

**AGREEMENT BETWEEN
THE
BOROUGH OF OAKLYN
AND
P.B.A. LOCAL #257**

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PREAMBLE

THIS AGREEMENT made and entered into in the Borough of Oaklyn, County of Camden, and State of New Jersey, this 12th day of December, 2023, between the Borough of Oaklyn, a municipal corporation of the State of New Jersey, hereinafter referred to as the "Borough" or "Employer" and the New Jersey Policemen's Benevolent Association, Local #257, hereinafter referred to as the "PBA", has as its purpose the promotion of harmonious relations between the Borough and the "Covered Employees", hereinafter defined, the establishment of an equitable and peaceful procedure for the resolution of differences, the establishment of rates of pay, hours of work, and other conditions of employment and represents the complete and final understanding of the rules and regulations of the Borough of Oaklyn.

WITNESSETH:

WHEREAS, the Borough and the PBA recognize and declare that providing quality police protection of the Borough is their mutual aim; and

WHEREAS, the Borough has an obligation, pursuant to Chapter 303, Public Laws of 1968, to negotiate with the PBA as the representative of the Covered Employees hereinafter designated with the respect to the terms and conditions of employment; and

WHEREAS, the parties have reached certain understandings which they desire to confirm in this Agreement.

IN CONSIDERATION of the following mutual covenants, it is hereby agreed as follows:

LEGAL REFERENCE

Nothing contained in this Agreement shall alter the authority conferred by Law, Ordinances, Resolutions or Administrative Code and Police Department Rules and Regulations upon any Borough Official or in any way abridge or reduce such authority. This Agreement shall be construed as requiring Borough Officials to follow the terms contained herein, to the extent that they are applicable in the exercise of the responsibilities conferred upon them by Law.

Nothing contained herein shall be construed to deny or restrict to any Covered Employees such rights as he/she may have under any other applicable Laws and Regulations. The rights granted to Covered Employees hereunder shall be deemed to be in addition to those provided elsewhere.

If any provisions of this Agreement or any application of this Agreement to any Covered Employee or group of Covered Employees is held contrary to Law, then such provision or application shall not be deemed valid and subsisting, except to the extent permitted by Law, but all other provisions shall continue in full force and effect.

The provisions of this Agreement shall be subject to and subordinate to and shall not annul or modify existing applicable provisions of State and Local Laws except as such particular provisions of this contract may modify existing Local Laws.

RECOGNITION

The Borough hereby recognizes the PBA and Departmental Representative as the sole and exclusive representatives of the Covered Employees of the Police Department, for the purposes of collective negotiations with respect to terms and conditions of employment.

The Borough hereby recognizes that the Departmental Representative is to act as a liaison between the Covered Employees and the Borough in all matters pertaining to hours of work, wages, and working conditions.

The Borough agrees to provide facilities for Police Department meetings whenever such facilities are available and will further allow working personnel to attend such meetings so long as it does not jeopardize the functioning of the Department.

The following officers of the P.B.A. shall be granted time off without loss of regular pay or compensatory time to attend the regularly scheduled P.B.A. Meetings when such meetings are conducted at a time when the P.B.A. Officers are regularly scheduled to work. President, Vice President, Recording Secretary, Financial Secretary, treasurer, and State Delegate. The P.B.A. President shall submit written notification to the Chief of Police no less than two (2) weeks prior to the meeting date. In no event shall the time excused be in excess of three (3) hours.

The State Delegate shall be granted time off without loss of regular pay or compensatory time to attend State or County P.B.A. Meetings when such meetings are conducted on a day when the State Delegate is scheduled to work. The State Delegate and the P.B.A. President shall submit written notification to the Chief of Police no Less than two (2) weeks prior to the scheduled meeting date.

COVERED EMPLOYEE RIGHTS

The Borough and the P.B.A. hereby agree that every Covered Employees shall have the right to freely organize, join, and support the P.B.A. and its affiliates for the purposes of engaging in collective negotiations and other concerted activities for mutual aid and protection as well as to freely refrain from such activities.

In addition, both parties also undertake and agree that they shall not directly, nor indirectly, discourage, deprive, nor coerce any Covered Employee in the enjoyment of any of the rights conferred by the United States and New Jersey Constitutions and other Federal and State Laws. The parties further agree that they shall not discriminate against any Covered Employee with respect to his/her hours or work, wages, or any terms or conditions of employment participation or lack of participation in the P.B.A. collective negotiations, or his/her institution or lack of institution of any grievance, complaint, or proceeding under this Agreement or otherwise with respect to any terms or conditions of employment.

A Covered Employee shall have the right to inspect his/her personnel file at reasonable times, provided a designated Superior Officer is present at the time of the inspection. The Chief of Police agrees to notify the Representative and the individual Covered Employee if any material derogatory

to the Covered Employees is placed in his/her personnel file within five (5) days of such placement.

A Representative shall be appointed by the P.B.A. President each year to represent the P.B.A. in grievances with the Employer. The P.B.A. shall serve written notice as to the identity of this elected/appointed representative before he/she is actually assigned by the P.B.A. President to initiate an investigation into any particular matter. This Representative shall suffer no loss of regular pay or compensatory time when processing grievances.

MANAGEMENT RIGHTS

The Officials of the Borough hereby retain and reserve 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 New Jersey and of the United States, including but without limiting the generality of the foregoing, the following rights:

1. The Executive Management Administrative Control of the Borough Government and its properties and facilities and activities of its Covered 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 Borough.
2. To make rules of procedure and conduct, to use improved methods and equipment, to determine work schedules and shifts, to decide the number of Covered Employees needed for any particular time and to be in sole charge of the quality and quantity of the work required.
3. The right of management to make, maintain, and amend such reasonable rules and regulations as it may from time to time deem best for the purpose of maintaining order, safety, and/or the effective operation of the Department, after advance notice to the Covered Employees, to require compliance by the Covered Employees, is recognized.
4. To hire all Covered Employees and subject to the provisions of Law, to determine their qualifications and conditions of continued employment or assignment, and to promote and transfer Covered Employees.
5. To suspend, demote, discharge, or to take any other appropriate disciplinary action against any Covered Employee for good and just cause, according to law.

6. To lay-off Covered Employees in the event of lack of work or funds or under conditions where continuation of such work would be ineffective and non-productive.

7. The Borough 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 efficient and effective operation of the Department.

The exercise of the foregoing powers, rights, authority, duties and responsibilities of the Borough, the adoption of policies, rules and regulations, and practices and the furtherance thereof, and the use of judgment and discretion in connection herewith, 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.

Nothing contained herein shall be construed to deny or restrict the Borough of its rights, responsibilities and authority under Titles 40 and 40A or any other National, State, County, or Local Laws or regulations.

VACATION

The following annual vacation leave with pay shall be granted each calendar year. All Covered Employees must work five (5) full months before they are eligible for any vacation time.

Commencing with the 6th month through the first year:	40 hours
Commencing with the start of the 2 nd year through the 4 th year:	80 hours
Commencing with the start of the 5 th year through the 9 th year:	120 hours
Commencing with the start of the 10 th year through the 20 th year:	160 hours
Commencing with the start of the 21 st year through the 29 th year:	200 hours
Commencing with the start of the 30 th year, and every year thereafter:	240 hours

A. Where in any 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 Chief of Police may be carried forward into the next succeeding year only and

will be rescheduled to be taken in the next succeeding year. However, if in the second year, due to the pressure of work as determined by the Chief of Police, the employee still has accumulated vacation time that will be lost, the employee has the right to sell back that time only, at the rate earned.

B. Vacation time cannot be used for sick time without the express written consent of the employee.

C. Vacation scheduling will be the responsibility of the Chief of Police and will be granted as requested, according to seniority, and giving full consideration as to the best interest of the Borough.

D. It shall be understood that vacation time may be taken on a singular basis or collectively, as requested.

E. It is understood that each employee shall have fully earned his/her vacation days as of the first of the year, however, if the employee leaves the service of the Borough, his/her earned vacation time unused will be pro-rated for the time he/she was employed, if he/she meets the requirements for pay of same, as defined in the sections on Resignation and Lay-off and Discharge.

PERSONAL HOURS

Each Covered Employee covered herein shall be entitled to one hundred, thirty-six (136) hours paid personal time each year.

A. New Covered Employees shall be entitled to ten (10) personal hours for each month of service until they reach their first full year of service.

B. A Covered Employee serving in the capacity of Field Training Officer (FTO) shall be entitled to eleven (11) hours for each month/partial month of service as a Field Training Officer (FTO).

C. Personal hours may be used in conjunction with Vacation time with the approval of the Chief of Police, provided they do not create a hardship on the work schedule.

D. Personal hours may be used in lieu of sick hours when the sick hours have been exhausted, with the approval of the Chief of Police and the Borough Official.

E. Personal hours are not to be used in conjunction with sick hours, unless approved by

the Chief of Police.

F. Unused personal hours, not to exceed forty (40) hours, may be paid for in the current year at the pro-rated rate of pay.

G. Any unused personal hours, subject to the provisions of Section E, above, may be carried into the next calendar year but must be used prior to April 1 of that calendar year.

H. Any Covered Employee leaving the Borough's employment during the course of the year shall only be entitled to be paid for personal hours earned at the rate of ten (10) hours per month of service in that year, if he/she meets the requirements for payment of same as defined in the sections on Resignation and Lay-off and Discharge.

SICK LEAVE - WITH PAY

A. Sick leave is hereby defined to mean the absence of any Covered Employee from duty because of personal illness which prevents his/her doing the usual duties of his/her position or exposure to contagious disease.

B. Any Covered Employee who is absent for reasons that entitle him to sick leave shall notify the station promptly, but not later than one and one-half (1½) hours before the Covered Employee's usual starting time, except in cases of extreme emergency where the Covered Employee is unable to do so.

C. Sick leave shall accrue for regular full time Covered Employees at the rate of eight (8) hours per month during the first six (6) months of employment and ten (10) hours per month thereafter and shall accumulate from year to year.

D. In no event shall any Covered Employee be permitted any additional sick leave hours in any calendar year.

E. If any Covered Employee is absent for three (3) consecutive workdays, the Chief of Police may require acceptable evidence on the form prescribed.

F. At the discretion of the Chief of Police, the Covered Employee seeking sick leave may be required to provide evidence to substantiate his/her request. Failure to provide adequate

evidence may result in the denial of sick leave benefits and the Covered Employee will suffer a loss of pay for any unauthorized time period. In the event sick leave is not approved or the Covered Employee has exhausted his/her accumulated sick leave, the absence may be charged to the Covered Employee's vacation, if any, provided the Covered Employee agrees and further provided that such use of vacation time will not be used to circumvent either the provisions or the intent of Strikes and Lock Outs.

G. Abuse of sick leave will be cause for disciplinary action.

H. Sick leave claimed by reason of quarantine exposure to contagious disease may be approved upon certification of the County Public Health Department.

WORKERS' COMPENSATION

A. When an employee is injured on duty, he/she shall receive Workers Compensation due him, plus the difference between the amount received as compensation and his/her salary during the period of temporary disability, to a maximum of seven hundred, twenty (720) hours. Thereafter, in the event of continued temporary disability beyond the seven hundred, twenty (720) hour period, the employee is to receive Workers Compensation due him plus the difference between the amount received and his/her salary, however, the difference will be charged against his/her sick leave and further provided that the employee signs a form authorizing the Employer to charge the time lost to sick leave.

B. Any employee who is injured in the line of duty who is unable to return to work for a period of less than the current requirements of Workers Compensation Laws, shall not be charged with any sick leave, personal hours or vacation benefits because of said injury. Under these situations, a Doctor's Certificate will be deemed necessary.

BEREAVEMENT LEAVE

In the event of a death in the Covered Employee's immediate family, the Covered Employee shall be granted bereavement leave for the period of one (1) "tour of duty" within their assigned

position without loss of pay.

A. "Immediate Family" is hereby defined to include Father, Mother, Spouse, Children or Foster Children of the Covered Employee, Sister, Brother, Father-in-Law, Mother-in-Law, Domestic Partner and any relative of the Covered Employee living in his/her household. The Covered Employees shall furnish proof of same, satisfactory to the Chief of Police.

B. One (1) workday off with pay shall be granted in the event of the death of the Covered Employee's Grandmother, Grandfather, Son-in-Law and Daughter-in-Law. The Covered Employee shall furnish proof of same, satisfactory to the Chief of Police.

C. If extenuating circumstances arise where more time off is required, then the Covered Employee may request additional time off from the Chief of Police and Borough Officials.

D. When any such death leave is requested by a Covered Employee, it will be the responsibility of the Chief of Police to determine the validity of such request. The Chief of Police retains the right to require a copy of the death certificate of the deceased for proof of death.

MILITARY LEAVE

A Covered Employee who enters upon active duty in the United States Military Service in time of war or emergency or who is actively engaged in the Reserves or National Guard duty, will be granted a leave of absence in accordance with the Law.

LEAVE OF ABSENCE - WITHOUT PAY

A permanent Covered Employee who is temporarily incapacitated to perform his/her duties due to either physical or mental reasons may be granted a special leave of absence, without pay, for a period not to exceed six (6) months. Said special leave may be extended for another period not to exceed six (6) months, with the approval of the Borough.

Any permanent Covered Employee desiring such special leave of absence without pay, shall submit his/her request, in writing, stating the reasons why, in his/her opinion, the request should be granted along with the anticipated date of his/her return to duty.

REIMBURSEMENT OF EXPENSES

A. Meals shall be paid for by the Borough at the rate of eight dollars (\$8.00) per breakfast, ten dollars (\$10.00) per lunch, and fifteen dollars (\$15.00) per dinner, when approved by the Chief of Police in connection with an assignment or attending schools or seminars.

B. Meal expense will be paid to an off duty Covered Employee while attending Court out of the Borough in connection with a matter arising out of his/her Borough employment or while on any official assignment for the Department when it is not practical for the Covered Employee to eat at home.

C. Covered Employees using their own private vehicles on police-related assignments shall be reimbursed at the prevailing per mile traveled allowable rate as determined by the Internal Revenue Service for the preceding calendar year. The Chief of Police will make the determination if such transportation is necessary when no Borough vehicle is available. Mileage will be computed from the Borough Police Headquarters and returning to same.

D. All receipts must be submitted within forty-five (45) days of when the purchase was made, or the service occurred to be eligible for reimbursement. Receipts received after the date of incurrence will be the responsibility of the Covered Employee, and not be reimbursed.

INSURANCE

A. Health Insurance:

1. For all covered employees, health benefit contributions by the covered employee shall be per the appropriate tables below consistent with the type of coverage selected. The minimum contribution shall not be less than 1.5% of the Covered Employee's Salary.

HEALTH BENEFITS CONTRIBUTION FOR SINGLE COVERAGE

Salary Range	Percentage of Premium
less than 20,000	4.50%
20,000-24,999.99	5.50%
25,000-29,999.99	7.50%
30,000-34,999.99	10.00%
35,000-39,999.99	11.00%
40,000-44,999.99	12.00%
45,000-49,999.99	14.00%
50,000-54,999.99	20.00%
55,000-59,999.99	23.00%
60,000-64,999.99	27.00%
65,000-69,999.99	29.00%
70,000-74,999.99	32.00%
75,000-79,999.99	33.00%
80,000-94,999.99	34.00%
95,000 and over	35.00%

HEALTH BENEFITS CONTRIBUTION FOR FAMILY COVERAGE

Salary Range	Percentage of Premium
less than 25,000	3.00%

25,000-29,999.99	4.00%
30,000-34,999.99	5.00%
35,000-39,999.99	6.00%
40,000-44,999.99	7.00%
45,000-49,999.99	9.00%
50,000-54,999.99	12.00%
55,000-59,999.99	14.00%
60,000-64,999.99	17.00%
65,000-69,999.99	19.00%
70,000-74,999.99	22.00%
75,000-79,999.99	23.00%
80,000-84,999.99	24.00%
85,000-89,999.99	26.00%
90,000-94,999.99	28.00%
95,000-99,999.99	29.00%
100,000-109,999.99	32.00%
110,000 and over	35.00%

HEALTH BENEFITS CONTRIBUTION FOR MEMBER/SPOUSE/PARTNER OR PARENT/CHILD COVERAGE

Salary Range	Percentage of Premium
less than 25,000	3.50%
25,000-29,999.99	4.50%
30,000-34,999.99	6.00%
35,000-39,999.99	7.00%
40,000-44,999.99	8.00%
45,000-49,999.99	10.00%
50,000-54,999.99	15.00%
55,000-59,999.99	17.00%
60,000-64,999.99	21.00%
65,000-69,999.99	23.00%
70,000-74,999.99	26.00%
75,000-79,999.99	27.00%
80,000-84,999.99	28.00%
85,000-99,999.99	30.00%
100,000 and over	35.00%

As of the execution of this Agreement, this coverage is as specified in the Southern New Jersey Regional Employees Benefit Fund (SNJ Fund) whose plan summary is attached hereto as Exhibit B, paid for by the Borough consistent with the terms and conditions of Covered Employees as set forth in this Agreement. Should the Borough decide to change this coverage, the subsequent coverage will be equal to or better than the coverage in effect at the time of the execution of this Agreement. Covered employees and the PBA will be notified of any change(s) to plan no less than 60 days prior to the change or renewal. This coverage will remain in full force and effect for the spouse, if any, of any Covered Employee killed or injured in the line of duty until remarriage or cohabitation, subject to the terms and conditions of the existing health insurance policy. This coverage will remain in full force and effect for the children, if any, of any Covered Employee killed or injured in the line of duty, subject to the terms and conditions of the existing health insurance policy relative to eligibility for coverage of a child of a Covered Employee.

B. **Retirement Benefits** - Upon retirement with twenty-five (25) or more years of full time service with the Borough, or upon the Police and Fire Retirement System's determination that the Covered Employee is disabled, the Covered Employees will continue to receive the same Health Insurance benefits, paid for by the Borough with contributions paid for by the Covered Employee equal to those by the Covered Employee at the date of retirement subject to the terms and conditions of Covered Employees as set forth in this Agreement. All Covered Employees hired prior to January 1, 2003, shall contribute five percent (5%) of the total premium towards the costs of their Health Insurance Benefits upon retirement. Said benefit shall continue uninterrupted until the Covered Employee becomes an eligible participant and begins receiving coverage under the Medicare and Medicaid programs sponsored by the United States of America and shall thereafter become secondary to these coverages. The Borough's obligation to provide such insurance to those Covered Employees hired after December 31, 2011, shall be limited to fifteen (15) years of coverage after retirement or until the Covered Employee reaches age 65, whichever occurs first, and the maximum premium to be paid by the Borough for such coverage shall not exceed the amount of the total premium cost for active officers.

C. **Life Insurance** - The Borough shall provide a fully paid life insurance policy for each Covered Employee. Said life insurance paying a minimum death benefit of Ten Thousand Dollars (\$10,000.00).

D. **False Arrest** - The Borough shall provide for all personnel covered herein insurance against false arrest.

E. **Disability Insurance** - All Covered Employees shall be provided disability insurance under the State Disability Plan. The Covered Employee will pay one-half of one percent (0.5%) for this coverage up to a maximum of \$22,100.00 of salary, with the Borough providing for any additional costs.

F. **Eye Care** - The Borough agrees to purchase a vision plan on behalf of the Covered Employees, for the optical needs for of Covered Employees.

I. **Health Care Election** - Pursuant to and governed by the Personnel Manual adopted by the Borough, the Covered Employee may elect to decline his/her or her health insurance benefit, whereupon the Borough will pay the Covered Employee Five Thousand Dollars (\$5,000.00), that the Borough would have paid to provide health benefits to the Covered Employee in that calendar year, or appropriate part thereof. The Borough will make the appropriate payment to the Covered Employee declining his/her or her health insurance benefit in December of and for the calendar year of the election. A Covered Employee making such an election who desires to return to the Borough's health insurance must give the Borough Clerk sixty (60) days notice of his/her intention to return to the Borough's health insurance and may only return effective the first calendar day of the month of return.

HOURS OF WORK

The Covered Employees shall work in accordance with the schedules prepared by the Chief of Police or his/her designee, on a two (2) month basis, when at full budgetary strength.

A. In order to foster a better Police Department in the Borough, and in return for the Borough permitting officers assigned to the patrol division to work a regularly scheduled eleven (11) hour shift following a scheduled prepared by the Chief of Police to consist of four (4) work days on in a row followed by four (4) days off in a row, it is hereby agreed that the patrol officers must attend the following training/meeting days outside of their regularly scheduled shift and without additional compensation so long as at least one (1) months' notice was provided by the Chief of Police:

1. Four (4) range days as scheduled by the Range Officer and set by the Chief of Police
2. Two (2) department meetings as scheduled by the Chief of Police

B. There will not be any exceptions made to the requirements set forth in Sections 1 & 2 as stated above unless the employee made notification to the Chief of Police of their unavailability prior to the Chief of Police setting the range/meeting schedule or if the employee is to be absent on approved paid or unpaid time off. If the employee is not so excused, he/she may be subject to discipline. If an employee does not attend either requirement that was given proper notice by the Chief of Police, they shall be considered absent from duty and subject to disciplinary action.

C. It is understood that work performed in addition to the patrol officers regularly scheduled eleven (11) hour shift shall be considered overtime and compensated in accordance to the Overtime section of this agreement.

D. The eleven (11) hour four (4) on four (4) off work schedule shall be maintained unless the Chief of Police and a majority of the covered employees of this CBA mutually agree in writing that the work schedule shall be temporarily changed due to unforeseen circumstances. If they are unable to agree on a replacement schedule, they shall submit the dispute to an arbitrator selected pursuant to the Grievance Procedure. The arbitrator's decision shall be final and binding. If so, the parties will meet to negotiate a replacement schedule. During the negotiation and if applicable, the arbitration, the eleven (11) hour four (4) on four (4) off schedule shall be maintained. If the schedule is changed, the unpaid meeting and range days shall be eliminated.

UNIFORM ALLOWANCE

The Borough shall provide each Covered Employee with an annual clothing and equipment allowance.

A. New Covered Employees shall receive a full compliment of uniforms and equipment and shall not be entitled to any Uniform Allowance during their first year of employment. Covered Employees in their first year shall be reimbursed, upon presentation of valid receipts, for cleaning of uniforms. If, for any reason, employment is terminated during the first year, all costs incurred by the Borough in providing said full compliment of uniforms and equipment will be reimbursed to the Borough by a reduction in the severance paid to the Covered Employee upon cessation of employment.

B. The uniform allowance for the years covered in this Agreement shall be one thousand dollars (\$1,000.00). This allowance shall be distributed to each officer by voucher(s) upon presentation of qualifying receipt(s) within forty-five (45) days of service. Vouchers turned in after

forty-five (45) of the purchase or service rendered, shall be denied and be the responsibility of the Covered Employee.

C. Covered Employees shall be responsible for purchasing their uniforms and equipment and maintaining same.

D. Covered Employees shall be subject to inspection by the Chief of Police or his/her designee, during their shift of duty and failure to comply with the uniform standards established, in writing, by the Chief of Police, could result in disciplinary action.

E. The Borough shall be responsible for providing handguns and ammunition for each Covered Employee.

F. In the event that the uniform is damaged or destroyed while a Covered Employee is acting within the scope of his/her employment, upon certification by the Chief of Police, as to the condition of the uniform prior to and after such incident, the Borough agrees to repair or replace that portion of the uniform which has been damaged or destroyed, without cost to the Covered Employee or any reduction of said Covered Employee's clothing allowance.

G. The Borough shall supply ammunition sufficient for range qualification. Additional ammunition shall be the responsibility of each Covered Employee. The cost of ammunition used in the range qualification of an off-duty weapon shall not to exceed twenty-five (\$25.00) dollars.

H. The Borough shall purchase and maintain, at no cost to the Covered Employee, a bullet-proof vest. In the event that a new vest is required, the Borough shall purchase it with a voucher.

YEARS OF SERVICE INCENTIVE

A "Years of Service Incentive" payment will be made to all full time, permanent, qualifying Covered Employees in the separate check on the first pay in December who have completed ten (10) full years or more of service as per the following schedule:

10 full years of service	1% of annual pay
11 full years of service	1% of annual pay
12 full years of service	1.5% of annual pay

13 full years of service	2% of annual pay
14 full years of service	2.5% of annual pay
15 full years of service	3% of annual pay
16 full years of service	3% of annual pay
17 full years of service	3% of annual pay
18 full years of service	3% of annual pay
19 full years of service	3% of annual pay
20+ full years of service	3.5% of annual pay

A. In computing the "Years of Service Incentive" payment, the effective date shall be December 1 of the calendar year in which the payment will be made. If the Covered Employee leaves the service of the Borough prior to December 1st, the Employee will not be entitled to a "Years of Service Incentive" payment either in whole or in part.

OVERTIME

Any Covered Employee who is required to work more than the Covered Employee's required regular scheduled hours of work is entitled to overtime pay. Any Covered Employee who is required to work during the thirteen (13) hour period between assigned shifts is entitled to overtime pay for the hours worked in said period.

A. Overtime pay shall be calculated at one and one-half ($\frac{1}{2}$) times the Covered Employee's hourly rate of pay.

B. Any Covered Employee who is called into work on his/her scheduled day off, for any reason, excluding court appearances, shall be entitled to overtime pay for the hours worked, a minimum of which being two (2) hours.

C. Any Covered Employee who is called into work on his/her scheduled day off for the purpose of controlling traffic pursuant to the request of a public or private contractor shall be entitled to overtime pay for the hours worked, a minimum of which being three (3) hours. The Covered Employee shall be entitled to a minimum of three (3) hours of overtime pay should the contractor

cancel the project within one (1) hour of the time in which the Covered Employee is to report for work.

D. Seniority shall determine overtime by allowing the more senior, qualified officer the first opportunity to work overtime. The Chief or his/her designee shall maintain a "rolling" list for overtime, whereupon overtime shall be distributed on a both seniority and equitable based system

COURT TIME

A. Any Covered Employee who is required to report to Municipal Court, the Superior Court or the Federal District Court, in the performance of his/her duties, during off-duty time, shall receive One Hundred (\$100.00) Dollars for his/her appearance at a court session.

B. It is agreed that the Chief of Police shall designate one police officer to be on duty in the Municipal Court until the session is finished.

COVERED EMPLOYEES UNDER THIS AGREEMENT

It is understood that this Agreement will include the rank of Patrolman and Detective, under all issues agreed to and all rights enjoyed.

SCHOOLS

A. Any Covered Employee attending the Police Academy, or any required training course recognized by the New Jersey Police Training Commission, or other job related course authorized by the Chief of Police and approved by the Director of Public Safety, shall be compensated at straight time pay while completing the course.

B. A Covered Employee shall be paid for transportation and meals, if not provided, while attending the Police Academy, or any other Police Training Academy, or any other school or institution that he/she is ordered or authorized to attend, at the basic rate.

C. One dollar per credit hour per month will be paid to a Covered Employee for each college course related to Law Enforcement, successfully completed. Such credit hours shall not accumulate from semester to semester.

D. The Borough will make a one-time payment of Five Hundred (\$500.00) Dollars to a Covered Employee upon his/her receipt of a Bachelor's degree (B.A. or B.S.) from an accredited college or university in the field of Criminal Justice or a field, in the opinion of the Director of Public Safety, is directly related to police work. The Borough will make a one-time payment of One Thousand (\$1,000.00) Dollars to a Covered Employee upon his/her receipt of a master's degree (M.A. or M.S.) from an accredited college or university in the field of Criminal Justice or a field, in the opinion of the Director of Public Safety, is directly related to police work. This benefit shall be effective for such degrees received after January 1, 2004.

E. School is defined as any institution under the control and supervision of or approved and licensed by the New Jersey Department of Higher Education or the New Jersey Department of Education.

GRIEVANCE PROCEDURE

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

A. Definition: The term "Grievance" as used herein means any dispute or controversy arising over the interpretation, application, or alleged violation of the terms and conditions of this Agreement and may be raised by the P.B.A. on behalf of an individual or group of Covered Employees or the Employer.

B. Steps in the Grievance Procedure: The following constitutes the sole and exclusive method for resolving grievances between the parties covered by this Agreement and shall be followed in its entirety unless any step is waived by mutual consent.

Step One:

The P.B.A. on behalf of the aggrieved Covered Employee or Covered Employees, or the

Borough, shall institute action under the provisions herein within thirty (30) days (excluding Holidays and weekends) of the occurrence of the grievance, and an earnest effort shall be made to settle the differences between the P.B.A. and the Chief of Police, for the purpose of resolving the matter informally. Failure to act within said thirty (30) day period shall be deemed to constitute an abandonment of the grievance.

The Chief of Police shall render a written decision within fifteen (15) days (excluding Holidays and weekends) after receipt of the grievance.

Step Two:

A. In the event the grievance has not been resolved in or at Step One, the P.B.A. shall, in writing and signed, file the grievance with the Public Safety Director within ten (10) days (excluding Holidays and weekends) following the determination of Step One.

B. The Public Safety Director shall render a written decision within thirty (30) days (excluding Holidays and weekends) from receipt of the grievance.

Step Three:

A. In the event the grievance has not been resolved in or at Step Two, the matter may be referred to arbitration process as hereinafter provided.

B. In the event that the Employer or the P.B.A. desires to submit a grievance to the arbitration process, this procedure shall be followed:

1. The party demanding arbitration shall serve written notice of its intention to go to arbitration on the other party within ten (10) days (excluding Holidays and weekends) following receipt of the Borough Official's determination.

2. The party demanding arbitration shall request the New Jersey Public Employment Relations Commission to appoint an arbitrator. The selection of the arbitrator shall be conducted in accordance with the rules and regulations of the New Jersey Public Employment Relations Commission.

3. The cost of the services of the arbitrator shall be borne equally by the Employer and the P.B.A. Any other cost shall be the sole responsibility of the party that incurred it

4. The decision of the arbitrator shall be in writing and shall include the reasons

for such decision.

5. The decision of the arbitrator shall be final and binding upon the Employer and the P.B.A.

C. A failure to respond at any step in this procedure by the Employer or its agents shall be deemed to be a negative response and upon the termination of the applicable time limits the grievance may proceed to the next step.

COMPENSATION & EXPENSES FOR IMPARTIAL HEARING

A. The reasonable compensation and expenses, if any, of a referee shall be borne equally by the Borough and the P.B.A. and the compensation and expenses of each designee of a party shall be borne by the designating party.

B. In the event the P.B.A. requires the attendance of a witness or witnesses at said hearing, the Borough agrees to release the witnesses as requested without penalty to such witness if he/she is an employee of the Borough.

DEFINITIONS

A. COVERED EMPLOYEES:

"Covered Employees" are all regular full-time Patrol Officers employed by the Borough in the Police Department who shall be subject to twenty-four (24) hour duty per day.

B. APPROPRIATE UNIT:

The appropriate unit is defined only as full-time Covered Employees of the Oaklyn Police Department.

RESIGNATION

If a Covered Employee gives two (2) weeks notice when he/she intends to resign, he/she shall be paid for any accrued vacation hours, pro-rated for the current year and any accrued personal

hours, pro-rated for the current year. If he/she does not give the proper two (2) weeks notice, the Borough Officials shall decide whether or not he/she is to be paid the same.

LAY OFF AND DISCHARGE

A. If a Covered Employee is laid-off, he/she is to be paid for any earned accumulated vacation hours.

B. If a Covered Employee is discharged for cause, the Director of Public Safety, in his/her sole discretion, shall determine whether or not he/she is to be paid for any earned, accumulated benefits, depending upon the circumstances of his/her dismissal.

C. In any case of separation, a Covered Employee who has vacation time accumulated from a previous year shall be paid the same.

OTHER SEPARATION

A. Should the Borough of Oaklyn decide to exercise its managerial prerogative in such fashion that the Borough Police Department should be abolished, merged, absorbed within another agency, or ceases to operate as a separate entity unto itself during the contract term, the following will apply:

Each employee covered under the terms of this agreement shall be entitled to one (1) month's severance pay for each twelve (12) months of service. Employees shall be allowed a maximum of twenty (20) months' severance pay. This benefit shall be paid, prorated, over the severance period from the date of the employee's last day of service. The Borough agrees to maintain all employee and immediate family's medical benefits for a period of one (1) year from the employee's date of separation.

COMPENSATION

The Borough of Oaklyn shall pay to each Covered Employee a compensation checks at the end of each bi-weekly period representing one twenty-six (1/26) of the Covered Employee's established annual salary as listed in the Schedule attached as "Exhibit A." Each step and annual salary in based on the anniversary date of hire. Payment for vacation periods shall be made on the established payday of the week prior to the officer's beginning week of his/her vacation.

Each Covered Employee after the completion of each full year of service shall move to the next appropriate step, as outlined above. Officers working in the capacity of "Detective" shall receive One Hundred, forty (\$140.00) Dollars per week while acting in that capacity as compensation for "on-call" duty.

AGENCY SHOP

A. The Borough agrees to deduct a representation fee, in accordance with the U.S. Supreme Court's June 27, 2018, decision in Janus V. AFSCME, Council 31 and the New Jersey Workplace Democracy Enhancement Act, as they relate to Agency Shop provisions, from the pay of each Employee covered by this Agreement who voluntarily furnishes a written authorization.

B. The deduction shall commence for each Covered Employee who elects not to become a member of the P.B.A. during the month following written notice from the P.B.A. of the amount of the fair share assessment.

C. The fair share fee services rendered by the P.B.A. shall be in an amount equal to the regular membership dues, initiation fees, and assessments of the P.B.A. less the cost of benefits financed through the dues and available only to members of the P.B.A. but in no event shall the fee exceed eighty-five percent (85%) of the regular membership dues, fees, and assessments.

D. The sum representing the fair share fee shall not reflect the cost of financial support of political causes of candidates, except to the extent that it is necessary for the P.B.A. to engage in lobbying activity designated to foster its policy goals in collective negotiations and contract administration, and to secure for the Covered Employees it represents advances in wages, hours, and other conditions of employment which ordinarily cannot be secured through collective negotiations with the Borough.

E. Prior to January 1st, and July 1st of each year, the P.B.A. shall provide advance written notice to the New Jersey Public Employment Relations Commission, the Borough, and to all Covered Employees within the unit the information necessary to compute the fair share fee for services as stated above.

F. The P.B.A. shall establish and maintain a procedure whereby any Covered Employee can challenge the assessment as computed by the P.B.A. This appeal procedure shall in no way involve the Borough or require the Borough to take any action other than to hold the fee in escrow pending resolution of the appeal.

G. The P.B.A. shall indemnify, defend, and save the Borough harmless against any and all claims, demands, suits or other forms of liability that shall arise out of or by reason of actions taken by the Borough in reliance upon salary deduction authorization cards or the fair share assessment information as furnished by the P.B.A. to the Borough, or upon the official notification on the letterhead of the P.B.A. and signed by the President of the P.B.A. advising of such changed deduction.

DUES CHECK OFF

A. Effective January 1, 1994, the Borough agrees to deduct from the salaries of its Covered Employees, subject to this agreement, dues for the P.B.A. Such deductions shall be made in compliance with N.J.S.A. 52:14-15.9e, as amended.

B. A check-off shall commence for each new Covered Employee who signs a properly dated authorization card supplied by the P.B.A. and verified by the Treasurer of the P.B.A., during the month following the filing of such card with the Borough.

C. The aggregate deductions from all the Covered Employees shall be remitted to the Treasurer of the P.B.A. together with a list of names of all Covered Employees for whom the deductions were made by the fifteenth (15th) day of the succeeding month after such deductions were made.

D. If, during the life of this Agreement, there shall be a change in the rate of membership dues, the P.B.A. shall furnish the Borough written notice thirty (30) days prior to the effective date

of such change and shall furnish to the Borough either new authorizations from its members showing the authorized deduction for each Covered Employee or an official notification on the letterhead of the P.B.A. and signed by the President of the P.B.A. or Local Representative, advising of such change or deduction.

E. The P.B.A. will provide the necessary "check-off authorization" form and the P.B.A. will secure the signatures of its members on the forms and deliver the signed forms to the Borough Clerk.

F. Any such individual written authorization may be withdrawn at any time by the filing of notice of such withdrawal with the Borough Clerk. The filing of notice of withdrawal shall be effective to terminate deductions in accordance with N.J.S.A. 52:14-15.9e.

G. The P.B.A. shall indemnify, defend and save the Borough 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 Borough or in reliance upon information furnished by the P.B.A. or official notification on the letterhead of the P.B.A. and signed by the President of the P.B.A. or Local Representative.

COMPUTATION OF TIME, CHANGES AND CONDITIONS

A. Whenever any act is required under this article to be done or performed within a specific period of time, Saturdays, Sundays and Holidays shall be excluded in the computation of such period.

B. Nothing in the procedures set forth in this Article shall be deemed to abrogate, modify, or otherwise change any other part of this Agreement without the mutual consent of the parties hereto in writing.

C. The provisions of this agreement requiring payment of any sum of money are subject to the approval by the Municipal Council by Ordinance. This Agreement is also subject to the provisions of any State Law and Regulations which shall prevail, however, only if they are inconsistent with this Agreement and compliance with same is mandatory rather than permissive or discretionary.

FULLY BARGAINED AGREEMENT

A. 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 subject to negotiations.

B. During the terms of this Agreement, neither party shall 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.

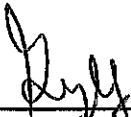
DURATION

This Agreement shall be in full force and effect as of **January 1, 2024, AND SHALL REMAIN IN EFFECT UP TO AND INCLUDING December 31, 2027**, 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 date of this Agreement, of a desire to change, modify or terminate this Agreement.

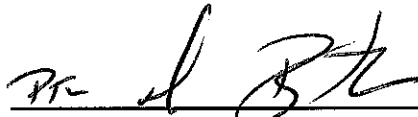
IN WITNESS WHEREOF, the parties have hereunto set their hands and seals at the Borough of Oaklyn, New Jersey on the 27th day of December, 2023.

THE BOROUGH OF OAKLYN

P.B.A. LOCAL 257



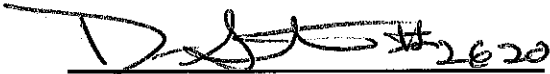
Greg Brandley
Mayor, Borough of Oaklyn

 #2633

Patrolman I. Booth #2633



Dorothy Valianti
Director of Public Safety
Councilwoman, Borough of Oaklyn

 #2620

Patrolman D. Grentner



Nancy MacGregor
Director of Finance
Council President



Detective Paul J. Mason

ATTEST:



BONNIE L. TAFT
Municipal Clerk, Borough of Oaklyn



EXHIBIT "A"

	2024 Annual Salary	2025 Annual Salary 2%	2026 Annual Salary 2%	2027 Annual Salary 2%
Recruit	35,000.00	35,700.00	36,414.00	37,142.00
Step 1	45,000.00	45,900.00	46,818.00	47,754.00
Step 2	50,000.00	51,000.00	52,020.00	53,060.00
Step 3	55,000.00	56,100.00	57,222.00	58,366.00
Step 4	65,000.00	66,300.00	67,626.00	68,979.00
Step 5	70,000.00	71,400.00	72,828.00	74,285.00
Step 6	75,000.00	76,500.00	78,030.00	79,591.00
Step 7	80,000.00	81,600.00	83,232.00	84,867.00
Step 8	85,000.00	86,700.00	88,434.00	90,203.00
Step 9	90,000.00	91,800.00	93,636.00	95,509.00
Step 10	98,000.00	99,960.00	101,959.00	103,998.00

EXHIBIT "B"

Please refer to attached outlining the Southern New Jersey Regional Employees Benefit Fund (SNJ Fund).



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Aetna MedicareSM Plan (PPO)

Medicare (C04) ESA PPO Plan

Custom Rx \$6/\$12/\$24 MOOP \$1351

Benefits and Premiums are effective January 1, 2023 through December 31, 2023

SUMMARY OF BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

Primary Care Physician (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

Prior Authorizations: Your doctor will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

PLAN FEATURES	Network & out-of-network providers.
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.
Annual Deductible	\$0
This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.	
Annual Maximum Out-of-Pocket Amount	
Annual maximum out-of-pocket limit amount \$400 includes any deductible, copayment or coinsurance that you pay. It will apply to all medical expenses except Hearing Aid Reimbursement , Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.	



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Aetna MedicareSM Plan (PPO)

Medicare (C04) ESA PPO Plan

Custom Rx \$6/\$12/\$24 MOOP \$1351

HOSPITAL CARE*	This is what you pay for network & out-of-network providers.
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Inpatient Hospital Care	\$0 per stay
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Observation Stay	Your cost share for Observation Care is based upon the services you receive
Frequency:	per stay

Outpatient Services & Surgery	\$0
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Ambulatory Surgery Center	\$0
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PHYSICIAN SERVICES	This is what you pay for network & out-of-network providers.
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Primary Care Physician Visits	\$10
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Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.

Physician Specialist Visits	\$10
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PREVENTIVE CARE	This is what you pay for network & out-of-network providers.
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Medicare-covered Preventive Services	\$0
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- Abdominal aortic aneurysm screenings
- Alcohol misuse screenings and counseling
- Annual Well Visit - One exam every 12 months.
- Bone mass measurements
- Breast exams
- Breast cancer screening: mammogram - one baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.
- Cardiovascular behavior therapy
- Cardiovascular disease screenings
- Cervical and vaginal cancer screenings (Pap) - one routine GYN visit and pap smear every 24 months.
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

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Medicare (C04) ESA PPO Plan

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- Depression screenings
- Diabetes screenings
- HBV infection screening
- Hepatitis C screening tests
- HIV screenings
- Lung cancer screenings and counseling
- Medicare Diabetes Prevention Program - 12 months of core session for program eligible members with an indication of pre-diabetes.
- Nutrition therapy services
- Obesity behavior therapy
- Pelvic Exams - one routine GYN visit and pap smear every 24 months.
- Prolonged Preventive Services - prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service
- Prostate cancer screenings (PSA) - for all male patients aged 50 and older (coverage begins the day after 50th birthday)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling
- Welcome to Medicare preventive visit

Immunizations

\$0

- Flu
- Hepatitis B
- Pneumococcal

Additional Medicare Preventive Services

\$0

- Barium enema - one exam every 12 months.
- Diabetes self-management training (DSMT)
- Digital rectal exam (DRE)
- EKG following welcome exam
- Glaucoma screening



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Aetna MedicareSM Plan (PPO)

Medicare (C04) ESA PPO Plan

Custom Rx \$6/\$12/\$24 MOOP \$1351

EMERGENCY AND URGENT MEDICAL CARE	This is what you pay for network & out-of-network providers.
Emergency Care; Worldwide (waived if admitted)	\$75
Urgently Needed Care; Worldwide	\$10
DIAGNOSTIC PROCEDURES*	This is what you pay for network & out-of-network providers.
Diagnostic Radiology CT scans	\$0
Diagnostic Radiology Other than CT scans	\$0
Lab Services	\$0
Diagnostic testing & procedures	\$0
Outpatient X-rays	\$0
HEARING SERVICES	This is what you pay for network & out-of-network providers.
Routine Hearing Screening We cover one every twelve months	\$0
Medicare Covered Hearing Examination	\$10
Hearing Aid Reimbursement	\$500 once every 36 months
DENTAL SERVICES	This is what you pay for network & out-of-network providers.
Medicare Covered Dental* Non-routine care covered by Medicare.	\$10



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Aetna MedicareSM Plan (PPO)

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VISION SERVICES	This is what you pay for network & out-of-network providers.
Routine Eye Exams	\$0
One annual exam every 12 months.	
Diabetic Eye Exams	\$0
Medicare Covered Eye Exam	\$10
Vision Eyewear Reimbursement	\$100 once every 12 months
Applies to in or out of network	
MENTAL HEALTH SERVICES*	This is what you pay for network & out-of-network providers.
Inpatient Mental Health Care	\$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Mental Health Care	\$10
Individual visit	
Partial Hospitalization	\$10
Inpatient Substance Abuse	\$0 per stay
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
Outpatient Substance Abuse	\$10
Individual visit	
SKILLED NURSING SERVICES*	This is what you pay for network & out-of-network providers.
Skilled Nursing Facility (SNF) Care	\$0 per day, days 1-120
Limited to 120 days per Medicare Benefit Period.	
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.	



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

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PHYSICAL THERAPY SERVICES*	This is what you pay for network & out-of-network providers.
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Outpatient Rehabilitation Services (Speech, physical, and occupational therapy)	\$10
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AMBULANCE SERVICES	This is what you pay for network & out-of-network providers.
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Ambulance Services	\$0
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Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.

TRANSPORTATION SERVICES	This is what you pay for network & out-of-network providers.
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Transportation (non-emergency)	Not Covered
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MEDICARE PART B PRESCRIPTION DRUGS*	This is what you pay for network & out-of-network providers.
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Medicare Part B Prescription Drugs	\$0
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MEDICARE PART D PRESCRIPTION DRUGS	This is what you pay for network & out-of-network providers.
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Part D drugs are covered. See **PHARMACY - PRESCRIPTION DRUG BENEFITS** section below for your plan benefits at each part D stage, including cost share and other important pharmacy benefit information.



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Aetna MedicareSM Plan (PPO)

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Custom Rx \$6/\$12/\$24 MOOP \$1351

ADDITIONAL PROGRAMS AND SERVICES	This is what you pay for network & out-of-network providers.
Allergy Shots	\$0
Allergy Testing	\$10
Blood	\$0
All components of blood are covered beginning with the first pint.	
Cardiac Rehabilitation Services	\$10
Chiropractic Services*	\$10
Medicare covered benefits only.	
Diabetic Supplies*	\$0
Includes supplies to monitor your blood glucose from LifeScan.	
Durable Medical Equipment/ Prosthetic Devices*	\$0
Home Health Agency Care*	\$0
Hospice Care	Covered by Original Medicare at a Medicare certified hospice.
Medical Supplies*	Your cost share is based upon the provider of services
Medicare Covered Acupuncture	\$10
Outpatient Dialysis Treatments*	\$0
Podiatry Services	\$10
Medicare covered benefits only.	
Pulmonary Rehabilitation Services	\$10
Radiation Therapy*	\$10
ADDITIONAL PROGRAMS (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
Healthy Lifestyle Coaching	Covered
One phone, video or chat session weekly.	
Resources For Living®	Covered
For help locating resources for every day needs.	
Teladoc™	\$0



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Aetna MedicareSM Plan (PPO)

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Telemedicine services with a TeladocTM provider. State mandates may apply.

Telehealth	Covered
Telemedicine Services. Member cost share will apply based on services rendered.	
Telehealth PCP	\$10
Telehealth Specialist	\$10
Telehealth Occupational Therapy Services	\$10
Telehealth PT and SP Services	\$10
Telehealth Other Health care Providers	\$10
Telehealth Individual Mental Health	\$10
Telehealth Group Mental Health	\$10
Telehealth Individual Psychiatric Services	\$10
Telehealth Group Psychiatric Services	\$10
Telehealth Individual Substance Abuse Services	\$10
Telehealth Group Substance Abuse Services	\$10
Telehealth Behavioral Health	\$0
Vendor: MD Live	
Telehealth Kidney Disease Education Services	\$0
Telehealth Diabetes Self-Management Training	\$0
Telehealth Opioid Treatment Program Services	\$10
Telehealth Urgent care	\$10
Wigs*	\$0
Maximum	\$500
Frequency	one wig every twenty four months



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Aetna MedicareSM Plan (PPO)

Medicare (C04) ESA PPO Plan

Custom Rx \$6/\$12/\$24 MOOP \$1351

ADDITIONAL SERVICES (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
Acupuncture unlimited visits every year. in lieu of anesthesia and for treatment of chronic pain.	\$10
Enhanced Chiropractic Services* Visits: thirty visits every year	\$10
Compression Stockings	\$0
Foot Orthotics	\$0
Routine Physical Exams One exam per calendar year	\$0
Private Duty Nursing*	\$0
Benefit Frequency	unlimited
Benefit Maximum	unlimited

Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

See next page for Pharmacy-Prescription Drug Benefits.



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Aetna MedicareSM Plan (PPO)

Medicare (C04) ESA PPO Plan

Custom Rx \$6/\$12/\$24 MOOP \$1351

PHARMACY - PRESCRIPTION DRUG BENEFITS

Calendar-Year deductible for Prescription drugs \$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Maximum Out of Pocket Once member reaches out of pocket expense of \$1,351, the member cost sharing is reduced to \$0.

Pharmacy Network S2

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (<http://www.aetnaretireeplans.com>.)

Formulary (Drug List) Comprehensive+

Initial Coverage Limit (ICL) \$4,660

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible):

3 Tier Plan	30-day Supply through Retail	90-day Supply through Retail or Mail	
	Standard	Preferred Mail	Standard Retail or Mail
Tier 1 - Generic Generic Drugs	\$6	\$5	\$18
Tier 2 - Preferred Brand Preferred Brand Drugs	\$12	\$18	\$36
Tier 3 - Non-Preferred Brand Non-Preferred Brand Drugs	\$24	\$30	\$72

If you reside in a long-term care facility, your cost share is the same as a 30 day supply at a retail

pharmacy and you may receive up to a 31 day supply.

Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage Limit. Your cost-sharing for covered Part D drugs after the Initial Coverage Limit and until you reach \$7,400 in prescription drug expenses is indicated below.

Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

Catastrophic Coverage:

You pay \$0.

Catastrophic Coverage benefits start once \$7,400 in true out-of-pocket costs is incurred.

Your plan includes a maximum out of pocket of \$1,351. You will pay \$0 once you reach the maximum out of pocket.

Requirements:

Precertification

Applies

Step-Therapy

Does Not Apply

Non-Part D Supplemental Benefit

- Agents used for cosmetic purposes or hair growth
- Agents used to promote fertility
- Agents when used for the symptomatic relief of cough and colds
- Agents when used for the treatment of sexual or erectile dysfunction (ED)



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Aetna MedicareSM Plan (PPO)

Medicare (C04) ESA PPO Plan

Custom Rx \$6/\$12/\$24 MOOP \$1351

- Agents when used for weight loss
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations

Medical Disclaimers

For more information about Aetna plans, go to www.AetnaRetireePlans.com or call Member Services at toll-free at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

The provider network may change at any time. You will receive notice when necessary.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the Evidence of Coverage (EOC). You can request a copy of the EOC by contacting Member Services at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your Evidence of Coverage
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



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Aetna will pay any non contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare covered services under the plan.

Pharmacy Disclaimers

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30 day supply.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at 1-866-241-0357, 24 hours a day, 7 days a week. TTY users call 711.

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. The amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.

Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the



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application of any discounts or benefits.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for "off label" use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs". These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Your plan includes supplemental coverage for some drugs not typically covered by a Medicare Part D plan. Refer to the "Non-Part D Supplemental Benefit" section in the chart above. Non-Part D drugs covered under the non-part D supplemental benefit can be purchased at the appropriate plan copay. Copayments and other costs for these prescription drugs will not apply toward the deductible, initial coverage limit or true out-of-pocket threshold. Some drugs may require prior authorization before they are covered under the plan.

Plan Disclaimers



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Aetna Medicare is a HMO and PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna). Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

You can read the *Medicare & You 2023 Handbook*. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-267-2637 (TTY: 711). Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-267-2637 (TTY: 711).

Traditional Chinese: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-888-267-2637 (TTY: 711)。

You can also visit our website at <http://www.aetnaretireeplans.com>. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

English: We have free interpreter services to answer any questions you may have about our health



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or drug plan. To get an interpreter, just call us at 1-800-307-4830. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-307-4830. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-307-4830。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-307-4830。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-307-4830. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-307-4830. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-307-4830 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-307-4830. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-307-4830번으로 문의해 주십시오. 한국어어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы



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можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-307-4830. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

:Arabic

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-307-4830. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-307-4830 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-307-4830. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-307-4830. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-307-4830. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-307-4830. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-307-4830にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele 'ōlelo kā mākou i mea e pane 'ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā'au lapa'au paha. I mea e loa 'a ai ke kōkua māhele 'ōlelo, e kelepona mai iā mākou ma 1-800-307-4830. E hiki ana i kekahi mea 'ōlelo Pelekānia/ 'Ōlelo ke kōkua iā 'oe. He pōmaika'i manuahi kēia.



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*****This is the end of this plan benefit summary*****

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Y0001_GRP_1099_3732a_2021_M

South Jersey Health Insurance Delta Dental Plans 2/1/2023

Dental

Delta Dental PPO

Network Access

Delta PPO Network

BENEFIT PLAN COMPARISONS

In-Network

In-Network

Out-of-Network

Preventive

100%

90%

Basic

80%

70%

Major

65%

55%

Perio & Prosthodontics

50%

40%

Ortho: Child only to age 19

50%

50%

Annual Deductible

Waived for Preventive ~ Applies to Basic, Major, Perio & Prosthodontics services

Annual Deductible

\$50 ind/\$100 family

\$75 ind/\$150 family

Annual Maximum Per Individual

\$3,000 max combined in & out network

\$2,000 (max \$3,000 combined in & out network)

Lifetime Ortho (Child Only) Maximum

\$1,000

\$750

Claim Reimbursement

accepts Delta Dental fee as payment in full

80th % UCR; plans pays up to amount 80% of dentists in geographic area charge; member pays any balance exceeding the 80%

Key Services

Key Services

Exams/Cleanings

Preventive

Fillings

Basic

Endodontics Root Canal

Basic

Bridges

Major

Crowns

Major

Dependent Age Limit

Dependents are covered to Age 26

Dental Plan Election: Select One Box

Dental Plan is paid for by the Borough of Oaklyn; No employee contribution

Single

☐ \$0.00

Employee/Spouse

☐ \$0.00

Parent/Child(ren)

☐ \$0.00

Family

☐ \$0.00

1 Year Rate Guarantee

Waiver: ☐ I do not wish to participate in the Borough of Oaklyn Dental plan.

Employee Name: _____ Employee Signature: _____ Date: _____

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Employer Name: Borough of Oaklyn

Active Employees

c/o PERMA, PO Box 99106
Camden, NJ 08101

EMPLOYEE/PARTICIPANT INFORMATION (Employee or Dep 3.1)

Benefits Enrollment Form

Please **PRINT** and fill this section out **COMPLETELY**

Social Security #:	Last Name:	First Name:	M.I.:	
Gender: ☐ Male ☐ Female	Date of Birth:	Address:		
City:	State:	Zip:	Home Phone #:	Work Phone #:
E-mail:	PCP # (if required):	Division (if any):		
Requested Effective Date:				

DEPENDENT INFORMATION (Spouse, Child or Children)

Please **PRINT** and fill this section out **COMPLETELY**

Please list all eligible dependents only

Spouse

Social Security #:	First Name:	Last Name:	M.I.:
Date of Birth:	Gender: ☐ Male ☐ Female	PCP # (if required):	

Child(ren)

Social Security #:	First Name:	Last Name:	M.I.:
Date of Birth:	Gender: ☐ Male ☐ Female	PCP # (if required):	

Relationship:

Social Security #:	First Name:	Last Name:	M.I.:
Date of Birth:	Gender: ☐ Male ☐ Female	PCP # (if required):	

Relationship:

Social Security #:	First Name:	Last Name:	M.I.:
Date of Birth:	Gender: ☐ Male ☐ Female	PCP # (if required):	

Relationship:

Social Security #:	First Name:	Last Name:	M.I.:
Date of Birth:	Gender: ☐ Male ☐ Female	PCP # (if required):	

Relationship:

PLAN SELECTIONS – please Select one plan

Medical, Prescription & Dental Coverage

- ☐ Aetna Choice POS II \$15 with Prescription Drug \$3/\$10/\$10
- ☐ Aetna Choice POS II \$10 with Prescription Drug \$3/\$10/\$10
- ☐ Aetna HMO \$10 with Prescription Drug \$3/\$10/\$10
- ☐ Aetna Choice POS II \$15 (2019) with Prescription Drug \$7/16 difference
- ☐ Aetna Choice POS \$20 with Prescription Drug \$7/\$16/\$35
- ☐ Delta Dental PPO Plan

Type of Coverage: ☐ Employee Only ☐ Employee + Spouse ☐ Employee + Child(ren) ☐ Employee + Family

☐ I wish to waive Medical, Rx and Dental coverage ☐ I wish to cancel my medical, prescription & dental coverage

TYPE OF ACTIVITY

☐ New Hire Date: _____ ☐ Open Enrollment Date: _____ ☐ Rehire Date: _____

☐ Termination of Employment
Date: _____

Addition of Dependent (legal documentation required)

☐ Marriage ☐ Civil Union ☐ Birth ☐ Adoption/Guardianship/Foster Care Date of Event: _____

Add Coverage: ☐ Medical ☐ Prescription

Deletion of Dependent Date of Event: _____ Dependent Name: _____

☐ Divorce (legal documentation required) ☐ Death of spouse or child ☐ Child over age limit/ineligible

Remove Coverage: ☐ Medical ☐ Prescription

Other

☐ Dependent Age 31 ☐ Newly Eligible (PT or FT)

☐ Death (Name of Deceased): _____ Date of Death: _____

☐ Other (Give Reason): _____

EMPLOYEE CERTIFICATION

I certify that all of the information supplied on this form is true to the best of my knowledge. I understand if I waive my right to coverage at this time, enrollment is not permissible until the next scheduled open enrollment. I understand that there is no guarantee of continuous participation by medical service providers, doctors or facilities in the Plans. If either my physician or medical center terminates participation in the Plan, I must select another doctor or medical center participating in the same plan. I authorize any hospital, physician or health care provider to furnish my medical plan or its assignee with such medical information about myself or my covered dependents as the medical plans or assignee may require. I also attest that the dependents listed here (if applicable) meet the dependent eligibility criteria of the Plan. I understand that in the event I cover any dependent that does not meet the eligibility provisions of the Plan that doing so shall invalidate their coverage and potentially my coverage and that I may be subject to penalties. I further agree that the SNJHIF may, at any time, request that I supply evidence that substantiates the eligibility status of any person I cover as a dependent under the Plan.

Print Name: _____ Employee Signature: _____ Date: _____