- i) Effective January 1, 1993, Mental Health and Substance Abuse benefits under the County's self-insured health benefits program will be covered at a rate of 90/10 co-insurance for both in-patient and out-patient treatment, with each type of treatment covered equally.
- j) Effective January 1, 1993, benefits for chiropractic care under the County's self-insured health benefits program will be limited to a maximum of 12 visits per year unless a physician's order requires otherwise.
- k) Effective January 1, 1993, the County's self-insured health benefits program will change from a coordination of benefits program to a maintenance of benefits program. The new maintenance of benefits will apply when the self-insured plan is secondary for any dependent's medical claim or retirees claim. Maintenance of benefits means that the self-insured plan pays the balance of the claim up to the amount that the self-insured plan would normally cover - as if it were the primary plan.