

# MEMORANDUM OF AGREEMENT

between

STATE OF NEW JERSEY/ROWAN UNIVERSITY-

SCHOOL OF OSTEOPATHIC MEDICINE (SOM)

and

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO

This constitutes the memorandum of agreement made and entered into this 5th day of September 2019, by and between the State of New Jersey/Rowan University SOM and the Health Professionals and Allied Employees, AFT/AFL-CIO (the "Union").

It is understood and agreed that the collective negotiations agreement covering the employees represented by the Union that was in effect from July 1, 2018 through June 30, 2019 is hereby renewed for the term of July 1, 2019 through June 30, 2023 except as modified by the following tentative agreements reached between the parties enumerated below and attached hereto:

1. Article 8.02: Procedure (Section F – New Jersey SAFE Act)
2. Article 9: Monetary Benefits: Health Benefits, Prescription Drug Program, Dental Care Program, Life Insurance, Pension, and Health Insurance in Retirement<sup>1</sup>
3. Article 20: Wages
4. Article 23: Effective Date and Duration

Any language in the parties' July 1, 2018 through June 30, 2019 collective negotiations agreement not expressly changed by the attached agreements will remain unchanged in the parties' July 1, 2019 through June 30, 2023 collective negotiations agreement except to the extent that minor changes may need to be made because of changes to other provisions.

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<sup>1</sup> The Parties have agreed to the framework in the attached "Health Benefits and Prescription Drug" document that was provided for informational purposes only during negotiations. The Parties will work collaboratively on mutually agreeable language that will be included in the collective negotiations agreement to replace Articles 9.01 (State Health Benefits Program), 9.02 (Contributions Towards Health and Prescription Benefits), 9.06 (Health Insurance in Retirement), as applicable.

This memorandum of agreement is subject to ratification by the Union membership and approval by the Governor of the State of New Jersey.

All proposals not listed above submitted by either party during the course of these negotiations are deemed withdrawn.

TENTATIVE APPROVAL ON BEHALF OF:

Sheila Leni Lehorah Cruz Mary C. Kosciuk  
Dore Wein Kristen Hicks 9/11/19  
Health Professionals and Allied  
Employees, AFT/AFL-CIO Date

Yvonne Carter Sept 5, 2019  
State of New Jersey/Rowan University  
SOM Date

Rowan University School of Osteopathic Medicine and Health Professionals and  
Allied Employees, AFT/AFL-CIO Collective Negotiations  
Management Proposal 1  
August 20, 2019

ARTICLE 8: LEAVES OF ABSENCE

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8.02 Procedure:

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F. New Jersey SAFE Act


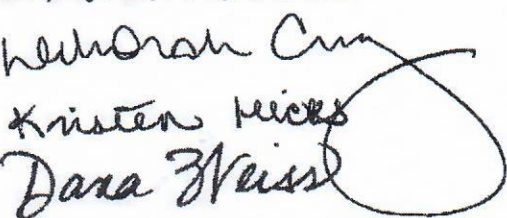
The University will comply with the New Jersey SAFE Act to the extent applicable.

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DATED: 8/20/19

DATED:

  
\_\_\_\_\_  
State of New Jersey/Rowan University School  
of Osteopathic Medicine

  
\_\_\_\_\_  
Health Professionals and Allied  
Employees, AFT, AFL-CIO  
  
Kristen Hicks  
Dana Weiss



# **Document for Informational Purposes Only**

## **HEALTH BENEFITS and PRESCRIPTION DRUG**

### **A. Plan Offerings/Plan Design**

1. Active employees shall have the option to enroll in the new PPO plan provided by the current state health benefit providers (currently Horizon (NJ Direct) or Aetna (Aetna Freedom), or one of the currently offered HMO plans, Tiered Network plans, and High Deductible Health plans.
2. Consistent with the action and findings of the SHBP PDC, and subject to the PDC processes, effective July 1, 2019, new provisions will be added to the Tiered Network plans (currently Horizon OMNIA and Aetna Liberty):
  - (a) During open enrollment periods, the Division of Pensions and Benefits shall provide notice to all employees about the then-current web address for eligible service provider list. Notice will be sent to employees through their State provided email address.
  - (b) Employees will be notified, subject to the rules outlined in the plan administrator contracts, when a facility is reclassified from Tier 1 during a plan year. Employees notified of changed providers may, subject to rules outlined in the plan administrator contracts, be provided with an in-network extension.
  - (c) Employees diagnosed with a catastrophic illness during a plan year, for which less than two Tier 1 facilities are available in a 50-mile radius of the employee's home, may, subject to rules outlined in the plan administrator contracts, apply to change plans mid-year. The Division of Pensions and Benefits will assess the employee's circumstances on a case-by-case basis and maintains the sole authority to grant or deny applications for mid-year plan changes.
3. Effective pay period 15, July 6, 2019, NJ Direct or Aetna Freedom shall be the only PPO plans offered to active members as described below.
  - (a) Open enrollment for the new PPO plans shall be scheduled, as soon as practicable, after ratification. For information purposes, the new PPO medical plan summary, pursuant to SHBP PDC 2019-5, is below and incorporated fully in Schedule 1:



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NJ Direct/Aetna Freedom PPOs	
Medical Cost Sharing	
Primary Care Copayment	\$15
Specialist Care Copayment	\$15
Emergency Room Copayment	\$150
In-Network Deductible	\$100 (If hired after 7/1/19, with certain exclusions below)
In-Network Coinsurance	10%
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,320 / \$12,640
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000
Out-of-Network Coinsurance	30%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$5,000
Out-of-Network Inpatient Hospital Deductible	\$500
Out of Network Reimbursement Rate	175% CMS Exceptions: Mental Health 195% CMS after reaching OON out of pocket max (through 6/30/2021) & Obstetrics 195% CMS until completion of treatment*

\*For those in treatment as of July 1, 2019.

Lab work will be added to the out-of-network routine care exclusion list, with the following exceptions:

- i. Genetics lab testing
- ii. First out of network lab expense will be forgiven.
- iii. All enrollees will receive advance notification of the change to lab services at least 60 days prior to July 1, 2019. Notice will also be sent to all physicians at least 60 days prior to July 1, 2019. Any enrollee who utilized out of network lab services in 2018 or 2019 will receive direct communication advising them this service will be out of network.
- iv. Direct Primary Care Medical Home lab services shall be covered in-network.

(b) Employees hired after July 1, 2019 who enroll in the NJ Direct 2019 or Aetna Freedom 2019 PPO plans will be subject to a \$100 in-network deductible for non-preventative care. Newly hired employees will have the same plan options as current employees. The in-network deductible shall have the following exclusions:

- i. Second wellness visit with DPCMH provider (follow-up visit is required under wellness program)
- ii. Preventative care
- iii. Obstetrics
- iv. Pediatrics
- v. Employees who pay the Emergency Room co-payment of \$150 will count towards the in-network deductible.



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(c) The Out of Network reimbursement rate will be 175% of CMS with the following exclusions:

- i. Obstetrical Care – For employees receiving obstetrical care as of 7/1/2019, the reimbursement rate will be 195% of CMS for the duration of their care which they were receiving as of July 1, 2019.
  - ii. Mental Health – For employees receiving mental health services, the reimbursement rate will be 175% of CMS up to the employee reaching the out of pocket maximum of \$2,000/\$5,000, and then reimbursement shall be at 195% of CMS for the remainder of that plan year. This exclusion will remain in effect through 6/30/2021.
4. **Employee Contributions for Health Insurance Effective July 1, 2019:** members participating in the NJ Direct, NJ Direct 2019, Aetna Freedom or Aetna Freedom 2019 PPO plans shall contribute a percentage of salary to the cost of benefits at rates set forth in Schedule 2A. Members participating in an HMO plan or a HDHP will contribute a percentage of premium at rates set forth in Schedule 2B. Members participating in a Tiered Network plan shall be 75% of the NJ Direct, NJ Direct 2019, Aetna Freedom or Aetna Freedom 2019 contribution rates, as set forth in Schedule 2C.
5. **Early Retirees:**
- Early retirees who accrue 25 years of consecutive or non-consecutive service credit on or after July 1, 2019 and retire on or after the effective date the new plan is available to active employees shall have the same plan options as active represented employees. Such retirees shall contribute towards the cost of health insurance based on the applicable contribution rates for the selected plan.
6. Employees completing the NJ Well Program will receive \$350 incentive for each eligible participant. Members and spouses are both eligible for participation in the wellness program.



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### **B. Healthcare for 2019 PPO Plans**

The NJ Direct, NJ Direct 2019, Aetna Freedom and Aetna Freedom 2019 PPO Plans objectives are to:

- a. Consistent with the action and findings of the SHBP PDC, encourage the use of in-network healthcare providers through deductibles and a reduction in out-of-network reimbursement rates.
- b. Eliminate higher cost PPOs, via the SHBP PDC process, so that employees desiring the advantage of a PPO can only select the NJ Direct, NJ Direct 2019, Aetna Freedom or Aetna Freedom 2019 PPO plans with their lower costs, providing a rational, consistent and advantageous cost split by which savings are allocated between the employee and the State.
- c. Link employee contributions to base salaries, resulting in increased contributions as salaries increase.
- d. Provide for cost sharing between the State and the workforce that remains fair, consistent and reflective of overall healthcare costs.

### 1. Future Premium Cost:

- a. The actual premium cost for the new PPO plans, inclusive of medical and prescription costs, will be tracked each plan year following the plan's initial offering in plan year 2019.
- b. In addition, the new PPO premium cost increases will be monitored and compared to the national, regional and state trending of healthcare costs.
- c. Calculations:
  - i. If the projected blended premium for the new PPO in a plan year exceeds the "Baseline Premium", the State shall lower the premium and/or reduce the rate of premium increases.
  - ii. The State shall calculate the "Adjusted Premium Increase" ("API"). The API shall be calculated by (a) subtracting the aggregate percent of across-the-board salary increases received by represented State employees covered by this contract, not compounded, from (b) the percent by which the 2019 PPO premium exceeds the Preliminary Baseline Premium.
  - iii. Commencing in Plan Year 2019, the preliminary baseline premium rates shall be the following blended premiums – Single coverage - \$9570; Parent/Child coverage - \$19,140; Employee/Spouse - \$17,800; and Family \$27,370 – plus 3% ("Preliminary Baseline Premium").



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### d. Plan Year 2021:

- i. If the projected blended premium for the new PPO plans in plan year 2021 exceeds the Preliminary Baseline Premium from plan year 2019, the State shall assess and address such premium increases.
- ii. The API for Plan Year 2021 shall be calculated by (a) subtracting the aggregate percent of across-the-board salary increases received by represented State employees covered by this contract, between July 1, 2019 and December 31, 2020, not compounded, from (b) the percent by which the new PPO premium exceeds the Preliminary Baseline Premium. For example, if the 2021 PPO premium is 8% more than the Preliminary Baseline Premium and if employees have received an aggregate of 6%, non-compounded, across-the-board salary increases since July 1, 2019, the API is 2%.
- iii. If the API is not at least a 0% increase over the Preliminary Baseline Premium by the September 1 preceding the start of the 2021 plan year, then an Escalator shall be applied to employee contribution rates. The Escalator to be applied to employee contribution rates shall be the percentage by which the API exceeds the Preliminary Baseline Premium. For example, if the API is 2%, then the Escalator is also 2%, which is applied to the employee's contribution rate. If an employee's contribution rate is 5% of base salary, then by applying the Escalator, the contribution rate will increase to 5.1% of base salary. Any increase in employee contributions will be effective the first pay period of the 2021 plan year.
- iv. If the 2021 premium is below the Preliminary Baseline Premium by 6% or more, the State shall assess options to share the savings in reduced costs or to improve the quality of the new PPO plans through design changes or other measures. If the State does not either reduce costs or improve the quality of the new PPO plans or reduce the employee contribution rates by September 1 preceding the start of the plan year then contribution rates shall be reduced by the application of a De-escalator. The De-escalator shall be the amount of the decrease in the new PPO 2020 premium below 6% of the Preliminary Baseline Premium. For example, if the 2021 premium is 6.5% below the Preliminary Baseline Premium, employee contribution rates shall be reduced by 0.5%. If an employee's contribution rate is 5% of base salary, then by applying the De-escalator the employee's new contribution rate shall be 4.975%. Any decrease in employee contributions will be effective the first pay period of the 2021 plan year.

### e. Plan Year 2022:



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- i. The Baseline Premium for 2022 plan year shall be the baseline premium is the PPO Plan's premium cost in plan year 2021 plus 1%.
- ii. If the projected blended premium for the PPO in plan year 2022 exceeds the new Baseline Premium, the State shall assess and address such premium increases.
- iii. The API shall be calculated by (a) subtracting the aggregate percent of across-the-board salary increases received by represented State employees covered by this contract, between July 1, 2021 and December 31, 2021, not compounded, from (b) the percent by which the PPO premium exceeds the 2022 Baseline Premium.
- iv. If the API is not at least a 0% increase over the Preliminary Baseline Premium by the September 1 preceding the start of the 2022 plan year, then an Escalator shall be applied to employee contribution rates. The Escalator to be applied to employee contribution rates shall be the percentage by which the API exceeds the Preliminary Baseline Premium. Any increase in employee contributions will be effective the first pay period of the 2022 plan year.

Each subsequent plan year's PPO Plan's premium cost will be compared with previous year's PPO Plan's premium cost which will become the new Baseline Premium. The same process and methodology shall be used to review, and if necessary adjust, employee contributions rates, every year thereafter.

RESOLUTION 2019-5: ESTABLISHING A NEW PPO PLAN

Appendix 1

New PPO <sup>1</sup> Horizon & Aetna	
Medical Cost Sharing	
Primary Care Copayment	\$15
Specialist Care Copayment	\$15
Emergency Room Copayment <sup>2</sup>	\$150
In-Network Deductible <sup>3</sup>	\$100 (New hires only after 7/1/19)
In-Network Coinsurance <sup>4</sup>	10%
In-Network Coinsurance Maximum (Individual/Family)	\$800/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,320 / \$12,640
Out-of-Network Deductible (Individual/Family)	\$400/\$1,000
Out-of-Network Coinsurance <sup>5</sup>	30%
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$6,000
Out-of-Network Inpatient Hospital Deductible	\$500
Out-of-Network Reimbursement Rate	175% CMS Exception <sup>6</sup> : Mental Health 195% CMS after reaching OON out of pocket max (through 12/31/2020)
Prescription Drug Copayments	
Retail: Generic	\$7
Retail: Brand	\$16
Retail: Multi-Source Brand	Member Pays the Difference <sup>7</sup>
Mail: Generic	\$18

May 20, 2019



RESOLUTION 2019-5: ESTABLISHING A NEW PPO PLAN

Mail: Brand	\$40
Mail: Multi-Source Brand	Member Pays the Difference <sup>7</sup>
Prescription Drug Out-of-Pocket Maximum (Individual/Family)	\$1,680/\$3,160
NJWell Incentive	\$350 for eligible subscriber & \$350 for eligible spouse/partner <sup>8</sup>

<sup>1</sup> All other provisions of the PPO plans remain the same unless modified here.

<sup>2</sup> Pediatric (0-19) ER & ER for those directed by primary care physician copayment is \$50.

<sup>3</sup> The in-network deductible will have the following exclusions: preventive care, second wellness visit, obstetric services, and pediatric services. ER visit copayment counts toward deductible.

<sup>4</sup> On select services including, but not limited to, durable medical equipment, ambulance transportation, oxygen therapy, etc.

<sup>5</sup> After deductible.

<sup>6</sup> Members receiving obstetric services as of July 1, 2019 will be reimbursed at the rate of 195% of CMS for duration of care.

<sup>7</sup> Member pays the applicable generic copayment listed above, plus the cost differential between the brand and the generic drug.

<sup>8</sup> Starting with the NJWELL plan year beginning 11/01/2019

May 20, 2019



**SCHEDULE 2A**  
**NEW PPO PLAN MEMBER CONTRIBUTION RATES**  
**EFFECTIVE 7/1/2019**

ANNUAL SALARY	Single		EE + Spouse		Family		Parent/Child	
	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib
\$20,000	2.00%	\$400	2.00%	\$400	2.00%	\$400	2.00%	\$400
\$21,000	2.00%	\$420	2.00%	\$420	2.00%	\$420	2.00%	\$420
\$22,000	2.00%	\$440	2.00%	\$440	2.00%	\$440	2.00%	\$440
\$23,000	2.00%	\$460	2.00%	\$460	2.00%	\$460	2.00%	\$460
\$24,000	2.00%	\$480	2.00%	\$480	2.00%	\$480	2.00%	\$480
\$25,000	2.00%	\$500	2.00%	\$500	2.00%	\$500	2.00%	\$500
\$26,000	2.00%	\$520	2.00%	\$520	2.25%	\$585	2.00%	\$520
\$27,000	2.00%	\$540	2.00%	\$540	2.25%	\$608	2.00%	\$540
\$28,000	2.00%	\$560	2.00%	\$560	2.25%	\$630	2.00%	\$560
\$29,000	2.00%	\$580	2.00%	\$580	2.25%	\$653	2.00%	\$580
\$30,000	2.25%	\$675	2.75%	\$825	2.50%	\$750	2.75%	\$825
\$31,000	2.25%	\$698	2.75%	\$853	2.50%	\$775	2.75%	\$853
\$32,000	2.25%	\$720	2.75%	\$880	2.50%	\$800	2.75%	\$880
\$33,000	2.25%	\$743	2.75%	\$908	2.50%	\$825	2.75%	\$908
\$34,000	2.25%	\$765	2.75%	\$935	2.50%	\$850	2.75%	\$935
\$35,000	2.25%	\$788	2.75%	\$963	3.00%	\$1,050	2.75%	\$963
\$36,000	2.25%	\$810	3.00%	\$1,080	3.00%	\$1,080	3.00%	\$1,080
\$37,000	2.25%	\$833	3.00%	\$1,110	3.00%	\$1,110	3.00%	\$1,110
\$38,000	2.25%	\$855	3.00%	\$1,140	3.00%	\$1,140	3.00%	\$1,140
\$39,000	2.25%	\$878	3.00%	\$1,170	3.00%	\$1,170	3.00%	\$1,170
\$40,000	2.25%	\$900	3.00%	\$1,200	3.00%	\$1,200	3.00%	\$1,200
\$41,000	2.25%	\$923	3.00%	\$1,230	3.00%	\$1,230	3.00%	\$1,230
\$42,000	2.25%	\$945	3.00%	\$1,260	3.00%	\$1,260	3.00%	\$1,260
\$43,000	2.25%	\$968	3.00%	\$1,290	3.00%	\$1,290	3.00%	\$1,290
\$44,000	2.25%	\$990	3.00%	\$1,320	3.00%	\$1,320	3.00%	\$1,320
\$45,000	2.40%	\$1,080	3.00%	\$1,350	3.50%	\$1,575	3.25%	\$1,463
\$46,000	2.40%	\$1,104	3.00%	\$1,380	3.50%	\$1,610	3.25%	\$1,495
\$47,000	2.40%	\$1,128	3.00%	\$1,410	3.50%	\$1,645	3.25%	\$1,528
\$48,000	2.40%	\$1,152	3.00%	\$1,440	3.50%	\$1,680	3.25%	\$1,560
\$49,000	2.40%	\$1,176	3.00%	\$1,470	3.50%	\$1,715	3.25%	\$1,593
\$50,000	3.00%	\$1,500	4.25%	\$2,125	4.50%	\$2,250	4.50%	\$2,250
\$51,000	3.00%	\$1,530	4.25%	\$2,168	4.50%	\$2,295	4.50%	\$2,295
\$52,000	3.00%	\$1,560	4.25%	\$2,210	4.50%	\$2,340	4.50%	\$2,340
\$53,000	3.00%	\$1,590	4.25%	\$2,253	4.50%	\$2,385	4.50%	\$2,385
\$54,000	3.00%	\$1,620	4.25%	\$2,295	4.50%	\$2,430	4.50%	\$2,430
\$55,000	3.40%	\$1,870	4.50%	\$2,475	5.00%	\$2,750	4.50%	\$2,475
\$56,000	3.40%	\$1,904	4.50%	\$2,520	5.00%	\$2,800	4.50%	\$2,520
\$57,000	3.40%	\$1,938	4.50%	\$2,565	5.00%	\$2,850	4.50%	\$2,565
\$58,000	3.40%	\$1,972	4.50%	\$2,610	5.00%	\$2,900	4.50%	\$2,610
\$59,000	3.40%	\$2,006	4.50%	\$2,655	5.00%	\$2,950	4.50%	\$2,655
\$60,000	3.75%	\$2,250	5.50%	\$3,300	6.00%	\$3,600	5.00%	\$3,000
\$61,000	3.75%	\$2,288	5.50%	\$3,355	6.00%	\$3,660	5.00%	\$3,050
\$62,000	3.75%	\$2,325	5.50%	\$3,410	6.00%	\$3,720	5.00%	\$3,100
\$63,000	3.75%	\$2,363	5.50%	\$3,465	6.00%	\$3,780	5.00%	\$3,150
\$64,000	3.75%	\$2,400	5.50%	\$3,520	6.00%	\$3,840	5.00%	\$3,200
\$65,000	3.75%	\$2,438	5.75%	\$3,738	6.50%	\$4,225	5.25%	\$3,413



**SCHEDULE 2A**  
**NEW PPO PLAN MEMBER CONTRIBUTION RATES**  
**EFFECTIVE 7/1/2019**

ANNUAL SALARY	Single		EE + Spouse		Family		Parent/Child	
	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib
\$66,000	3.75%	\$2,475	5.75%	\$3,795	6.50%	\$4,290	5.25%	\$3,465
\$67,000	3.75%	\$2,513	5.75%	\$3,853	6.50%	\$4,355	5.25%	\$3,518
\$68,000	3.75%	\$2,550	5.75%	\$3,910	6.50%	\$4,420	5.25%	\$3,570
\$69,000	3.75%	\$2,588	5.75%	\$3,968	6.50%	\$4,485	5.25%	\$3,623
\$70,000	4.00%	\$2,800	6.20%	\$4,340	7.25%	\$5,075	5.75%	\$4,025
\$71,000	4.00%	\$2,840	6.20%	\$4,402	7.25%	\$5,148	5.75%	\$4,083
\$72,000	4.00%	\$2,880	6.20%	\$4,464	7.25%	\$5,220	5.75%	\$4,140
\$73,000	4.00%	\$2,920	6.20%	\$4,526	7.25%	\$5,293	5.75%	\$4,198
\$74,000	4.00%	\$2,960	6.20%	\$4,588	7.25%	\$5,365	5.75%	\$4,255
\$75,000		\$2,977		\$4,678	7.25%	\$5,438		\$4,400
\$76,000		\$2,977		\$4,678	7.25%	\$5,510		\$4,400
\$77,000		\$2,977		\$4,678	7.25%	\$5,583		\$4,400
\$78,000		\$2,977		\$4,678	7.25%	\$5,655		\$4,400
\$79,000		\$2,977		\$4,678	7.25%	\$5,728		\$4,400
\$80,000		\$3,083		\$4,890	7.25%	\$5,800		\$4,550
\$81,000		\$3,083		\$4,890	7.25%	\$5,873		\$4,550
\$82,000		\$3,083		\$4,890	7.25%	\$5,945		\$4,550
\$83,000		\$3,083		\$4,890	7.25%	\$6,018		\$4,550
\$84,000		\$3,083		\$4,890	7.25%	\$6,090		\$4,550
\$85,000		\$3,083		\$5,316	7.50%	\$6,375		\$4,950
\$86,000		\$3,083		\$5,316	7.50%	\$6,450		\$4,950
\$87,000		\$3,083		\$5,316	7.50%	\$6,525		\$4,950
\$88,000		\$3,083		\$5,316	7.50%	\$6,600		\$4,950
\$89,000		\$3,083		\$5,316	7.50%	\$6,675		\$4,950
\$90,000		\$3,083		\$5,316	7.50%	\$6,750		\$4,950
\$91,000		\$3,083		\$5,316	7.50%	\$6,825		\$4,950
\$92,000		\$3,083		\$5,316	7.50%	\$6,900		\$4,950
\$93,000		\$3,083		\$5,316	7.50%	\$6,975		\$4,950
\$94,000		\$3,083		\$5,316	7.50%	\$7,050		\$4,950
\$95,000		\$3,190		\$5,316	7.50%	\$7,125		\$4,950
\$96,000		\$3,190		\$5,316	7.50%	\$7,200		\$4,950
\$97,000		\$3,190		\$5,316	7.50%	\$7,275		\$4,950
\$98,000		\$3,190		\$5,316	7.50%	\$7,350		\$4,950
\$99,000		\$3,190		\$5,316	7.50%	\$7,425		\$4,950
\$100,000		\$3,190		\$6,390		\$8,213		\$5,950
\$101,000		\$3,190		\$6,390		\$8,213		\$5,950
\$102,000		\$3,190		\$6,390		\$8,213		\$5,950
\$103,000		\$3,190		\$6,390		\$8,213		\$5,950
\$104,000		\$3,190		\$6,390		\$8,213		\$5,950
\$105,000		\$3,190		\$6,390		\$8,213		\$5,950
\$106,000		\$3,190		\$6,390		\$8,213		\$5,950
\$107,000		\$3,190		\$6,390		\$8,213		\$5,950
\$108,000		\$3,190		\$6,390		\$8,213		\$5,950
\$109,000		\$3,190		\$6,390		\$8,213		\$5,950
\$110,000		\$3,190		\$6,390		\$9,122		\$5,950
\$111,000		\$3,190		\$6,390		\$9,122		\$5,950



**SCHEDULE 2A**  
**NEW PPO PLAN MEMBER CONTRIBUTION RATES**  
**EFFECTIVE 7/1/2019**

ANNUAL SALARY	Single		EE + Spouse		Family		Parent/Child	
	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib
\$112,000		\$3,190		\$6,390		\$9,122		\$5,950
\$113,000		\$3,190		\$6,390		\$9,122		\$5,950
\$114,000		\$3,190		\$6,390		\$9,122		\$5,950
\$115,000		\$3,190		\$6,390		\$9,122		\$5,950
\$116,000		\$3,190		\$6,390		\$9,122		\$5,950
\$117,000		\$3,190		\$6,390		\$9,122		\$5,950
\$118,000		\$3,190		\$6,390		\$9,122		\$5,950
\$119,000		\$3,190		\$6,390		\$9,122		\$5,950
\$120,000		\$3,190		\$6,390		\$9,122		\$5,950
\$121,000		\$3,190		\$6,390		\$9,122		\$5,950
\$122,000		\$3,190		\$6,390		\$9,122		\$5,950
\$123,000		\$3,190		\$6,390		\$9,122		\$5,950
\$124,000		\$3,190		\$6,390		\$9,122		\$5,950
\$125,000		\$3,190		\$6,390		\$9,122		\$5,950
\$126,000		\$3,190		\$6,390		\$9,122		\$5,950
\$127,000		\$3,190		\$6,390		\$9,122		\$5,950
\$128,000		\$3,190		\$6,390		\$9,122		\$5,950
\$129,000		\$3,190		\$6,390		\$9,122		\$5,950
\$130,000		\$3,190		\$6,390		\$9,122		\$5,950
\$131,000		\$3,190		\$6,390		\$9,122		\$5,950
\$132,000		\$3,190		\$6,390		\$9,122		\$5,950
\$133,000		\$3,190		\$6,390		\$9,122		\$5,950
\$134,000		\$3,190		\$6,390		\$9,122		\$5,950
\$135,000		\$3,190		\$6,390		\$9,122		\$5,950
\$136,000		\$3,190		\$6,390		\$9,122		\$5,950
\$137,000		\$3,190		\$6,390		\$9,122		\$5,950
\$138,000		\$3,190		\$6,390		\$9,122		\$5,950
\$139,000		\$3,190		\$6,390		\$9,122		\$5,950
\$140,000		\$3,190		\$6,390		\$9,122		\$5,950
\$141,000		\$3,190		\$6,390		\$9,122		\$5,950
\$142,000		\$3,190		\$6,390		\$9,122		\$5,950
\$143,000		\$3,190		\$6,390		\$9,122		\$5,950
\$144,000		\$3,190		\$6,390		\$9,122		\$5,950
\$145,000		\$3,190		\$6,390		\$9,122		\$5,950
\$146,000		\$3,190		\$6,390		\$9,122		\$5,950
\$147,000		\$3,190		\$6,390		\$9,122		\$5,950
\$148,000		\$3,190		\$6,390		\$9,122		\$5,950
\$149,000		\$3,190		\$6,390		\$9,122		\$5,950
\$150,000		\$3,190		\$6,390		\$9,122		\$5,950



**SCHEDULE 2B**  
**HMO and HDHP - MEMBER CONTRIBUTION RATES**  
**EFFECTIVE 7/1/2019**

SINGLE				MEMBER/PARTNER			
Annual Base Salary		% of Premium		Annual Base Salary		% of Premium	
Under	- \$ 20,000	4.50%		Under	- \$ 25,000	3.50%	
\$ 20,000	- \$ 24,999	5.50%		\$ 25,000	- \$ 29,999	4.50%	
\$ 25,000	- \$ 29,999	7.50%		\$ 30,000	- \$ 34,999	6.00%	
\$ 30,000	- \$ 34,999	10.00%		\$ 35,000	- \$ 39,999	7.00%	
\$ 35,000	- \$ 39,999	11.00%		\$ 40,000	- \$ 44,999	8.00%	
\$ 40,000	- \$ 44,999	12.00%		\$ 45,000	- \$ 49,999	10.00%	
\$ 45,000	- \$ 49,999	14.00%		\$ 50,000	- \$ 54,999	15.00%	
\$ 50,000	- \$ 54,999	20.00%		\$ 55,000	- \$ 59,999	17.00%	
\$ 55,000	- \$ 59,999	23.00%		\$ 60,000	- \$ 64,999	21.00%	
\$ 60,000	- \$ 64,999	27.00%		\$ 65,000	- \$ 69,999	23.00%	
\$ 65,000	- \$ 69,999	29.00%		\$ 70,000	- \$ 74,999	26.00%	
\$ 70,000	- \$ 74,999	32.00%		\$ 75,000	- \$ 79,999	27.00%	
\$ 75,000	- \$ 79,999	33.00%		\$ 80,000	- \$ 84,999	28.00%	
\$ 80,000	- \$ 84,999	34.00%		\$ 85,000	- \$ 89,999	30.00%	
\$ 85,000	- \$ 89,999	34.00%		\$ 90,000	- \$ 94,999	30.00%	
\$ 90,000	- \$ 94,999	34.00%		\$ 95,000	- \$ 99,999	30.00%	
\$ 95,000	- Over	35.00%		\$ 100,000	- Over	35.00%	

PARENT/CHILD				FAMILY			
Annual Base Salary		% of Premium		Annual Base Salary		% of Premium	
Under	- \$ 25,000	3.50%		Under	- \$ 25,000	3.00%	
\$ 25,000	- \$ 29,999	4.50%		\$ 25,000	- \$ 29,999	4.00%	
\$ 30,000	- \$ 34,999	6.00%		\$ 30,000	- \$ 34,999	5.00%	
\$ 35,000	- \$ 39,999	7.00%		\$ 35,000	- \$ 39,999	6.00%	
\$ 40,000	- \$ 44,999	8.00%		\$ 40,000	- \$ 44,999	7.00%	
\$ 45,000	- \$ 49,999	10.00%		\$ 45,000	- \$ 49,999	9.00%	
\$ 50,000	- \$ 54,999	15.00%		\$ 50,000	- \$ 54,999	12.00%	
\$ 55,000	- \$ 59,999	17.00%		\$ 55,000	- \$ 59,999	14.00%	
\$ 60,000	- \$ 64,999	21.00%		\$ 60,000	- \$ 64,999	17.00%	
\$ 65,000	- \$ 69,999	23.00%		\$ 65,000	- \$ 69,999	19.00%	
\$ 70,000	- \$ 74,999	26.00%		\$ 70,000	- \$ 74,999	22.00%	
\$ 75,000	- \$ 79,999	27.00%		\$ 75,000	- \$ 79,999	23.00%	
\$ 80,000	- \$ 84,999	28.00%		\$ 80,000	- \$ 84,999	24.00%	
\$ 85,000	- \$ 89,999	30.00%		\$ 85,000	- \$ 89,999	26.00%	
\$ 90,000	- \$ 94,999	30.00%		\$ 90,000	- \$ 94,999	28.00%	
\$ 95,000	- \$ 99,999	30.00%		\$ 95,000	- \$ 99,999	29.00%	
\$ 100,000	- Over	35.00%		\$ 100,000	- \$ 104,999	32.00%	
				\$ 105,000	- \$ 109,999	32.00%	
				\$ 110,000	- Over	35.00%	

**SCHEDULE 2B**  
**HMO and HDHP - MEMBER CONTRIBUTION RATES**  
**EFFECTIVE 7/1/2019**

**Note: All percentages are percentage of premium, not salary.**



**SCHEDULE 2C**  
**TIERED NETWORK PLANS - MEMBER CONTRIBUTION RATES**  
**EFFECTIVE 7/1/2019**

ANNUAL SALARY	Single		EE + Spouse		Family		Parent/Child	
	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib
\$20,000	1.50%	\$300	1.50%	\$300	1.50%	\$300	1.50%	\$300
\$21,000	1.50%	\$315	1.50%	\$315	1.50%	\$315	1.50%	\$315
\$22,000	1.50%	\$330	1.50%	\$330	1.50%	\$330	1.50%	\$330
\$23,000	1.50%	\$345	1.50%	\$345	1.50%	\$345	1.50%	\$345
\$24,000	1.50%	\$360	1.50%	\$360	1.50%	\$360	1.50%	\$360
\$25,000	1.50%	\$375	1.50%	\$375	1.50%	\$375	1.50%	\$375
\$26,000	1.50%	\$390	1.50%	\$390	1.69%	\$439	1.50%	\$390
\$27,000	1.50%	\$405	1.50%	\$405	1.69%	\$456	1.50%	\$405
\$28,000	1.50%	\$420	1.50%	\$420	1.69%	\$473	1.50%	\$420
\$29,000	1.50%	\$435	1.50%	\$435	1.69%	\$489	1.50%	\$435
\$30,000	1.69%	\$506	2.06%	\$619	1.88%	\$563	2.06%	\$619
\$31,000	1.69%	\$523	2.06%	\$639	1.88%	\$581	2.06%	\$639
\$32,000	1.69%	\$540	2.06%	\$660	1.88%	\$600	2.06%	\$660
\$33,000	1.69%	\$557	2.06%	\$681	1.88%	\$619	2.06%	\$681
\$34,000	1.69%	\$574	2.06%	\$701	1.88%	\$638	2.06%	\$701
\$35,000	1.69%	\$591	2.06%	\$722	2.25%	\$788	2.06%	\$722
\$36,000	1.69%	\$608	2.25%	\$810	2.25%	\$810	2.25%	\$810
\$37,000	1.69%	\$624	2.25%	\$833	2.25%	\$833	2.25%	\$833
\$38,000	1.69%	\$641	2.25%	\$855	2.25%	\$855	2.25%	\$855
\$39,000	1.69%	\$658	2.25%	\$878	2.25%	\$878	2.25%	\$878
\$40,000	1.69%	\$675	2.25%	\$900	2.25%	\$900	2.25%	\$900
\$41,000	1.69%	\$692	2.25%	\$923	2.25%	\$923	2.25%	\$923
\$42,000	1.69%	\$709	2.25%	\$945	2.25%	\$945	2.25%	\$945
\$43,000	1.69%	\$726	2.25%	\$968	2.25%	\$968	2.25%	\$968
\$44,000	1.69%	\$743	2.25%	\$990	2.25%	\$990	2.25%	\$990
\$45,000	1.80%	\$810	2.25%	\$1,013	2.63%	\$1,181	2.44%	\$1,097
\$46,000	1.80%	\$828	2.25%	\$1,035	2.63%	\$1,208	2.44%	\$1,121
\$47,000	1.80%	\$846	2.25%	\$1,058	2.63%	\$1,234	2.44%	\$1,146
\$48,000	1.80%	\$864	2.25%	\$1,080	2.63%	\$1,260	2.44%	\$1,170
\$49,000	1.80%	\$882	2.25%	\$1,103	2.63%	\$1,286	2.44%	\$1,194
\$50,000	2.25%	\$1,125	3.19%	\$1,594	3.38%	\$1,688	3.38%	\$1,688
\$51,000	2.25%	\$1,148	3.19%	\$1,626	3.38%	\$1,721	3.38%	\$1,721
\$52,000	2.25%	\$1,170	3.19%	\$1,658	3.38%	\$1,755	3.38%	\$1,755
\$53,000	2.25%	\$1,193	3.19%	\$1,689	3.38%	\$1,789	3.38%	\$1,789
\$54,000	2.25%	\$1,215	3.19%	\$1,721	3.38%	\$1,823	3.38%	\$1,823
\$55,000	2.55%	\$1,403	3.38%	\$1,856	3.75%	\$2,063	3.38%	\$1,856
\$56,000	2.55%	\$1,428	3.38%	\$1,890	3.75%	\$2,100	3.38%	\$1,890
\$57,000	2.55%	\$1,454	3.38%	\$1,924	3.75%	\$2,138	3.38%	\$1,924
\$58,000	2.55%	\$1,479	3.38%	\$1,958	3.75%	\$2,175	3.38%	\$1,958
\$59,000	2.55%	\$1,505	3.38%	\$1,991	3.75%	\$2,213	3.38%	\$1,991
\$60,000	2.81%	\$1,688	4.13%	\$2,475	4.50%	\$2,700	3.75%	\$2,250
\$61,000	2.81%	\$1,716	4.13%	\$2,516	4.50%	\$2,745	3.75%	\$2,288
\$62,000	2.81%	\$1,744	4.13%	\$2,558	4.50%	\$2,790	3.75%	\$2,325
\$63,000	2.81%	\$1,772	4.13%	\$2,599	4.50%	\$2,835	3.75%	\$2,363
\$64,000	2.81%	\$1,800	4.13%	\$2,640	4.50%	\$2,880	3.75%	\$2,400
\$65,000	2.81%	\$1,828	4.31%	\$2,803	4.88%	\$3,169	3.94%	\$2,559



**SCHEDULE 2C**  
**TIERED NETWORK PLANS - MEMBER CONTRIBUTION RATES**  
**EFFECTIVE 7/1/2019**

ANNUAL SALARY	Single		EE + Spouse		Family		Parent/Child	
	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib
\$66,000	2.81%	\$1,856	4.31%	\$2,846	4.88%	\$3,218	3.94%	\$2,599
\$67,000	2.81%	\$1,884	4.31%	\$2,889	4.88%	\$3,266	3.94%	\$2,638
\$68,000	2.81%	\$1,913	4.31%	\$2,933	4.88%	\$3,315	3.94%	\$2,678
\$69,000	2.81%	\$1,941	4.31%	\$2,976	4.88%	\$3,364	3.94%	\$2,717
\$70,000	3.00%	\$2,100	4.65%	\$3,255	5.44%	\$3,806	4.31%	\$3,019
\$71,000	3.00%	\$2,130	4.65%	\$3,302	5.44%	\$3,861	4.31%	\$3,062
\$72,000	3.00%	\$2,160	4.65%	\$3,348	5.44%	\$3,915	4.31%	\$3,105
\$73,000	3.00%	\$2,190	4.65%	\$3,395	5.44%	\$3,969	4.31%	\$3,148
\$74,000	3.00%	\$2,220	4.65%	\$4,588	5.44%	\$4,024	4.31%	\$3,191
\$75,000		\$2,233		\$3,509	5.44%	\$4,078		\$3,300
\$76,000		\$2,233		\$3,509	5.44%	\$4,133		\$3,300
\$77,000		\$2,233		\$3,509	5.44%	\$4,187		\$3,300
\$78,000		\$2,233		\$3,509	5.44%	\$4,241		\$3,300
\$79,000		\$2,233		\$3,509	5.44%	\$4,296		\$3,300
\$80,000		\$2,312		\$3,668	5.44%	\$4,350		\$3,300
\$81,000		\$2,312		\$3,668	5.44%	\$4,404		\$3,413
\$82,000		\$2,312		\$3,668	5.44%	\$4,459		\$3,413
\$83,000		\$2,312		\$3,668	5.44%	\$4,513		\$3,413
\$84,000		\$2,312		\$3,668	5.44%	\$4,568		\$3,413
\$85,000		\$2,312		\$3,987	5.63%	\$4,781		\$3,413
\$86,000		\$2,312		\$3,987	5.63%	\$4,838		\$3,713
\$87,000		\$2,312		\$3,987	5.63%	\$4,894		\$3,713
\$88,000		\$2,312		\$3,987	5.63%	\$4,950		\$3,713
\$89,000		\$2,312		\$3,987	5.63%	\$5,006		\$3,713
\$90,000		\$2,312		\$3,987	5.63%	\$5,063		\$3,713
\$91,000		\$2,312		\$3,987	5.63%	\$5,119		\$3,713
\$92,000		\$2,312		\$3,987	5.63%	\$5,175		\$3,713
\$93,000		\$2,312		\$3,987	5.63%	\$5,231		\$3,713
\$94,000		\$2,312		\$3,987	5.63%	\$5,288		\$3,713
\$95,000		\$2,393		\$3,987	5.63%	\$5,344		\$3,713
\$96,000		\$2,393		\$3,987	5.63%	\$5,400		\$3,713
\$97,000		\$2,393		\$3,987	5.63%	\$5,456		\$3,713
\$98,000		\$2,393		\$3,987	5.63%	\$5,513		\$3,713
\$99,000		\$2,393		\$3,987	5.63%	\$5,569		\$3,713
\$100,000		\$2,393		\$4,793		\$6,160		\$4,463
\$101,000		\$2,393		\$4,793		\$6,160		\$4,463
\$102,000		\$2,393		\$4,793		\$6,160		\$4,463
\$103,000		\$2,393		\$4,793		\$6,160		\$4,463
\$104,000		\$2,393		\$4,793		\$6,160		\$4,463
\$105,000		\$2,393		\$4,793		\$6,160		\$4,463
\$106,000		\$2,393		\$4,793		\$6,160		\$4,463
\$107,000		\$2,393		\$4,793		\$6,160		\$4,463
\$108,000		\$2,393		\$4,793		\$6,160		\$4,463
\$109,000		\$2,393		\$4,793		\$6,160		\$4,463
\$110,000		\$2,393		\$4,793		\$6,160		\$4,463
\$111,000		\$2,393		\$4,793		\$6,842		\$4,463



**SCHEDULE 2C**  
**TIERED NETWORK PLANS - MEMBER CONTRIBUTION RATES**  
**EFFECTIVE 7/1/2019**

ANNUAL SALARY	Single		EE + Spouse		Family		Parent/Child	
	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib	% pay contrib	\$ of pay EE contrib
\$112,000		\$2,393		\$4,793		\$6,842		\$4,463
\$113,000		\$2,393		\$4,793		\$6,842		\$4,463
\$114,000		\$2,393		\$4,793		\$6,842		\$4,463
\$115,000		\$2,393		\$4,793		\$6,842		\$4,463
\$116,000		\$2,393		\$4,793		\$6,842		\$4,463
\$117,000		\$2,393		\$4,793		\$6,842		\$4,463
\$118,000		\$2,393		\$4,793		\$6,842		\$4,463
\$119,000		\$2,393		\$4,793		\$6,842		\$4,463
\$120,000		\$2,393		\$4,793		\$6,842		\$4,463
\$121,000		\$2,393		\$4,793		\$6,842		\$4,463
\$122,000		\$2,393		\$4,793		\$6,842		\$4,463
\$123,000		\$2,393		\$4,793		\$6,842		\$4,463
\$124,000		\$2,393		\$4,793		\$6,842		\$4,463
\$125,000		\$2,393		\$4,793		\$6,842		\$4,463
\$126,000		\$2,393		\$4,793		\$6,842		\$4,463
\$127,000		\$2,393		\$4,793		\$6,842		\$4,463
\$128,000		\$2,393		\$4,793		\$6,842		\$4,463
\$129,000		\$2,393		\$4,793		\$6,842		\$4,463
\$130,000		\$2,393		\$4,793		\$6,842		\$4,463
\$131,000		\$2,393		\$4,793		\$6,842		\$4,463
\$132,000		\$2,393		\$4,793		\$6,842		\$4,463
\$133,000		\$2,393		\$4,793		\$6,842		\$4,463
\$134,000		\$2,393		\$4,793		\$6,842		\$4,463
\$135,000		\$2,393		\$4,793		\$6,842		\$4,463
\$136,000		\$2,393		\$4,793		\$6,842		\$4,463
\$137,000		\$2,393		\$4,793		\$6,842		\$4,463
\$138,000		\$2,393		\$4,793		\$6,842		\$4,463
\$139,000		\$2,393		\$4,793		\$6,842		\$4,463
\$140,000		\$2,393		\$4,793		\$6,842		\$4,463
\$141,000		\$2,393		\$4,793		\$6,842		\$4,463
\$142,000		\$2,393		\$4,793		\$6,842		\$4,463
\$143,000		\$2,393		\$4,793		\$6,842		\$4,463
\$144,000		\$2,393		\$4,793		\$6,842		\$4,463
\$145,000		\$2,393		\$4,793		\$6,842		\$4,463
\$146,000		\$2,393		\$4,793		\$6,842		\$4,463
\$147,000		\$2,393		\$4,793		\$6,842		\$4,463
\$148,000		\$2,393		\$4,793		\$6,842		\$4,463
\$149,000		\$2,393		\$4,793		\$6,842		\$4,463
\$150,000		\$2,393		\$4,793		\$6,842		\$4,463



Rowan University School of Osteopathic Medicine and Health Professionals and  
Allied Employees, AFT/AFL-CIO Collective Negotiations  
Management Proposal 2  
September 5, 2019

ARTICLE 20: WAGES

\* \* \*

**Professional Staff, Advance Practice Nurses and Staff Nurses (Does Not Include Per Diem Employees):**

The University shall increase wages for professional staff, advance practice nurses and staff nurses as follows:

**~~Effective First Full Pay Period after July 1, 2018~~**

- Effective the first full pay period after October 1, 2019, there will be a two percent across-the-board increase to each step on the applicable salary scale.
- Except as stated below, employees hired prior to July 1, 2018 will move one step on the applicable salary scale appended to this Agreement for fiscal year 2020, which will be effective the first full pay period after July 1, 2019. There will not be any retroactive payment to any employee as a result of this move on the salary scale.
- Effective the first full pay period after July 1, 2020, there will be a two percent across-the-board increase to each step on the applicable salary scale.
- Except as stated below, employees hired prior to July 1, 2019 will move one step on the applicable salary scale appended to this Agreement for fiscal year 2021, which will be effective the first full pay period after July 1, 2020.
- Effective the first full pay period after July 1, 2021, there will be a two percent across-the-board increase to each step on the applicable salary scale.
- Except as stated below, employees hired prior to July 1, 2020 will move one step on the applicable salary scale appended to this Agreement for fiscal year 2022, which will be effective the first full pay period after July 1, 2021.
- Effective the first full pay period after April 1, 2022, there will be a two percent across-the-board increase to each step on the applicable salary scale.
- Except as stated below, employees hired prior to July 1, 2021 will move one step on the applicable salary scale appended to this Agreement for the fiscal year 2023, which will be effective the first full pay period after July 1, 2022.

All increment steps for staff nurses shall be subject to the Guidelines – Scale WS Placement, which are appended hereto, including the provision requiring two (2) years part-time experience for each increment step.



Rowan University School of Osteopathic Medicine and Health Professionals and  
Allied Employees, AFT/AFL-CIO Collective Negotiations  
Management Proposal 2  
September 5, 2019

There shall be no step movement after fiscal year 2023 for any employee, subject to future negotiations of a successor agreement.

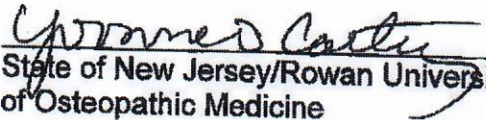
**Lump-Sum Payments**

- Collective negotiations employees who have completed at least 24 months at the top step in their current title/range on or before October 1, 2021 and who remain in that same title/range as of October 1, 2021 ~~did not receive the \$450 lump-sum payment set forth at Article 20: Wages of the collective negotiations agreement that expired on June 30, 2018,~~ shall receive a ~~\$750~~<sup>\$650</sup> lump-sum payment ~~within 30 days of the date this Agreement is ratified by the Union or as soon thereafter as is administratively practicable~~ so long as the employees are actively employed on the date the payment is made. In addition, collective negotiations employees who have completed at least 36 months of service at the top step in that same title/range as of October 1, 2021 shall receive an additional \$250 lump-sum payment so long as the employees are actively employed on the date the payment is made. Part-time collective negotiations employees, if any, shall be eligible for a pro rata lump-sum payment. The aforementioned lump-sum payments shall not be included in base salary.
- Collective negotiations employees who have completed at least 24 months at the top step in their current title/range on or before October 1, 2022 and who remain in that same title/range as of October 1, 2022 ~~did receive the \$450 lump-sum payment set forth at Article 20: Wages of the collective negotiations agreement that expired on June 30, 2018,~~ shall receive a ~~\$750~~<sup>\$200</sup> lump-sum payment ~~within 30 days of the date this Agreement is ratified by the Union or as soon thereafter as it administratively practicable~~ so long as the employees are actively employed on the date the payment is made. Part-time collective negotiations employees, if any, shall be eligible for a pro rata lump-sum payment. The aforementioned lump-sum payment shall not be included in base salary.

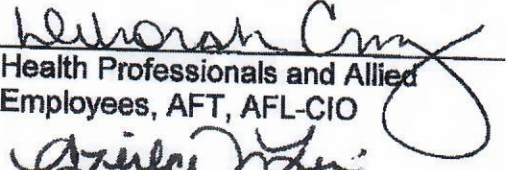

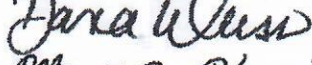
Contract expires June 30, ~~2023~~<sup>2019</sup>.

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DATED: 9/5/19

  
State of New Jersey/Rowan University School  
of Osteopathic Medicine

DATED: 9/5/19

  
Health Professionals and Allied  
Employees, AFT, AFL-CIO  
  
  
Mary C. Kosciuk



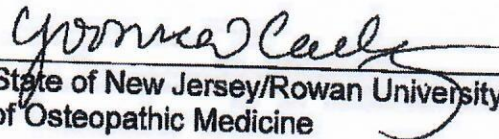
Rowan University School of Osteopathic Medicine and Health Professionals and  
Allied Employees, AFT/AFL-CIO Collective Negotiations  
Management Proposal 2  
September 5, 2019

ARTICLE 23: EFFECTIVE DATE AND DURATION

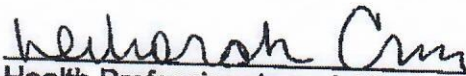
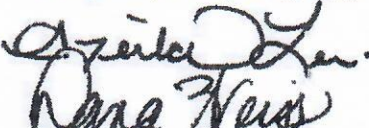
This Agreement, except as otherwise stated shall be effective on July 1, ~~2019~~2018 and shall remain in effect through June 30, ~~2023~~2019.

This Agreement shall remain in full force and effect from the date of execution thereof through June 30, ~~2023~~2019. Henceforth, the Agreement shall automatically be renewed from year to year thereafter, unless either party shall give to the other party written notice of its desire to terminate, modify or amend this Agreement. Such notice shall be given to the other party in writing no later than February 1, ~~2023~~2019 or February 1 of any subsequent year for which this Agreement was automatically renewed. Official notice to the State shall be made, in writing, to the Director of the Governor's Office of Employee Relations, State of New Jersey, 240 West State Street, 16th Floor, P.O. Box 228, Trenton, New Jersey 08625 Official notice to HPAE shall be made in writing to the President of HPAE, Health Professionals and Allied Employees, AFT/AFL-CIO, 110 Kinderkamack Road, Emerson, New Jersey 07630.

DATED: 9/5/19

  
Governor Corbett  
State of New Jersey/Rowan University School  
of Osteopathic Medicine

DATED: 9/5/19

  
Heather Ann  
Health Professionals and Allied  
Employees, AFT, AFL-CIO  
  
Dana Weiss  
Mary C. Kosciuk