



1-28-19

FILE NO. 172-2019-A

CITY OF CLEVELAND
Mayor Frank G. Jackson

Memplan

**INTER-OFFICE
MEMORANDUM**

TO: Barbara Langhenry, Director
Department of Law

FROM: Nycole D. West, Director *ndw*
Department of Human Resources

DATE: January 15, 2019

SUBJECT: Request for Legislation

Please prepare legislation to ratify the tentative collective bargaining agreement for the Cleveland Police Patrolmen's Association (C.P.P.A) and to amend Section 10 of the City-wide pay band ordinance. Classifications include:

- Bilingual Communication Specialist
- Police Radio Dispatcher
- Police Safety Aide
- Safety Telephone Operator

1. WAGES – ARTICLE 24

- 1st year – no increase
- 2nd year – 2.0% wage increase retroactive to 4/01/17
- 3rd year – 2.0% wage increase retroactive to 4/01/18

- Effective 4/01/18 – provide \$1,000 equity adjustment for Police Radio Dispatchers ("PRD's"), Bilingual Communications Specialists ("BCS's") and Safety Telephone Operators ("STO's") with more than three years of service, after application of the 2.0% wage increase.
- Effective 4/01/18 – provide additional \$1,000 equity adjustment for PRD's, BCS's and STO's with more than ten years of service, after application of the 2.0% wage increase.
- Provide \$500 one-time lump sum signing bonus for Police Safety Aides.
- Implement minimum hourly rate of \$15.00/hour effective upon ratification.

2. INSURANCE – ARTICLE 22

- Effective March 31, 2019, premium contributions will be increased to fourteen (14%)/ family and fifteen percent (15%)/single for those employees completing the City-defined wellness initiatives.

Non-wellness premium contributions will be eighteen percent (18%)/family and nineteen percent (19%)/single coverage.

- Effective March 31, 2019, modify plan-design on Plus plan as follows:
 - Modify annual deductible to \$750 single/\$1500 family
 - Increase out-of-pocket maximums to \$1500 single/\$3000 family for in-network
 - Out-of-network terms to continue to be set by carrier
- Modify premium contributions for an optional high deductible plan by requiring employees to pay nine percent (9%)/family and ten percent (10%)/single of the City's monthly premium cost for hospitalization, prescription drug, vision and dental coverage. Allow for employee premium contributions to be reduced to five percent (5%)/family and six percent (6%)/single for those employees participating in City-defined wellness initiatives. (See attached plan design.)
- Eliminate HMO options
- Smoking Cessation. The City reserves the right to implement a smoking-cessation incentive policy.
- Employee must complete all City-defined wellness initiatives.

Section 10. Cleveland Police Patrolmen's Association (C.P.P.A.) Civilian Personnel Salaries and compensation for all persons employed in the following classifications shall be fixed by the appointing authority in accordance with the schedule appearing after each classification:

		<u>Minimum</u>	<u>Maximum</u>
1	Bilingual Communication Specialist	\$40,828.63	\$44,478.11
2	Police Radio Dispatcher	44,706.04	48,512.15
3	Police Safety Aide	31,826.74	33,112.54
4	Safety Telephone Operator	35,180.95	37,180.95

This piece of legislation is for introduction.

CC: Natoya Walker Minor, Chief of Public Affairs
 Valerie McCall, Chief of Government & International Affairs & Acting Chief of Communications
 Tracy Anderson, Special Assistant of the Mayor, Office of the Mayor
 Ronda Curtis, Chief Assistant Director of Law, Department of Law
 Lonya Moss Walker, Commissioner, Division of Accounts
 Michael Spreng, Civil Service Commission
 Austin Opalich, Labor Relations Manager
 Gina Routen, Manager, Department Personnel & Human Resources
 Rob Ryan, HR Fiscal Administrator
 File

NEGOTIATIONS BETWEEN
THE CITY OF CLEVELAND
AND
CLEVELAND POLICE PATROLMEN'S ASSOCIATION
(CIVILIAN)

EXECUTIVE SUMMARY

January 11, 2019

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3. **LEAVES OF ABSENCE – ARTICLE 13**

- Funeral Leaves – At their option, allow employees to use either accumulated sick pay or accumulated compensatory time (currently only allowed to use sick time).
- Sick Leave With Pay – Employee must provide a doctor’s note to return to work for a sickness of three (3) days or longer (currently for a sickness longer than 3 days).

4. **EQUALIZATION OF OVERTIME – ARTICLE 21**

Modify tracking of mandatory overtime assignments by allowing credits for working said assignments to accrue without limitation but which do not survive the end of the calendar quarter in which they are accrued.

5. **PAY DAY – ARTICLE 23**

Delete references to “hand delivery” or “mailing” of physical pay check.

6. **COMPENSATORY TIME – ARTICLE 25**

Effective January 1, 2019, the City will budget \$60,000 annually for compensatory time cash-outs.

7. **CALL-IN PAY / COURT TIME – ARTICLE 30**

Clarify minimum call-in pay and court-time provisions to comport with current practice.

8. **DISCIPLINE – ARTICLE 31**

- Effective February 1, 2019, increase shelf-life for discipline from two (2) years to three (3) years.
- Clarify that employee being subjected to interrogation which could lead to discipline, that employee be provided a copy of any applicable complaint and the opportunity to have union representation.

7. **GRIEVANCE PROCEDURE – ARTICLE 33**

Increase time for Step 3 answer from fifteen (15) working days to twenty (20) working days.

8. **STO CONVERSION – ARTICLE 37**

Add that Bi-Lingual Communication Specialists are eligible for training to become Police Radio Dispatchers.

9. **DURATION – ARTICLE 44**

Three years – Date of ratification or conciliation award through March 31, 2019.

HEALTHCARE ADDENDUM A

CITY OF CLEVELAND
MEDICAL INSURANCE PLAN DESIGN

I. COMPREHENSIVE MAJOR MEDICAL PPO PLAN (PLUS)

In-Network

- | | | |
|----|--|--|
| a. | Annual Deductible: | \$ 500 <u>750</u> single
\$ 1,000 <u>1,500</u> family |
| b. | Comprehensive Major Medical:
(Co-Insurance percentage) | 90% - 10% |
| c. | Co-Insurance Annual Out-of-Pocket
Maximum (Excluding Deductible): | \$ 1,250 <u>1,500</u> single
\$ 2,500 <u>3,000</u> family |
| d. | Doctor and other Office visits:
--Specialists: | \$20.00 Co-pay
\$30.00 Co-pay |
| e. | Use of Emergency Room: | \$100.00 Co-pay
(Co-pay waived if admitted)
Non-Emergency use \$100.00
Co-pay plus 90% Co-
Insurance |
| f. | Wellness/Preventive Services: | |
| | Routine Physical Exam (One exam
per benefit period): | \$20.00 office visit Co-pay,
not subject to deductible |
| | Well Child Care Services including
Exam and Immunizations (to age nine,
limited to a \$500 maximum per benefit
period): | \$20.00 office visit Co-pay,
not subject to deductible |
| | Well Child Care Laboratory Tests (to
age nine): | 100% not subject to
deductible |
| | Routine Mammogram (One, limited
to an \$85 maximum per benefit period): | 100% not subject to
deductible |
| | Routine Pap Test and Exam (One per
benefit period): | 100% not subject to
deductible |

Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel and Urinalysis (Ages nine and over, one each per benefit period):

100% not subject to deductible

CA 125 (cancer screening), Cholesterol Screening (Ages nine and over, one each per benefit period):

100% not subject to deductible

Routine PSA Test:

100% not subject to deductible

Routine Endoscopic Services (including Colonoscopy) and Colon Cancer Screening (Age over 50, one each per benefit period):

100% not subject to deductible

g. Out-of-Network varies by standard carrier design.

II. ~~HMO~~

The City will provide not less than two (2) ~~HMO~~ options:

	<u>In Network</u>
a. Co-Insurance percentage:	90% 10%
b. No deductible:	
e. Co-Insurance Annual Out of Pocket	\$1.250 single
Maximum:	\$2,500 family
d. Doctor and other treatment visits:	\$20.00 Co-pay
e. Use of Emergency Room:	\$100.00 Co-pay (Co-pay waived if admitted)
	Non-Emergency use: \$100.00
	Co-pay plus 90% Co-Insurance

IVII. PRESCRIPTION DRUG

- a. Co-Pays:
- | | |
|---------------------------|---------|
| Generic (mandatory) | \$10.00 |
| Name Brand, Formulary | \$25.00 |
| Name Brand, Non-Formulary | \$40.00 |
- b. Mandatory Generic Requirement - Mandate individual's use of generic drugs where available; if individual chooses Name Brand Formulary or Name Brand Non-Formulary when generic is available, individual pays the applicable Name Brand Formulary or Name Brand Non-Formulary co-pay plus the difference between the Generic and Name Brand costs.

Note: Coverage levels for out-of-network services will be as established by the carrier.