

RESOLUTION NO. 16-68

RESOLUTION OF THE CITY COUNCIL OF THE CITY OF  
RIPON ADOPTING AMENDMENT NO. 1 TO THE  
MEMORANDUM OF UNDERSTANDING  
FOR FISCAL YEARS 2016-17 and 2017-18 FOR ALL  
EMPLOYEES OF THE CITY OF RIPON  
POLICE SERGEANT'S ASSOCIATION

WHEREAS, the City Council of the City of Ripon is desirous of adopting Amendment No. 1 to the Memorandum of Understanding for all employees of the City of Ripon Sergeant's Association (RSA) for Fiscal Years 2016-17 and 2017-18; and

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Ripon does hereby adopt Amendment No. 1 attached hereto as Exhibit "A" to the Memorandum of Understanding for the period July 1, 2016 through June 30, 2018, filed with the City Clerk of the City of Ripon this 11<sup>th</sup> day of October, 2016, as the current compensation plan for the City of Ripon for these employees.

PASSED AND ADOPTED at a regular meeting of the City Council of the City of Ripon this 11<sup>th</sup> day of October, 2016, by the following vote:

AYES:	Zuber, Uecker, Restuccia, Winchell, Parks
NOES:	None
ABSENT:	None
ABSTAINING:	None

THE CITY OF RIPON, A Municipal Corporation

By: \_\_\_\_\_

  
JACOB PARKS, Mayor

ATTEST:

  
\_\_\_\_\_  
LISA ROOS, City Clerk

AMENDMENT #1 TO  
MEMORANDUM OF UNDERSTANDING  
July 1, 2016 through June 30, 2018

BETWEEN THE CITY OF RIPON  
AND  
RIPON SERGEANTS' ASSOCIATION

On July 12, 2016, the City Council of the City of Ripon adopted Resolution No. 16-52, approving the 2016-2018 Memorandum of Understanding (MOU). The adjustments to wages, hours and conditions of employment that are set forth in this Amendment have been discussed by and between the bargaining representatives of the City of Ripon (hereinafter, "City") and the bargaining representatives of the Ripon Sergeants' Association (hereinafter, "Association") and shall apply to all employees of the City working in the classification of Sergeant.

The City and Association agree as follows:

ARTICLE III – Wage Supplements, Section A.2 is hereby amended to read in full as follows:

The City agrees to reimburse Association employees for 100 percent of the Blue Shield Silver Plan healthcare deductible cost and Co-insurance cost after \$2,000 paid by the Association Employee through December 31, 2017. In order to receive reimbursement, requests shall be submitted to the City no later than 12 months from the date of service as shown on the Explanation of Benefits.

ARTICLE III – Wage Supplements, Section A.3 is hereby amended to read in full as follows:

The City agrees to pay 50 percent of the premium increase above the current maximum monthly contribution of \$1,760 for Association employees enrolled with Kaiser Permanente and \$1,415 for Association employees enrolled with Blue Shield. ~~Actual amount shall be added by Sideletter when premiums are known.~~ Based on the actual 2017 renewal quotes received (see Attachment A), the Association Employees enrolled in the Blue Shield "Employee plus family" category, shall be responsible for \$129.10 per month of the employees share of the additional premium above the previously defined Blue Shield maximum for calendar year 2017. Association Employees enrolled in the Kaiser "Employee plus family" category shall be responsible for \$59.63 per month of the employee's share of the additional premium above the previously defined Kaiser maximum for calendar year 2017.

Except as amended herein, the 2016-2018 MOU and each term and condition contained therein shall remain unchanged and shall continue in full force and effect.

Signatories to the Amendment of the 2016-2018 Memorandum of Understanding between the City and the Association:

FOR RIPON SERGEANTS'  
ASSOCIATION

  
\_\_\_\_\_  
Stephen Meece, RSA

Date: 09-28-16

FOR THE CITY OF RIPON

  
\_\_\_\_\_  
Kevin Werner, City Administrator

Date: 9/28/16

ATTACHMENT A

CATEGORY	2016 PREMIUM <sup>b</sup>	2017 PREMIUM <sup>b</sup>	EMPLOYEE RESPONSIBILITY	CITY RESPONSIBILITY
<b><u>Employees w/ Blue Shield Plan <sup>a</sup></u></b>				
Employee Only	\$606.64	\$627.60	\$0	\$627.60
Employee + Spouse	\$1,213.80	\$1,256.68	\$0	\$1,256.68
Employee + Children	n/a	n/a	n/a	n/a
Employee + Family	\$1,617.55	\$1,673.21	\$129.10	\$1,544.11
<b><u>Employees w/ Kaiser Plan</u></b>				
Employee Only	\$588.30	\$619.95	\$0	\$619.95
Employee + Spouse	\$1,282.59	\$1,352.05	\$0	\$1,352.05
Employee + Children	\$1,196.95	\$1,260.69	\$0	\$1,260.69
Employee + Family	\$1,783.79	\$1,879.27	\$59.63	\$1,819.64

Note(s):

- a. The maximum potential deductible reimbursement, as previously approved by the City Council, is not included.
- b. Includes healthcare, dental, vision, and chiropractic premiums.