

SIDE LETTER TO THE MEMORANDUM OF UNDERSTANDING
July 1, 2024 through June 30, 2027
BETWEEN THE CITY OF RIPON
AND
RIPON SERGEANTS' ASSOCIATION

On July 19, 2024, the City Council of the City Ripon adopted Resolution No. 24-28, approving the 2024-2027 Memorandum of Understanding (MOU). The adjustments to wages, hours and conditions of employment that are set forth in this side letter have been discussed by and between the bargaining representatives of the City of Ripon (hereinafter, "City") and the bargaining representatives of the Ripon Police Sergeants' Association (hereinafter "Association") and shall apply to all employees of the City working in the classification of Police Sergeant.

According to the MOU, for calendar year 2025, the City and Association have agreed to share in the premium increases above the defined maximum monthly contribution of \$2,050 for Association employees enrolled with Kaiser Permanente and \$2,050 for Association employees enrolled with Blue Shield.

The City has received the 2025 Health and Welfare annual premium renewal cost information. Below is a summary of the change in premium from calendar year 2024 to 2025 for the Blue Shield and Kaiser employee categories.

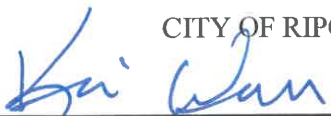
CATEGORY	2024 PREMIUM ^b	2025 PREMIUM ^b	EMPLOYEE RESPONSIBILITY	CITY RESPONSIBILITY
<u>Employees w/ Blue Shield Plan ^a</u>				
Employee Only	\$962.09	\$1,001.23	\$0	\$1,001.23
Employee + Spouse	\$1,926.71	\$2,004.99	\$0	\$2,004.99
Employee + Children	\$1,940.50	\$2,018.78	\$0	\$2,018.78
Employee + Family	\$2,537.85	\$2,638.79	\$294.40 (2024: \$243.92)	\$2,344.39
<u>Employees w/ Kaiser Plan</u>				
Employee Only	\$822.61	\$904.06	\$0	\$904.06
Employee + Spouse	\$1,800.32	\$1,979.49	\$0	\$1,979.49
Employee + Children	\$1,657.42	\$1,820.30	\$0	\$1,820.30
Employee + Family	\$2,486.09	\$2,730.42	\$340.21 (2024: \$218.04)	\$2,390.21

Note(s):

- a. The maximum potential deductible reimbursement, as previously approved by the City Council, is not included. On a calendar year basis, employees using the Blue Shield plan are reimbursed for 100 percent of the Blue Shield plan healthcare deductible cost. Also, the City reimburses employees using the Blue Shield and co-insurance cost after the first \$2,000 is paid by the employee. The maximum reimbursement by the City is \$3,000 individual/\$8,000 family, per year.
- b. Includes healthcare, dental, vision, and chiropractic premiums.

Starting January 1, 2025, an Association employee in the category of "Employee + Family" enrolled in Blue Shield will be responsible for \$294.40 per month, an Association employee in the category of "Employee + Family" enrolled in Kaiser will be responsible for \$340.21 per month.

CITY OF RIPON



Kevin Werner, City Administrator

Date: 9/30/2024

RIPON POLICE SERGEANTS' ASSOCIATION



ALEX BURGOS, RSA

Date: 10/02/24