

# **LABOR AGREEMENT**

**BETWEEN**

**THE SKAGIT COUNTY SHERIFF,**

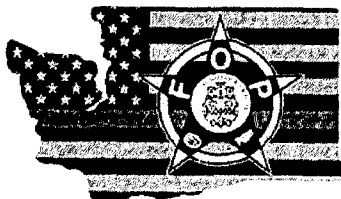
**SKAGIT COUNTY, WASHINGTON**

**AND**

**SKAGIT COUNTY SHERIFF'S OFFICE STAFF  
GUILD/WASHINGTON STATE FRATERNAL ORDER OF  
POLICE**

**January 1, 2024 through December 31, 2025**

**WASHINGTON**



**FRATERNAL ORDER OF POLICE**



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## PREAMBLE

THIS AGREEMENT is made and entered into by and between the Skagit County Commissioners and the Skagit County Sheriff, hereinafter referred to as Employer, and Skagit County Sheriff's Office Staff Guild/Washington State Fraternal Order of Police, hereinafter referred to as Guild. The purpose of this Agreement is to set forth the understanding reached between the parties with respect to wages, hours of work and other terms and conditions of employment for employees of the County who are represented by the Guild and set forth in Article 1.

## ARTICLE 1 RECOGNITION

- 1.1 GUILD RECOGNIZED. The Employer recognizes the Guild as the sole and exclusive bargaining representative for all regular full-time and regular part-time Support Service personnel within the Sheriff's Department, including those classifications listed in Attachment A, Classification Plan, to this Agreement.
- 1.2 NEW CLASSIFICATION. Should a new job classification be created, the Employer will notify the Guild within ten (10) working days and negotiations over appropriate wages for said classification will begin within thirty (30) days of the notification.
- 1.3 USE OF VOLUNTEERS/TRAINEES. The Employer and Guild recognize that the use of volunteers, persons participating in job training programs and persons participating in educational programs which are funded by moneys other than the County provide a benefit to the County, the worker and the community in general. Therefore, it is agreed that these persons may be used from time to time for non-essential, peripheral functions and tasks, but will not be a part of the bargaining unit or covered by this agreement for such time as they are in the above mentioned programs.

## ARTICLE 2 GUILD SECURITY

- 2.1 Guild Dues and Fees. When an employee provides written authorization to the County and to the Guild, the County will deduct from the employee's salary an amount equal to dues or service fees required to be a member or represented by the Guild.
- 2.2 Notification. When the County hires a new employee in a position covered in the bargaining unit, the County shall, within seven calendar days of the date of employment, notify the Guild in writing giving the name, hire date, address, personal email address and classification, including wage, of the employee hired.
  - (a) The County will inform new, transferred, promoted, or demoted employees in writing prior to hire into positions included in the bargaining unit(s) of the Guild's exclusive representation status. The County will furnish the employees hired into bargaining unit positions membership materials supplied by the Guild. Per statute, Guild representatives shall be given 30 minutes paid time with each new employee to discuss Guild membership.
- 2.3 Dues Cancellation. An employee may cancel payroll deduction of dues and/or service fees by written notice to the County and the Guild on the appropriate Guild cancellation forms. The cancellation will become effective on the second payroll after receipt of the notice.
- 2.4 Indemnification. The Guild agrees to indemnify and hold the County harmless from all claims, demands, suits, or other forms of liability that arise against the County for or on account of compliance with this Article and any issues related to the deduction of dues or fees.

## ARTICLE 3 GUILD-MANAGEMENT RELATIONS

- 3.1 RATIFICATION OF AGREEMENTS. Agreements reached between the parties of the Agreement shall become effective only when ratified by the Guild and the Board of Skagit County Commissioners.
- 3.2 NEGOTIATING TEAM. Members of the bargaining unit negotiating team will be paid their usual wage whenever negotiations are conducted during normal working hours.
- 3.3 GUILD REPRESENTATIVES. The Guild shall submit to the Employer a written list of up to three (3) Guild officials, negotiating committee members and representatives to be recognized by the County within 30 days of execution of this Agreement and whenever changes occur.
- 3.4 GUILD ACCESS. With advance notice, the authorized Guild representative will have reasonable access to the Employer's premises for the purposes of investigating grievances and contract compliance. Such access shall not include areas where confidential Sheriff's Office business is conducted, or where the safety of the representative or any other person would be compromised.
- 3.5 LABOR/MANAGEMENT COMMITTEE. In recognition of the value of communication between the parties and the benefits of cooperative problem solving, a Guild/Management Committee shall be established to discuss matters of mutual concern.
- 3.5.1 The committee will meet at the request of either party when it is believed there are matters which merit discussion. Committee business will be conducted on County time.
- 3.5.2 The committee will include up to three (3) permanent members chosen by the Guild and up to three (3) permanent members chosen by management. Either party may invite additional participants on an ad hoc basis.
- 3.5.3 No less than one week before a scheduled meeting of the committee, each party will advise the other of matters which the party wishes to discuss. The agenda will be limited to such matters unless the parties agree to discuss late submitted agenda items.
- 3.5.4 It is understood that any items discussed in the Guild/Management Committee shall be expressed with the goal to promote the free and unobstructed exchange of concepts, concerns, possible change and ideas, the Guild and Employer agree the meeting is for the frank and candid discussion of issues with the purpose of problem resolution not confrontation. All discussions are "off the record" and are not to be used by either party as evidence supporting any past, current, or future dispute. The intent is that evidence is not admissible as provided in Evidence Rule 410 or its successor. It is also understood that neither party to this agreement waives its right to negotiate any bargainable subject.

## ARTICLE 4 DEFINITIONS

Regular Rate of Pay. Any reference in this Agreement to regular rate of pay, regular pay, regular hourly rate of pay, etc., shall mean the rate of pay an employee currently earns, including all premiums and/or shift differential pay applicable under the Fair Labor Standards Act.

Base Rate of Pay. Any reference in this Agreement to base rate of pay, base hourly rate of pay, base pay, etc., shall mean the rate of pay an employee currently earns, not including any premiums, shift differential pay or other incentive pays.

Regular Employee. A regular employee, so classified on the Employer's payroll records, is one who has completed the probationary period and is assigned duties associated with a position recognized as and identified with the Employer's regular organization.

Probationary Employee (Initial Probation). An employee shall not be classified as a regular employee and shall be considered a probationary employee for the first (twelve) 12 months of employment and upon notice no later than the 1<sup>st</sup> week of the 12<sup>th</sup> month extended for up to an additional six (6) months. Probationary employees shall receive fringe benefits and shall accrue leaves, but shall not be eligible to use vacation leave until they have completed (six) months of employment. During or at the conclusion of the probationary period, the Employer may terminate the employment relationship for any reason without notice or pay in lieu of notice. Such terminations shall not be subject to the grievance procedure of this Agreement.

Probationary Employee (Promotion Probation). An employee who has received a promotion shall serve a probationary period of six (6) months in the new position. During this six (6) month period, the employee shall continue to accrue and use leaves and benefits as before the promotion. The Sheriff may revert probationary promoted employees to their prior regular civil service rank without cause, and such reversion shall not be subject to the grievance procedure of this Agreement.

Regular Full-Time Employee. A regular full-time employee is one who, in the performance of assigned duties, normally works a regular continuing schedule of forty (40) hours per week.

Regular Part-Time Employee. A regular part-time employee is one who, in the performance of assigned duties, normally works a regular continuing schedule of less than forty (40) hours in a week, but at least twenty (20) hours in a week, for at least five (5) months in a twelve (12) month period. Regular part-time employees are entitled to all benefits provided to regular full-time employees, except that sick leave, holidays and vacation leave accruals shall be pro-rated, and the employee shall pay a pro-rated share of the medical insurance premium for their medical insurance.

On-Call/Temporary Employee. An on-call/temporary employee is one who is hired to work on an intermittent basis, as an interim replacement or for temporary work on a predetermined work schedule. Temporary work on a predetermined work schedule shall not extend beyond five (5) calendar months except by mutual agreement of the Sheriff and the Guild. On-call/temporary employees will not be regularly utilized to fill regular positions. On-call/temporary employees shall not receive fringe benefits, accrue leave benefits, or receive step increment raises, but shall be entitled to those benefits required by law.

Administrative Leave. Administrative leave means any time off with pay authorized or directed by the Sheriff or his designee which is not vacation, sick or bereavement leave, or a holiday as defined in this agreement.

## **ARTICLE 5 GUILD PRIVILEGES**

- 5.1 **BULLETIN BOARDS.** With mutual agreement, the Employer shall provide space for two bulletin boards or space on bulletin boards which may be used by Guild members.
- 5.2 **REASONABLE ACCESS.** The Employer shall allow Guild officials reasonable access to the telephone and photocopiers only for purposes of processing and gathering of information needed to evaluate, file or settle grievances, and the processing and gathering of information needed to evaluate, file, or settle Civil Service complaints. The Guild agrees not to use the Employer's photocopiers for other purposes, unless agreed to by the County. Guild officials may use the Employer's computer e-mail system for general notices by the Guild only. The Guild officials may have access to the conference rooms if accompanied by a sheriff's employee to escort and prior approval for the room is obtained. Reasonable access shall be defined as "de minimis or incidental" use unless granted extended use.
- 5.3 **TELEPHONE USE.** The Guild members are free to use the telephone on their own time (including lunch periods and breaks) to the same degree other employees are allowed to use the telephone. With the permission of the Sheriff or his/her designee, the Guild may make long distance phone calls to bargaining unit members.

- 5.4 MEETINGS. Official Guild representatives shall be allowed time away from their duty station without loss of pay when attending meetings with the County, or when adjusting grievances or complaints. Such representatives shall give notice to their supervisor before leaving the job. Except for meetings with the County Guild business shall be limited to not more than 15 minutes unless granted a longer time by the Employer.
- 5.6 PEOPLE PAYROLL DEDUCTION – The Employer shall, upon receipt of a written authorization form that conforms to federal requirements, deduct from the pay of such bargaining unit employee the amount of contribution the employee voluntarily chooses for deduction for political purposes and shall transmit the same to the Guild.

## **ARTICLE 6 MANAGEMENT RIGHTS**

- 6.1 MANAGEMENT RIGHTS DEFINED. The County shall retain all customary, usual and exclusive rights, functions, prerogatives, and authority connected with or incident to its responsibility to manage the affairs of the office, without need to bargain further about any matter not addressed in the Collective Bargaining Agreement. The County shall have no obligation to bargain with the Guild with respect to any such subjects, the exercise of discretion, decision-making authority, decisions made, and/or the impact of decisions, to the extent that no article of this contract shall be violated. Provided, however, the Guild and the County shall meet during the term of the Agreement at the request of either party to discuss or attempt to resolve grievances or other problems, and to improve the relations between the parties.

Without limitation and by way of illustration, the exclusive prerogatives, functions and rights of the County shall include the following:

- 6.1.1 To determine the specific programs and services offered by the County, and the methods, means and facilities by which they shall be effectuated.
- 6.1.2 To determine the nature and qualifications of the work force, to introduce and assign the duties and equipment and to direct and evaluate the employees in the performance of their work assignments.
- 6.1.3 To hire, promote, train, retain, layoff, suspend, and to discipline, demote and discharge employees for just cause, and to discharge probationary employees at will.
- 6.1.4 To implement new, and to revise or discard whether in whole or in part, procedures, materials, equipment and facilities.
- 6.1.5 To subcontract or assign work beyond the capacity of the bargaining unit to perform, provided that the bargaining unit has first been offered such work.
- 6.1.6 To adopt policies, procedures, rules or regulations to carry out the mission of the County, provided that such policies, procedures, rules or regulations do not substantially change any wage, hour, or working condition and provided further, that if the Guild can show a change in such a wage, hour, or working condition, the County and the Guild will meet to negotiate the effects of such changes.

## **ARTICLE 7 WORK PERIOD, OVERTIME, AND CALLBACK**

- 7.1 WORK PERIOD DEFINED. Forty (40) hours shall constitute a week's work to be worked in five (5) consecutive eight (8) hour shifts, or four (4) consecutive ten (10) hour shifts.
- 7.2 ALTERATIONS OF WORK PERIOD. The Employer shall have the authority to alter the weekly work schedule in a manner consistent with providing all regular employees their fair share of regularly scheduled

available work hours. Every effort will be made to post changes not less than three (3) days in advance of a change. The work period shall not exceed twenty-eight (28) days.

7.3 **SHIFT/WORK ASSIGNMENTS.** Shifts/Work assignments may be determined by mutual agreement as approved by the Employer. If mutual agreement cannot be reached, shifts/work will be assigned by the Employer taking into account the affected employees abilities and relative seniority. The Sheriff may, for reasonable cause, make an assignment without reference to seniority. The Sheriff will give thirty calendar (30) days advance notice of shift/work assignments except in exigent circumstances. The Sheriff may make shift/work assignment changes for training and vacation coverage with a minimum of three (3) days advance notice. These changes are to last no longer than seven (7) days. The Sheriff may make shift/work changes with less than 24 hours' notice to cover shifts in the event of illness, provided that such changes shall be for less than three (3) days. The Sheriff may make shift/work changes with less than 24 hours' notice in exigent/emergent circumstances.

7.3.1 Subject to approval of the Division Chief, assigned employees may request a 30 or 60 minute "lunch" break. Animal Control/Code Enforcement and Evidence Technicians will receive a 30-minute paid lunch. Employees working 4 day/10 hour work shifts will be paid a 30 minute lunch break.

7.4 **WORK BEYOND REGULAR DUTY SCHEDULE.** The duty schedule shall provide for not more than eight (8) consecutive days of duty without a minimum of two (2) days off at each interval. When ordered to work beyond the regular duty schedule for a period of eight (8) or more days, all hours worked beyond the eighth (8th) day will be paid at twice the regular rate of pay thereafter until the employee receives a regular day off, a paid day off (vacation, sick leave, etc.) or an administrative day off.

7.5 **OVERTIME PAY DEFINED.** Overtime pay shall be paid, except as provided in Article 7.6, for any work authorized and performed in excess of that provided by this article, including required court appearances or by the employee's established duty schedule, to be paid at the rate of time and one half (1-1/2) the employee's regular hourly rate of pay. There shall be no compounding or pyramiding of overtime.

7.6 **COMPENSATORY TIME.** In lieu of overtime, an employee may choose to accrue compensatory time which shall accumulate on a time and one-half (1-1/2) for each hour basis. Compensatory time off will be limited to a maximum of 40 hours off per year (e.g., 26.64 hours of overtime). Any other overtime may be converted to compensatory time. The Employer has the right to convert accrued balances of compensatory time to paid overtime by February 1 for balances existing as of the previous December 31. Each month, compensatory time shall be reviewed for each employee. The Sheriff or designee shall approve the days which compensatory time off will be taken. An employee shall be paid for accrued compensatory time upon resignation or termination, however, it is agreed that prior to retirement, employees shall use any accrued compensatory time prior to their retirement date. Provided however Compensatory time shall be used as approved.

7.7 **CALL BACK TO DUTY** Employees who are ordered back to duty shall be compensated as outlined in the following:

7.7.1 **Between Shifts.** Employees shall be guaranteed two (2) hours pay at the overtime rate of time and one-half (1-1/2) if called back to duty with less than eight (8) hours off between shifts. If work extends beyond two (2) hours, the employee will be paid the actual hours on duty at the overtime rate of time and one-half (1-1/2).

7.7.2 **On Regular Days Off** Employees shall be guaranteed four (4) hours pay at the overtime rate of time and one-half (1-1/2). If work extends beyond four (4) hours, the employee will be paid the actual hours on duty at the overtime rate of time and one-half (1-1/2). Regular days off are defined as the time between the last on-duty hour following completion of an officer's shift until one (1) hour preceding the start of the officer's next shift.

7.7.3 Vacation Call Back. Once vacation has been approved and the affected employee has incurred non-refundable or unusable expenses in planning for the same, leave of absence, bereavement leave or compensatory time off, including regularly scheduled days off, immediately preceding or following the same shall be reimbursed by the County for those expenses. Any employee called back to duty for any reason once the vacation has begun shall be guaranteed eight hours at twice the hourly rate upon reporting for duty, and shall be reimbursed for round trip transportation costs involved in returning for duty. Reimbursement for travel shall be made on the same basis as the original mode of transportation. If applicable, mileage shall be paid at the approved IRS rate. If an employee's regularly scheduled days off fall immediately before or immediately after his/her vacation, these days off will count as vacation days. If called back to work on these days off, the employee shall be paid double time. Double time, for purposes of this provision, is defined as eight (8) hours at twice the regular rate of pay, with no deductions made from the vacation accrual bank. Vacation is defined as beginning the last working hour until one (1) hour prior to the start of the employee's next scheduled shift.

7.8 WORK OUT OF CLASS. In the event an employee is temporarily reassigned by the Chief of Administration to perform the responsibilities of a job of higher classification for one (1) hour or more and the employee actually performs those higher responsibilities, the employee shall be paid the first step of the salary range within the higher classification in which they are working and which constitutes an increase in wages from their existing rate for the duration of the temporary assignment.

7.9 REST RELIEF TIME. An employee called back to duty or held over on overtime where the extra work interferes with the employee's rest cycle to a degree as to interfere with the employee's performance or as constitute a safety risk, may, with approval of the Sheriff or designee, be authorized to adjust his or her schedule in order to receive adequate rest.

## ARTICLE 8 SENIORITY

8.1 SENIORITY DEFINED. Unit seniority shall be defined as the latest date of hire within the bargaining unit. County seniority shall be defined as the latest date of hire as a regular full-time or regular part-time employee with the County.

8.2 SENIORITY APPLIED. Unit seniority, within job classifications, shall apply to the following: Layoff, recall from layoff, hour's reductions, shifts, holidays, vacations, overtime and to determine promotions when the qualifications of two candidates are equal. County seniority shall apply to benefit accruals.

8.3 TERMINATION OF SENIORITY. Seniority shall end upon 1) Voluntary termination, 2) Termination for just cause, 3) Retirement, 4) Failure to return to work when recalled from layoff, 5) Failure to return from a leave of absence.

8.4 LAYOFF PROCEDURES. Employees shall be given at least fifteen (15) working day's notice of intent to lay off. In the event of a permanent or prolonged reduction in the number of employees in any work classification, the employee(s) in the affected classification with the least seniority shall be the first to be laid off, provided that the remaining employees are qualified to perform the required work. A more senior employee will not be laid off if within the fifteen (15) working day notice period that employee can become qualified to perform the required work, as determined by the employer using the current job description.

8.5 RECALL FROM LAYOFF. Employees who have been laid off shall be subject to recall to regular job openings in their former classification for which they are qualified in order of seniority, after internal job postings, for one year following lay off. Employees on layoff shall not accrue but shall retain past service credits for seniority, wage and benefit purposes. Any final notice of recall to a comparable position to an employee who has been laid off shall be made by certified mail to the last known address of the employee.

- 8.6 **RESPONSIBILITY OF EMPLOYEES ON LAYOFF.** Employees on recall shall provide and keep updated a current address and telephone number(s) where they can be reached. Employees on recall must respond within seven (7) business days of receipt from the Employer of an offer to return to their former classification or a classification which the employee has expressed an interest in and is qualified for. If the employee fails to respond within seven (7) business days, the employee's name shall be eliminated from the recall roster and the Employer's commitments shall cease.

## **ARTICLE 9 ANNUAL LEAVE (VACATION)**

- 9.1 **ANNUAL LEAVE SELECTION.** The Employer agrees to a first come, first served annual leave selection procedure which incorporates a rolling, twelve (12) month period for choice.
- 9.2 Effective January 1, 2024, all employees shall be credited with the following proportionate amounts of annual leave which will be based on hours worked and will be in conjunction with each pay period.

| <b>Current Year of Service<br/>(based on progression date from payroll system)</b> | <b>Annual Vacation Benefit<br/>(hours)</b> | <b>Corresponding Vacation Days<br/>(based on 8-hour days)</b> | <b>Pay Period Accrual<br/>(hours)</b> | <b>(Years of Completed Service)</b> |
|------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|---------------------------------------|-------------------------------------|
| 1                                                                                  | 104                                        | 13                                                            | 4.33                                  | 0                                   |
| 2                                                                                  | 112                                        | 14                                                            | 4.67                                  | 1                                   |
| 3                                                                                  | 120                                        | 15                                                            | 5.00                                  | 2                                   |
| 4                                                                                  | 128                                        | 16                                                            | 5.33                                  | 3                                   |
| 5                                                                                  | 144                                        | 18                                                            | 6.00                                  | 4                                   |
| 6                                                                                  | 144                                        | 18                                                            | 6.00                                  | 5                                   |
| 7                                                                                  | 144                                        | 18                                                            | 6.00                                  | 6                                   |
| 8                                                                                  | 144                                        | 18                                                            | 6.00                                  | 7                                   |
| 9                                                                                  | 152                                        | 19                                                            | 6.33                                  | 8                                   |
| 10                                                                                 | 168                                        | 21                                                            | 7.00                                  | 9                                   |
| 11                                                                                 | 168                                        | 21                                                            | 7.00                                  | 10                                  |
| 12                                                                                 | 176                                        | 22                                                            | 7.33                                  | 11                                  |
| 13                                                                                 | 176                                        | 22                                                            | 7.33                                  | 12                                  |
| 14                                                                                 | 176                                        | 22                                                            | 7.33                                  | 13                                  |
| 15                                                                                 | 192                                        | 24                                                            | 8.00                                  | 14                                  |
| 16                                                                                 | 200                                        | 25                                                            | 8.33                                  | 15                                  |
| 17                                                                                 | 200                                        | 25                                                            | 8.33                                  | 16                                  |
| 18                                                                                 | 200                                        | 25                                                            | 8.33                                  | 17                                  |
| 19                                                                                 | 208                                        | 26                                                            | 8.67                                  | 18                                  |
| 20                                                                                 | 208                                        | 26                                                            | 8.67                                  | 19                                  |
| 21                                                                                 | 216                                        | 27                                                            | 9.00                                  | 20                                  |
| 22-23                                                                              | 242.6                                      | 30                                                            | 9.33                                  | 21-22                               |
| 24+                                                                                | 255.6                                      | 32                                                            | 9.83                                  | 22+                                 |

Vacation changes made as part of the agreement shall be effective the first full pay period following ratification by the County Commissioners.

- 9.3 ANNUAL LEAVE - GENERAL. Annual leave with pay shall be allowed for each new employee upon the completion of six (6) months of his/her initial probationary period. After the initial probationary period, each employee shall be allowed to take vacation according to the amount of annual leave time he/she has accrued up to that month. Annual leave shall begin immediately after the completion of the last regularly scheduled shift. Annual leave shall be figured exclusive of holidays and days off. Should an employee emergency exist, the Employer may approve leave without pay for an employee prior to completion of six (6) months.
- 9.4 When hiring new employees, the County has the discretion to assign initial leave amounts as it deems appropriate for recruiting personnel. The assignment of leave levels under this provision does not affect any leave bidding or seniority as provided for elsewhere in this agreement.
- 9.5 ANNUAL LEAVE REQUESTS. All annual leave requests are subject to the approval of the Sheriff or designee.
- 9.6 ANNUAL LEAVE PAY. Annual leave pay shall be the regular rate of pay the employee would have earned had the employee worked during the time of annual leave.
- 9.7 ANNUAL LEAVE - MAXIMUM ACCRUAL. Vacation leave accrual shall not exceed 320 hours without the advance written approval of the Sheriff or designee. Employees whose accrual reaches 320 hours will not accrue further vacation until they have used vacation leave to reduce their accrual below the 320-hour cap.
- 9.8 ANNUAL LEAVE AT TERMINATION. Upon termination of County employment, an employee who has completed the initial probationary period, one full continuous year of employment, and has given at least two week's notice, will be allowed pay for their unused annual leave at the base rate of pay only.
- 9.9 ANNUAL LEAVE - DEDUCTION. No annual leave shall be deducted from that accrued until it has actually been used unless the employee and employer mutually agree to the deduction in lieu of other discipline.
- 9.10 Leave without pay, may be available, but shall be subject to management discretion and that discretionary determination may not be grieved through the grievance and arbitration process.

## ARTICLE 10 SICK LEAVE

- 10.1 SICK LEAVE ACCRUAL. Sick leave shall accrue at the rate of eight (8) hours per calendar month of service (i.e.: 0.0462 hours per compensated straight time hour up to ninety-six (96) hours in any one calendar year). Total accumulation shall not exceed one thousand and two hundred (1,200) hours. Regular part-time employees shall accrue sick leave on a pro-rated basis.
- 10.2 SICK LEAVE USE. Sick leave shall be granted for the following reasons, or for any other reason required by law:
- 10.2.1 Personal illness or physical incapacity which renders an employee unable to perform the duties of his/her position, including worker's compensation "top up" but not more than regular straight time earnings.
- 10.2.2 Enforced quarantine in accordance with health regulations.
- 10.2.3 Medical, dental, or optical appointments.
- 10.2.4 Illness in the immediate family requiring the attendance of the employee. "Immediate family" includes only persons related by blood or marriage or legal adoption in the degree of consanguinity

of spouse, parent, grandparent, grandchild, brother, sister, or parent of the spouse, but not aunt, uncle, cousin, niece or nephew unless living in the employee's household. Each "instance" means each condition or period of illness. If there is a change to the persons listed as "immediate family", the Guild will be notified of the change and included in the change.

- 10.3 **SICK LEAVE NOTICE.** Absent compelling, exigent circumstances, the employee shall be responsible for notifying his/her supervisor four (4) hours or more, before swing and graveyard shifts or one (1) hour or more, before day shift, prior to the start of the work shift if on sick leave or otherwise unable to report to duty. The employee shall furnish an attending physician's fitness for duty statement upon the request of the Sheriff or designee. For prescheduled, non-exigent medical, dental or optical appointments, the employee must advise his/her supervisor at least one working day in advance.
- 10.4 **FAMILY AND MEDICAL LEAVE ACT.** Employees are entitled to Family and Medical Leave Act leave as required by the FMLA and state law as outlined in Skagit County's FMLA.
- 10.5 **PLANNED TEMPORARY DISABILITY.**
- 10.5.1 An employee who anticipates planned medical treatment, including surgery or childbirth, must notify the Sheriff or designee in writing of the expected starting date and the likely length of leave sought. A request for leave of absence for a planned temporary disability must be accompanied by a statement from the employee's physician indicating the nature of the disability, the anticipated date the employee will be able to return to work, and any restrictions on the employee's work activities. When employees will be gone for a set, extended period, daily reporting will not be necessary.
- 10.5.2 An employee may continue to work up to the date of departure, provided that the employee's physician concurs in the employee's ability to work and the requirements of the job are satisfied. Continued concurrence of the employee's physician may be requested at regular intervals based on the nature of the planned disability and the requirements of the employee's job.
- 10.6 **TEMPORARY MODIFIED DUTY ASSIGNMENTS.** The employer shall provide all employees temporary modified duty assignments, so long as such temporary modified duty is available, if they are unable to perform regular duty due to a condition that can reasonably be expected to be a temporary and not permanent disability, provided that the Sheriff may require the employee to provide fitness for duty certification from his/her physician. If the temporary modified duty assignment made by the Sheriff is in the employee's regular bargaining unit and the employee is released by a doctor to perform such assignments, the employee must accept the assignment. The employer may offer an employee work in other bargaining units, but the employee may refuse such offer without recrimination. An employee performing a temporary modified duty assignment will be paid at the employee's regular rate of pay rather than the rate of pay of the temporary modified duty position.
- 10.7 **ON-THE-JOB INJURY.** Any regular full-time or regular part-time employee who is eligible for state industrial compensation for time off due to an on-the-job injury will be paid his/her regular base salary, exclusive of any premium amounts, for the time missed from regularly scheduled work not to exceed one hundred and twenty (120) hours including the day of the accident but limited to once for the duration of each time loss injury. Regular base salary is defined as the base rate of pay at the time of injury exclusive of any other factors.

Should the time off from an on-the-job injury exceed one hundred and twenty (120) hours, the time off the job will be paid from available sick, annual or holiday leave banks in the amount of the difference between regular pay and that paid by state industrial insurance. In order to exercise this option, the employee must remit the state industrial time loss payment to the County. If this option is not exercised the difference between regular pay and the state industrial time loss payment will be charged as leave without pay.

- 10.8 Donated Sick Leave: Donated Sick leave will be provided per County policy. Donated Sick Leave is not included as "compensable" time for the purposes of any benefit.
- 10.9 SICK LEAVE CASH-OUT.
- 10.9.1 Upon separation of service in good standing, regular employees shall be eligible for sick leave cash out in accordance with County policy.
- 10.9.2 Upon retirement in good standing and eligible for Washington Public Employees Retirement System (PERS) pension, or upon death, regular employees shall be eligible for sick leave cash out according to County policy for such cash out.

## ARTICLE 11 MISCELLANEOUS LEAVE

- 11.1 BEREAVEMENT LEAVE. In the event of a death in the immediate family of an employee, the employee shall be granted time off with pay.
- 11.1.1 "Immediate Family" includes persons related by blood or marriage or legal adoption in the degree of consanguinity as grandparent, parent, wife, husband, brother, sister, child, or grandchild or any person living in the employee's household.
- Time Off:
- 11.1.2 An employee shall be granted not more than five (5) days or not more than forty (40) hours absence with pay, to assist with funeral arrangements and services. 11.1.3 An employee shall be granted not more than four (4) hours absence with pay, to attend the funeral of a fellow employee, or retired employee within the past five (5) years, provided that public safety is not jeopardized.
- 11.1.4 All bereavement leave shall be by notification and arrangement between employee and the Sheriff or designee.
- 11.2 CIVIC DUTY. Employees shall be granted leave with pay when required to perform jury service or if subpoenaed before a court for work related matters. Employees shall remit to the County any moneys paid to them by the court for their service or appearance.
- 11.3 EDUCATION LEAVE. Employees may request a leave of absence without pay for educational purposes to attend an accredited institution when it is related to employment. The period of leave may be for one (1) year and may be renewed. Requests for educational leave and educational leave renewals shall be granted at the sole discretion of the Sheriff.
- 11.4 UNPAID LEAVE OF ABSENCE
- 11.4.1 All requests for an Unpaid Leave of Absence shall be submitted in writing to the Sheriff. Such requests shall state the reasons the leave of absence is being requested and the appropriate length of time off the employee desires. Maximum length of leave of absence shall be twelve (12) months and shall be at the discretion of the Sheriff and is not subject to the grievance procedure.
- 11.4.2 No vacation or sick leave benefits or any other fringe benefits shall accrue while an employee is on leave of absence without pay, and the employee's anniversary date will be adjusted accordingly.
- 11.4.3 Regardless of his/her status, any employee who voluntarily, or upon demand, leaves a position other than temporary to enter upon active duty in the armed forces of the United States or the Washington National Guard shall be placed on military leave without pay and shall be entitled to be restored to his/her former position or one of like seniority, status, and pay, provided he/she applies for re-

employment within ninety (90) days of his/her discharge or separation and presents proof of honorable discharge or separation.

11.4.4 In accordance with the Federal Family and Medical Leave Act (FMLA), the County shall provide employees up to twelve (12) weeks of unpaid family leave during any twelve (12) month period for the following reasons:

- a) for the care of the employee's child (birth or placement for adoption or foster care);
- b) to care for an immediate family member (spouse, child or parent) with a serious health condition; or,
- c) to take medical leave when the employee is unable to work because of a serious health condition.

Employees eligible for this leave must have been employed with the County at least twelve (12) months and have worked at least 1250 hours during the previous twelve (12) months. Leave for birth or adoption (including foster care placement) must conclude within twelve (12) months of the birth or placement.

Accrued vacation and sick leave normally will be required to be used in conjunction with FMLA leave to allow for a "paid" leave, so long as total family leave does not exceed twelve (12) weeks. Should an employee wish to not use accrued leave during FMLA, they must submit the request in writing to their Department Head. If the Department head approves they should forward the request to the Human Resources Director for final approval.

## **ARTICLE 12 HOLIDAYS**

12.1 HOLIDAYS OBSERVED. The following shall be paid observed holidays:

New Year's Day  
Martin Luther King's Birthday  
President's Day  
Memorial Day  
Juneteenth  
Independence Day  
Labor Day  
Veteran's Day  
Thanksgiving Day  
Day after Thanksgiving Day  
Christmas Day

In the event the County recognizes additional holiday(s) the employees will be entitled to the additional holiday(s) as well.

12.2 FLOATING HOLIDAY. Employees shall also be entitled to two (2) paid "floating" holidays per calendar year, each worth eight (8) hours for a total of sixteen (16) hours, in addition to those specified in this section. Each employee may select the days on which the employee desires to take the additional holidays provided herein after approval of the Employer. New employees shall be eligible for the additional holidays following six (6) months of continuous service. These "floating" holidays must be taken within each calendar year. No employee shall be paid for unused "floating" holidays upon termination of employment.

- 12.3 **LEGAL HOLIDAYS.** For employees that work a regular day shift, Monday through Friday, when a legal holiday falls on Saturday, the previous Friday shall be considered the holiday, and whenever a legal holiday falls on a Sunday, the following Monday shall be considered the holiday.
- 12.4 **HOLIDAYS OFF.** Employees that work a rotating schedule shall receive an additional eight (8) hours of wages at their regular rate of pay whenever an actual holiday falls on the employees' scheduled day off. Employees working a rotating schedule do not have the right to move the holidays to another designated day and therefore receive any additional compensation.
- 12.5 **HOLIDAYS WORKED.** Whenever the employees covered by this Agreement begin a work shift on any of the above named holidays, they shall be guaranteed a minimum of eight (8) hours additional wages at the rate of time and one-half (1 -1/2) their regular hourly rate of pay as defined in Article 4, in addition to their regular pay. Employees may elect to take overtime pay or compensatory, time off pursuant to 7.5 and/or 7.6.
- 12.6 For those employees working a four (4) ten (10) schedule as a required assigned schedule by the County, holiday pay shall be paid at ten (10) hours. For those employees working an alternative schedule, at the employee's request, holiday pay shall be eight (8) hours for any employee employed as FTE = 1.0 and pro-rated for any Regular Part Time employee based on their percentage of full-time employment. Employees may request to change to a five (5) eight (8) schedule in any week in which a holiday falls in order to avoid having to use accrued leave to make up the remainder of the forty (40) hour work week.

## **ARTICLE 13 EQUIPMENT, UNIFORMS AND CLEANING**

- 13.1 **UNIFORMS/EQUIPMENT - GENERAL.** It shall be the County's responsibility to provide to all employees uniforms and equipment. The County will provide, at a minimum, the items set forth below. Additional items may be provided as necessary and appropriate for the position and duties.

### **OFFICE STAFF**

| <b>UNIFORM/EQUIPMENT ITEM</b> | <b>NUMBER PROVIDED</b>                                                                        |
|-------------------------------|-----------------------------------------------------------------------------------------------|
| Shirts                        | 1 Class A Long Sleeve and 2 polo shirts                                                       |
| Trousers                      | 4                                                                                             |
| Sweaters or Blazers           | 2                                                                                             |
| Name Tag                      | 1                                                                                             |
| Belt                          | 1                                                                                             |
| Shoes                         | Up to \$150 maximum per calendar year (Jan.1-Dec 31) will be authorized for shoes, as needed. |

### **EVIDENCE TECHNICIANS – ADDITIONAL ITEMS**

| <b>UNIFORM/EQUIPMENT ITEM</b> | <b>NUMBER PROVIDED</b> |
|-------------------------------|------------------------|
| Hat                           | 1 winter/1 summer      |
| Gloves                        | 1 pair                 |
| Raincoat                      | 1                      |
| Rubber Boots                  | 1 pair                 |

## ANIMAL CONTROL/CODE ENFORCEMENT

| UNIFORM/EQUIPMENT ITEM              | NUMBER PROVIDED                                                                                  |
|-------------------------------------|--------------------------------------------------------------------------------------------------|
| Badge (shirt)                       | 1                                                                                                |
| Badge (flat)                        | 1                                                                                                |
| Shirts                              | 3 winter/3 summer                                                                                |
| Hat                                 | 1 winter/1 summer                                                                                |
| Trousers                            | 3 winter/3 summer                                                                                |
| Utility Jacket                      | 1 winter/1 summer                                                                                |
| Protective Vest                     | 1                                                                                                |
| Gloves                              | 1 pair                                                                                           |
| Raincoat                            | 1                                                                                                |
| Coveralls                           | 1                                                                                                |
| T-shirts with departmental insignia | 2                                                                                                |
| Boots/Shoes/Rubber Boots            | Up to \$225.00 maximum per calendar year (Jan.1-Dec 31) will be authorized for shoes, as needed. |
| Baseball Hat                        | 1                                                                                                |
| Handgun                             | 1 (only if required and issued by the County)                                                    |
| Minilight                           | 1                                                                                                |
| Flashlight                          | 1                                                                                                |
| Portable Radio                      | 1                                                                                                |
| Capstun                             | 1                                                                                                |
|                                     |                                                                                                  |
| Gunbelt                             | 1 (only if required and issued by the County)                                                    |
| Gun Holster                         | 1 (only if required and issued by the County)                                                    |
| Flashlight Holder                   | 1                                                                                                |
| Key Holder                          | 1                                                                                                |
| Trouser Belt                        | 1                                                                                                |

13.2 LOSS OR DAMAGE OF UNIFORMS/EQUIPMENT. The employee shall be held accountable for all such items issued to the employee by the County. Items which become worn out, lost, or destroyed as a direct

result of the proper performance of the employee's duties, or as a result of an occurrence or not due to the employee's intentional act or willful negligence shall be replaced by the County. However, if said items become lost or mutilated as a result of that particular employee's willful negligence or intentional act, they shall be replaced by the employee.

- 13.3 **OWNERSHIP OF UNIFORMS/EQUIPMENT.** All equipment issued by the County to each employee shall remain the property of the County.
- 13.4 **CLEANING ALLOWANCE.** The Employer shall pay the cleaning of two full uniforms (as supplied by the Sheriff) per week for uniformed personnel. Alterations to uniforms funded by the employer shall include standard alterations only. Additional cleaning as needed per pre-approval of supervisor.
- 13.5 **TAKE HOME VEHICLES.** The Employer will provide "take home" vehicles, to the Animal Control/Code Enforcement Officer(s) and Evidence Technician(s). The vehicles will be appropriately equipped for the positions and duties. The "take home" vehicle shall be used for County business only, with the limited exception of minor incidental personal use, unless additional personal use is approved in advance by an authorized supervisor.

#### **ARTICLE 14 FUNDING**

- 14.1 The parties recognize that the revenue needed to comply with this Agreement must be approved annually by the established budget process and in the instance of special levies and tax base elections by a vote of the citizens of Skagit County. In some instances voter approval may be required in order to maintain the work force or expand it. The County will not reduce compensation provided for by this Agreement, except as a component to a broader agreement of cooperation between the Board of Commissioners and the Guild.

Such an Agreement would encourage cooperation in a unified public information campaign related to the tax base or levy election.

#### **ARTICLE 15 PROBATION**

- 15.1 **PROBATION - GENERAL.** To enable the County to exercise a choice in the filling of vacant positions, no appointment, employment, or promotion, in any position, shall be deemed complete until after the expiration of the probationary service as herein setout in Article 4. Probation is an extension of the selection process and failure of the probationary period as determined by the immediate supervisor, Chief or Sheriff, shall not be subject to appeal through the grievance procedure or otherwise. The appointing power may terminate at will the employment of any person during their probationary period of departmental employment if the appointing power deems him/her unfit or unsatisfactory for service in the office of the County Sheriff. Similarly, the County may revert probationary promoted employees to their prior regular civil service rank without cause as defined elsewhere in this Agreement.

#### **ARTICLE 16 MISCELLANEOUS**

- 16.1 **Rules and Procedures Manual.** The Employer shall furnish each employee with a copy of the Manual of Rules and Procedures. New employees shall be provided with the above at the time of their appointment.
- 16.2 **Outside Employment.** Employees wishing to engage in off-duty employment must first obtain the approval of the Sheriff. A denial of off-duty employment must be based on a real or perceived conflict of interest with the employee's duties at the Sheriffs Office.
- 16.3 **Training Opportunities.** The Employer shall provide reasonable training opportunities for all employees. This shall consist for each employee a minimum of twenty (20) hours of training which will be beneficial to their

work. The Employer will make a good faith effort to notify all employees of training opportunities. All training opportunities are subject to funding and availability.

- 16.5 RESERVED PARKING - The County shall furnish one (1) parking spaces reserved for bargaining unit employees working the "odd shifts".
- 16.6 The County agrees during the term of the contract to offer to the Guild any "Retirement Incentive Plan" that may be offered to the unrepresented employees.

## ARTICLE 17 DISCIPLINE

- 17.1 Just Cause. The Employer shall not discipline or discharge any employee unless just cause for such discipline exists. The Employer will generally follow progressive discipline. The parties recognize that all situations are different, and the employer may utilize a discipline level appropriate to the situation. The following is a non-exhaustive list of the progressive steps the employer may use in administering discipline.
- Oral warning
  - Written warning
  - Suspension
  - Demotion (if applicable)
  - Termination
- 17.2 Personnel Files. Employees may request the Sheriff to declare adverse material in personnel files after a period of eighteen months from the date of the underlying misconduct as void for purposes of future discipline. The Sheriff has the sole discretion to determine whether such materials are removed provided that any adverse materials must be void for purposes of future discipline after a period of five years from the date of the misconduct if there is no similar misconduct for which the employee was disciplined during the intervening period.

## ARTICLE 18 GRIEVANCE PROCEDURE

- 18.1 GRIEVANCE DEFINED. A grievance is defined as an alleged breach of the terms and conditions of this Agreement. If a grievance arises during the term of this Agreement, it will be processed through the procedure in this Article.
- 18.2 GUILD DEFINED. For the purpose of this Article, Guild shall mean a business agent, representative or attorney employed by Skagit County Sheriff's Office Support Guild/Washington State Fraternal Order of Police.
- 18.3 GRIEVANCE PROCEDURE. Either an employee or the Guild may grieve under this Agreement. For all grievances arising under this Agreement, the following procedures shall be followed:

Step 1 IMMEDIATE SUPERVISOR: Within ten (10) business days from its occurrence, or reasonable knowledge, the Guild or aggrieved employee shall discuss his/her complaint with the immediate supervisor. The Guild representative may be present. This discussion shall be verbal and, if settled no further action shall be taken. The immediate supervisor will have ten (10) business days to resolve the matter with the employee.

Step 2 UNDERSHERIFF: If the dispute is not settled in Step 1, within ten (10) business days from the date of the immediate supervisor's final action in Step 1, the Guild or aggrieved employee shall present

their complaint in writing to the Undersheriff. Within ten (10) business days of receipt of the written grievance, a meeting between the Undersheriff and aggrieved employee will be held. A Guild representative may be present. This discussion shall be a verbal discussion and, if settled, no further action shall be taken.

Step 3 SHERIFF: If the grievance is not resolved in Step 2, the grievance shall be presented in writing to the Sheriff within ten (10) business days of the final action of the Undersheriff in Step 2. The Sheriff shall attempt to resolve the grievance within ten (10) business days of receipt of same and communicate his response in writing to the Guild.

Step 4 ARBITRATION: If the grievance is not settled in accordance with the foregoing procedure, it may be submitted for arbitration within twenty (20) business days of receipt of the Sheriff's response at Step 3 by either signatory party to this Agreement.

18.4 ARBITRATOR SELECTION. The parties shall select a disinterested party to serve as arbitrator. In the event the County and the Guild are unable to agree upon an arbitrator, the County and the Guild shall request a list of arbitrators from PERC. The County and Guild then shall select an arbitrator from said list. The arbitrator shall have jurisdiction and authority only to interpret, apply or determine compliance with this Agreement. The arbitrator shall have no authority to add to, detract from, or alter in any way, the provisions of this Agreement.

18.5 BINDING EFFECT OF AWARD. All decisions arrived at under the provisions of this grievance by the Employer, the Guild, or by the Arbitrator, will be final and binding upon the parties; provided, however, in arriving at such decisions neither of the parties nor the Arbitrator will have the authority to alter this Agreement in whole or in part.

18.6 ARBITRATION EXPENSES. Each party will bear one-half (1/2) of the fee of the Arbitrator, and any other expenses jointly incurred by mutual agreement incident to the arbitration hearing. All other expenses will be borne by the party incurring them, and neither party will be responsible for the expense of witnesses called by the other party.

18.7 GRIEVANCE TIMELINES. Timelines denominated herein may be waived or extended by mutual agreement of the parties in writing. If a grievant does not comply with time limitations noted in this Article, this shall operate to make the grievance null and void. If the Employer does not comply with any time constraints in this Article, the grievant will be entitled to proceed to the next step of the grievance procedure.

18.8 Business Days means Monday-Friday. If the date the term runs falls on a recognized holiday, the date will be extended until the next day business day that is not a holiday.

## **ARTICLE 19 COMPENSATION**

19.1 CLASSIFICATION, SALARIES AND GENERAL INCREASES. The Employer and the Guild adopt the Support Staff Classification and Salary Plan as summarized in Attachments A and B:

19.1.1 Effective January 1, 2024 there shall be a 2% increase in the 2023 wage table. Pay for 2024 will be retroactive to January 1<sup>st</sup>, 2024 for all employees employed as of the date of ratification by the County Commissioners. Wage increases shall be retroactive to all employees who retired during the year in an amount proportionate to the time they were employed in 2024.

19.1.2 Effective January 1, 2025, there shall be a 3% increase in the 2024 wage table. Pay for 2025 shall be retroactive to January 1, 2025 for all employees employed as of the date of ratification by the County Commissioners.

- 19.2 **SHIFT DIFFERENTIAL.** The Employer agrees to pay each employee who works a rotating shift schedule or straight night shift schedule eighty-one dollars and fifty cents (\$81.50) per month in addition to his/her base salary.
- 19.3 **TRAINING COMPENSATION.** The Employer agrees to compensate employees assigned to training duty with a specialty pay premium of 2.5% of employee base pay per month. Employees with training assignments receive premium pay only when actually performing training duties.
- 19.4 A premium pay of one hundred (\$100.00) dollars per month will be provided for each employee assigned to provide interpreter services to the public as a regular function of their position.
- 19.4.1 The premium pay shall be paid ½ in each of two pay periods per month and shall be prorated in the event of termination. Such employee must be able to pass a language competency test administered by the Department Head/Elected Official and have been employed for at least one (1) year with Skagit County. A determination to award interpreter premium pay shall be made at the discretion of the Department Head. Interpreter premium pay shall be provided only so long as the employee is required to provide interpreting services to the public. This shall not be in addition to any pay for State certification.
- 19.5 **FINGERPRINTING.** All employees will have fingerprints on file with the State AFIS and on file with the Skagit County Sheriffs Office. The fingerprints will be used for criminal investigations, both internal and external, and investigations of violation of a policy or procedure. The fingerprints will not be used in an arbitrary or capricious manner.
- 19.1 **LONGEVITY.** Upon completion of the following years of service, Guild members shall receive longevity pay in an amount indicated in the table below. Longevity pay will increase a Guild member's base wage and will be based on wages earned for hours worked, or for paid full time off including vacation, sick, comp time, or bereavement leave.

| Years of Service Completed | Longevity Pay |
|----------------------------|---------------|
| 10 Years                   | 2%            |
| 15 Years                   | 3%            |
| 20 Years                   | 4%            |

Years of service: for the purpose of establishing longevity calculation only years of service shall be defined as a combination of years of service in the Guild and if an employee has previous Sheriff's Office experience they will receive 1 year of credit for each 2 years of previous service.

Longevity Pay is not to be applicable until after probationary period.

## **ARTICLE 20 HEALTH AND WELFARE**

- 20.1 All eligible bargaining unit employees shall participate in either the Standard Medical Plan (SMP), or the High Deductible Health Plan (HDHP) and shall continue participating in such plan for the duration of their respective Agreements, with the additional agreement that such SMP may have its benefits levels adjusted from time to time in accordance with the procedures as set out in 20.4, 20.5 or 20.7. The SMP and HDHP shall be the Plan adopted by the County.

- 20.2 The County shall fund the SMP and HDHP benefits, accumulation of reserves, and operation as herein provided:
- 20.2.1 The Parties have agreed that an appropriate division of the SMP/HDHP **“Operating Cost Sharing”** (SMP/HDHP-OCS) is to be 80% through County funding and 20% through beneficiaries’ payments for services over a rolling three (3) year period.
- 20.2.2 In the event County funding should result in a SMP/HDHP-OCS division where County funding is less than 80% of the SMP/HDHP OCS over a three (3) year period the County shall increase its funding above the level required in this Section 4.2.2 such that the SMP/HDHP OCS is actuarially projected to maintain the County commitment to funding 80% of the SMP/HDHP-OCS.
- 20.2.3 In the event a specific SMP/HDHP employee benefit choice require an employee payment to the County in order to obtain such benefit coverage (i.e. employee contribution for spousal benefits) such employee payment is hereby authorized for payroll deduction. To the extent the County may be able to do so such payments shall be deducted on a “pre-tax” basis.
- 20.3 All funding set out in Section 20.2 shall exclusively be used for the SMP/HDHP and no amount reverted to any other purpose regardless of such surplus amounts as may accumulate.
- 20.4 As provided in 20.3, or should the SMP/HDHP accumulate “surplus reserves” as advised by the Plan Consultant (i.e. those amounts over-and-above a reasonable reserve required by prudent management of the SMP/HDHP to provide funding of the SMP/HDHP for actuarial predictable “bad years”) such surplus reserves shall be available for:
- 20.4.1 Maintaining fund stability consistent with Section 20.2 and its subsections;
- 20.4.2 Enhanced benefit design via the Benefits Committee which may recommend to the County such SMP/HDHP benefit improvements as do not weaken the long term sustainability of the SMP/HDHP at the current and future funding levels; plus, such increases as the County has agreed to. The County will not unduly withhold its agreement to such actuarially sound recommendations for benefit modifications by the Benefit Committee.
- 20.5 Should the SMP/HDHP experience negative actuarial trend experience altering the division of SMP/HDHP-OCS as provided in Section 4.2, the Benefits Committee, for the purpose of reducing/adjusting benefit levels such that the SMP/HDHP will remain fully funded by the funds committed by the County, to the exclusive funding of the SMP/HDHP, shall meet and make said possible recommendations for the following plan year within the division of SMP/HDHP -OCS provided in Section 4.2.1. Reserves may be considered in such actuarial evaluation for maintenance of benefits but shall not be depleted for the purpose of maintaining benefit levels that would otherwise require reduction to maintain financial stability of the SMP/HDHP within the available funding limits. The County will not unduly withhold its agreement to such sound actuarially sound recommendation for benefit modifications by the Benefit Committee.
- 20.5.1 The Benefits Committee may have one representative from each bargaining unit and such additional unit members as the County shall agree to upon the Guild request, appointed by the Guild, as well as a Guild Representative. New Benefits Committee members will be afforded an educational/orientation once each year to be presented by the County’s consultants and the HR department.
- 20.5.2 The purpose of the Benefits Committee meetings will be to obtain compliance for the long term with the agreed 80%/20% plan costs split between the County and employees.

- 20.6 It is understood that the Benefits Committee may recommend moving to an alternative form of medical coverage or structure as an option.
- 20.7 If any change(s) to the SMP/HDHP is required by the program provider or federal or state law, the Employer shall be required to immediately notify the Guild of the required change, bargain (as required by RCW 41.56) until the required dates of change before implementation, and if implemented, bargain the impact of the change.
- 20.8 The parties agree that the ability of employees to continue participation in, HSA at the additional cost to be paid for by the employee. Participation in the Health Savings Account shall be in accordance with the adopted plan.
- 20.9 Plan Preservation:
- 20.9.1 Notwithstanding the requirements of section 20.2.1 establishing the appropriate division of the SMP/HDHP Operating Costs at 80% County and 20% Employee the County shall for the life of this Agreement continue to maintain the 2022 SMP/HDHP benefit composition.

With the understanding that no later than January 1, 2022 the SMP shall be configured to proportionally allocate the SMP/HDHP Operating Costs in accordance with Section 20.2.1

**20.10 HRA-Post Separation Retirement VEBA**

20.10.1 Skagit County has adopted an HRA Retirement VEBA plan offered and administered by the Voluntary Employees Beneficiary Association Trust for Public Employees in the Northwest. The Bargaining Unit shall be afforded the opportunity to participate. The Bargaining Unit's selection regarding plan contributions shall be made once during the life of this CBA. At all times, the terms of the official plan documents shall control.

20.10.2 The monetary value of sick leave accredited to a HRA-VEBA trust will be based upon the value of the account at the time of separation of employment. The monetary value shall be defined as stated in Article 10, Section 9, subsection 2 in this CBA. All other applications of Article 10 section 9, subsection 2 of the CBA are in effect if applicable to the employee.

20.10.3 The Guild has elected to "opt in" for the duration of this agreement.

20.11 The county agrees to take steps to determine the feasibility of a short-term disability insurance policy at the employee's cost.

**ARTICLE 21 CONDITIONS OF EMPLOYMENT (IN CONFORMANCE OF LAW)**

21.1 **PRE-EMPLOYMENT DRUG SCREENING.** As a condition of employment, applicants for positions which implicate public safety must submit to and obtain satisfactory results from a pre-employment drug screening. Refusal to consent to the process or positive results from the screen will generally exclude an applicant from further consideration. To obtain satisfactory results from the drug screen, there must be an absence of any illegal substance and the presence and use of any prescription drug must be in accordance with the prescribing physician's instructions and be consistent with the maintenance of a safe and productive work place. If examination results are not satisfactory, the applicant shall be advised and the offer of employment, which was contingent upon meeting the above medical requirements, will be withdrawn.

Skagit County's pre-employment drug screening policy shall apply to all applicants for any temporary, part-time, regular part-time or regular full-time position which implicates public safety. This shall include current employees who are being promoted to or are applying for an opening within the bargaining unit.

Part-time and temporary employees working less than one month are exempt from the terms and conditions of this policy.

21.2 **REPORTING FOR WORK UNDER INFLUENCE PROHIBITED.** Reporting for work under the influence of intoxicating liquor and/or illegal drugs, or the use, sale, or possession by an employee of illegal drugs or the use, sale or possession of intoxicating liquor while on duty is strictly prohibited and may result in immediate disciplinary action, including termination.

Each employee must advise the Employer if they are using prescription or other over-the-counter drugs they know or reasonably should know may impair their ability to perform job functions and/or operate machinery such as automobiles. Under appropriate circumstances the Employer may request the employee provide written medical authorization to perform various essential job functions from a physician while using such drugs.

The County recognizes a need to provide through the employee assistance programs an opportunity for employees to deal with drug and alcohol related problems. Any employee who voluntarily requests assistance in dealing with a personal drug and/or alcohol problem may do so through employee assistance programs in complete confidence and without jeopardizing his or her employment with the County. The discontinuation of any involvement with alcohol or drugs is an essential requisite for participation in any treatment program.

The parties recognize the essential purpose of any law enforcement agency is to enforce the criminal laws. Moreover, the parties recognize the courts have held it would substantially impair law enforcement agencies if they were required to employ individuals within their ranks who have violated the very laws said agencies are charged with enforcing. Therefore, the Employer reserves the right to refuse to employ or continue the employment of individuals who are or have been engaged in serious criminal conduct, whether drug-related or not.

Where the County has a reasonable suspicion that an employee is under the influence of alcohol or drugs, or using illegal drugs, the employee in question will be asked to submit to discovery testing including breath tests, urinalysis and/or a blood screen to identify any involvement with alcohol or drugs. Any accident involving property damage or serious physical injuries may also be cause for discovery testing for drugs or alcohol.

Any employee who is found to be under the influence of or impaired by alcohol is subject to disciplinary action including immediate suspension or termination under the collective bargaining agreement. Any employee who is found to have any detectable level of illegal drugs in his system is subject to immediate termination.

An employee who refuses to submit to reasonable suspicion testing for alcohol and drugs will be conclusively presumed to be under the influence of alcohol or an illegal drug in his system, and will therefore be subject to immediate suspension or discharge.

For the purpose of this policy the following definition of terms is provided:

Reasonable suspicion is suspicion based on objective facts and reasonable inferences from those facts in light of experience that an employee is under the influence or impaired by the use of alcohol and/or illegal drugs or has been using illegal drugs.

Under the influence is defined as a blood alcohol level of .04 grams per 100 ml of blood, or its equivalent, or any noticeable or perceptible impairment of the employee's mental or physical faculties.

Illegal drugs are defined as all forms of narcotics, depressants, stimulants, hallucinogens, and cannabis, whose sale, purchase, transfer, use or possession is prohibited or restricted by law.

Over-the-counter drugs are those which are generally available without a prescription from a medical doctor and are limited to those drugs which are capable of impairing the judgment of an employee to safely perform his or her duties.

Prescription drugs are defined as those drugs which are used in the course of medical treatment and have been prescribed and authorized for use by a licensed practitioner/physician or dentist.

**21.3 DRUG TESTING PROCEDURE.** If an employee is required to submit to a drug test, the following procedure shall be followed:

21.3.1 The employee shall be given an opportunity to confer with a Guild representative, if one is readily available and the employee has requested said conference.

21.3.2 The employee shall then be given an opportunity to explain the reasons for his or her condition, such as reaction to a prescribed drug, fatigue, exposure to toxic substances, etc., to the Sheriff. A Guild representative may be present during this discussion.

21.3.3 The employer may request breath, urine and/or blood samples.

21.3.4 Urine and blood samples shall be collected at a local laboratory, hospital or medical facility. A Guild representative may be allowed to accompany the employee to the collection site and observe the collection, bottling and sealing of the specimen. The employee shall not be observed when the urine specimen is given.

21.3.5 All specimen containers, vials, and bags used to transport them shall be sealed to safeguard their integrity in the presence of the employee and the Guild representative.

21.3.6 The drug tests shall be conducted by a qualified laboratory.

21.3.7 If a specimen tests positive in an immunoassay screen test, the results must be confirmed by a gas chromatography/mass spectrometry tests. The specimen must show positive results, using the following standards, for the results of the drug test to be considered positive:

| <b>DRUG</b>           | <b>SCREENING TEST</b>    | <b>CONFIRMATION TEST (GC/MS)</b>          |
|-----------------------|--------------------------|-------------------------------------------|
| Amphetamines          | 1,000 ng/ml Amphetamines | 500 ng/ml Amphetamines or Methamphetamine |
| Marijuana Metabolites | 100 ng/ml Delta-THC      | 15 ng/ml                                  |
| Cocaine Metabolites   | 300 ng/ml Metabolite     | 150 ng/ml                                 |
| Opiates               | 2,000 ng/ml Metabolites  | 2,000 ng/ml Morphine or Codeine           |
| PCP                   | 25 ng/ml PCP             | 25 ng/ml GC-MS                            |

21.3.8 At the employee's or the Guild's option, the specimen may be requisitioned and sent to a laboratory chosen by the Guild for testing. The cost of this test will be paid by the Guild or the employee. Failure to exercise this option may not be considered as evidence in an arbitration or other proceeding concerning the drug test or its consequences.

21.3.9 The employee and the Guild shall be informed of the results of all tests, and provided with all documentation regarding the tests as soon as the test results are available.

- 21.4 **MEDICAL REVIEW OFFICER.** The Employer shall designate a Medical Review Officer (MRO) to review all confirmed positive test results and communicate those results to the Employer. The MRO shall have the responsibility to determine when an individual has failed a drug test. The MRO shall retain all records of all positive tests for at least five years and records of all negative tests for at least one year.
- 21.5 **CONSEQUENCES OF POSITIVE DRUG TEST.** If the results of the drug test are positive, and support a conclusion that the employee used an illegal drug at the workplace during working hours, or reported to work while under the influence of an illegal drug or alcohol, the employee may be subject to discipline including immediate discharge.

## **ARTICLE 22 SUBORDINATION OF AGREEMENT/ELECTION OF REMEDIES**

The parties agree that, except where matters are covered by express provisions of this Agreement, the employees are subject to the Rules of the Skagit County Civil Service Commission and any alleged violation of contractual provisions also covered by Civil Service Rules may be adjudicated either through the Civil Service appeals process or through the grievance process, provided that, the filing of a Civil Service Appeal, either before or after the filing of a grievance, shall constitute an election of remedies and a waiver of the subject employee's right to further pursue his grievance or the Guild's right to require the Employer to arbitrate the grievance. Provided, further, that nothing in this section shall be construed as a waiver of any right that the Guild may have to require the County to engage in collective bargaining.

## **ARTICLE 23 SAVINGS CLAUSE**

If any provision of this Agreement or the application of such provisions should be rendered or declared invalid by any Court action or by reason of any existing or subsequently enacted legislation, the remaining parts or portions of this Agreement shall remain in full force.

## **ARTICLE 24 ENTIRE AGREEMENT**

This Agreement and all of its Articles and/or Appendices constitute the entire Agreement between the parties and no oral statement shall add to nor supersede any of its provisions. Each party to this Agreement agrees that it has had the unlimited right to make proposals that are proper subjects for collective bargaining and waives the right to oblige the other party to negotiate any matters to become effective until the expiration of this Agreement.

## **ARTICLE 25 TERM OF AGREEMENT**

- 25.1 This contract will extend from its effective date until December 31, 2025.
- 25.2 The Guild reserves the right to open this agreement to bargain economic provisions in the event the Guild reasonably believes that the economic provisions granted a bargaining unit, including the unrepresented employees, exceed the terms of this agreement. The County agrees to bargain with the Guild in the event the Guild effectuates this section.
- 25.3 Should the County determine there is economic justification, the County may open this Agreement by giving notice to and meeting with the Guild. The County shall provide the Guild with the information supporting the County's determination. The County and Guild shall then negotiate with the objective of preserving staffing levels and maintaining a balanced budget.

DATED this 10 day of March, 2025

FOR SKAGIT COUNTY

COMMISSIONERS:

Lisa Janicki  
Lisa Janicki, Chair

Ron Wesen  
Ron Wesen, Commissioner

Peter Browning  
Peter Browning, Commissioner

Attest:

Linda Hammer  
Clerk of the Board

DATED this \_\_\_\_ day of \_\_\_\_\_.

SKAGIT COUNTY SHERIFF

Don McDermott  
Don McDermott

DATED this 3 day of March.

FOR SKAGIT COUNTY SHERIFF'S OFFICE  
STAFF GUILD/WASHINGTON STATE  
FRATERNAL ORDER OF POLICE

Joel Sage  
Local President

DATED this 18 day of February 2025

## ATTACHMENT A – CLASSIFICATION SCHEDULE

| Classification                          | Salary Range |
|-----------------------------------------|--------------|
| Support Services Technician             | 8            |
| Evidence Technician                     | 9            |
| Civil Assistant                         | 9            |
| Animal Control/Code Enforcement Officer | 10           |
| RSO Coordinator (Grant Funded)          | 10           |
| Criminal Justice Center Accountant      | 12           |

# ATTACHMENT – B WAGE SCALE

28

## SKAGIT COUNTY 2025 SALARY SCHEDULE SHERIFF'S OFFICE SUPPORT STAFF (GUILD) - NON-EXEMPT EMPLOYEES 3% COLA

| DURATION (MONTHS) |            | 12          | 12          | 12          | 12          | 12          | 12          | 12          |
|-------------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| RANGE             | PAY PERIOD | STEP 1      | STEP 2      | STEP 3      | STEP 4      | STEP 5      | STEP 6      | STEP 7      |
| 7                 | HOURLY     | \$21.91     | \$22.87     | \$23.47     | \$24.29     | \$25.16     | \$26.03     | \$26.93     |
|                   | MONTHLY    | \$3,787.73  | \$3,829.47  | \$4,058.13  | \$4,210.27  | \$4,361.07  | \$4,511.87  | \$4,667.87  |
|                   | ANNUAL     | \$45,572.60 | \$47,153.60 | \$48,817.60 | \$50,523.20 | \$52,332.80 | \$54,142.40 | \$56,014.40 |
| 8                 | HOURLY     | \$23.47     | \$24.29     | \$25.16     | \$26.03     | \$26.93     | \$27.87     | \$28.85     |
|                   | MONTHLY    | \$4,068.13  | \$4,210.27  | \$4,361.07  | \$4,511.87  | \$4,667.87  | \$4,830.80  | \$5,000.67  |
|                   | ANNUAL     | \$48,817.60 | \$50,523.20 | \$52,332.80 | \$54,142.40 | \$56,014.40 | \$57,969.60 | \$60,008.00 |
| 9                 | HOURLY     | \$25.16     | \$26.03     | \$26.93     | \$27.87     | \$28.85     | \$29.86     | \$30.91     |
|                   | MONTHLY    | \$4,361.07  | \$4,511.87  | \$4,667.87  | \$4,830.80  | \$5,000.67  | \$5,175.73  | \$5,357.73  |
|                   | ANNUAL     | \$52,332.80 | \$54,142.40 | \$56,014.40 | \$57,969.60 | \$60,008.00 | \$62,108.80 | \$64,282.80 |
| 10                | HOURLY     | \$26.93     | \$27.87     | \$28.85     | \$29.86     | \$30.91     | \$31.99     | \$33.11     |
|                   | MONTHLY    | \$4,667.87  | \$4,830.80  | \$5,000.67  | \$5,175.73  | \$5,357.73  | \$5,544.93  | \$5,739.07  |
|                   | ANNUAL     | \$56,014.40 | \$57,969.60 | \$60,008.00 | \$62,108.80 | \$64,282.80 | \$66,539.20 | \$68,868.80 |
| 11                | HOURLY     | \$28.85     | \$29.86     | \$30.91     | \$31.99     | \$33.11     | \$34.27     | \$35.48     |
|                   | MONTHLY    | \$5,000.67  | \$5,175.73  | \$5,357.73  | \$5,544.93  | \$5,739.07  | \$5,940.13  | \$6,148.40  |
|                   | ANNUAL     | \$60,008.00 | \$62,108.80 | \$64,282.80 | \$66,539.20 | \$68,868.80 | \$71,281.60 | \$73,756.80 |
| 12                | HOURLY     | \$30.91     | \$31.99     | \$33.11     | \$34.27     | \$35.48     | \$36.71     | \$38.00     |
|                   | MONTHLY    | \$5,357.73  | \$5,544.93  | \$5,739.07  | \$5,940.13  | \$6,148.40  | \$6,363.07  | \$6,586.67  |
|                   | ANNUAL     | \$64,282.80 | \$66,539.20 | \$68,868.80 | \$71,281.60 | \$73,756.80 | \$76,356.80 | \$79,040.00 |
| 13                | HOURLY     | \$33.11     | \$34.27     | \$35.48     | \$36.71     | \$38.00     | \$39.33     | \$40.70     |
|                   | MONTHLY    | \$5,739.07  | \$5,940.13  | \$6,148.40  | \$6,363.07  | \$6,586.67  | \$6,817.20  | \$7,054.67  |
|                   | ANNUAL     | \$68,868.80 | \$71,281.60 | \$73,756.80 | \$76,356.80 | \$79,040.00 | \$81,808.40 | \$84,656.00 |

1/13/2025

**SKAGIT COUNTY**  
**2024 SALARY SCHEDULE**  
**SHERIFF'S OFFICE**  
**SUPPORT STAFF (GUILD) - NON-EXEMPT EMPLOYEES**  
**2% COLA**

| DURATION (MONTHS) |            | 12          | 12          | 12          | 12          | 12          | 12          | 12          |
|-------------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| RANGE             | PAY PERIOD | STEP 1      | STEP 2      | STEP 3      | STEP 4      | STEP 5      | STEP 6      | STEP 7      |
| 7                 | HOURLY     | \$21.27     | \$21.99     | \$22.79     | \$23.58     | \$24.43     | \$25.27     | \$26.15     |
|                   | MONTHLY    | \$3,696.60  | \$3,611.60  | \$3,650.27  | \$4,087.20  | \$4,234.53  | \$4,380.13  | \$4,532.67  |
|                   | ANNUAL     | \$44,241.60 | \$45,739.20 | \$47,403.20 | \$49,046.40 | \$50,814.40 | \$52,561.60 | \$54,382.00 |
| 8                 | HOURLY     | \$22.79     | \$23.58     | \$24.43     | \$25.27     | \$26.15     | \$27.06     | \$28.01     |
|                   | MONTHLY    | \$3,850.27  | \$4,087.20  | \$4,234.53  | \$4,380.13  | \$4,532.67  | \$4,690.40  | \$4,855.07  |
|                   | ANNUAL     | \$47,403.20 | \$49,046.40 | \$50,814.40 | \$52,561.60 | \$54,382.00 | \$56,284.80 | \$58,260.80 |
| 9                 | HOURLY     | \$24.43     | \$25.27     | \$26.15     | \$27.06     | \$28.01     | \$28.99     | \$30.01     |
|                   | MONTHLY    | \$4,234.53  | \$4,380.13  | \$4,532.67  | \$4,690.40  | \$4,855.07  | \$5,024.93  | \$5,201.73  |
|                   | ANNUAL     | \$50,814.40 | \$52,561.60 | \$54,382.00 | \$56,284.80 | \$58,260.80 | \$60,299.20 | \$62,420.80 |
| 10                | HOURLY     | \$26.15     | \$27.06     | \$28.01     | \$28.99     | \$30.01     | \$31.06     | \$32.15     |
|                   | MONTHLY    | \$4,532.67  | \$4,690.40  | \$4,855.07  | \$5,024.93  | \$5,201.73  | \$5,383.73  | \$5,572.67  |
|                   | ANNUAL     | \$54,382.00 | \$56,284.80 | \$58,260.80 | \$60,299.20 | \$62,420.80 | \$64,604.80 | \$66,872.00 |
| 11                | HOURLY     | \$28.01     | \$28.99     | \$30.01     | \$31.06     | \$32.15     | \$33.27     | \$34.43     |
|                   | MONTHLY    | \$4,855.07  | \$5,024.93  | \$5,201.73  | \$5,383.73  | \$5,572.67  | \$5,768.80  | \$5,967.87  |
|                   | ANNUAL     | \$58,260.80 | \$60,299.20 | \$62,420.80 | \$64,604.80 | \$66,872.00 | \$69,201.60 | \$71,614.40 |
| 12                | HOURLY     | \$30.01     | \$31.06     | \$32.15     | \$33.27     | \$34.43     | \$35.64     | \$36.89     |
|                   | MONTHLY    | \$5,201.73  | \$5,383.73  | \$5,572.67  | \$5,768.80  | \$5,967.87  | \$6,177.80  | \$6,394.27  |
|                   | ANNUAL     | \$62,420.80 | \$64,604.80 | \$66,872.00 | \$69,201.60 | \$71,614.40 | \$74,131.20 | \$76,731.20 |
| 13                | HOURLY     | \$32.15     | \$33.27     | \$34.43     | \$35.64     | \$36.89     | \$38.18     | \$39.51     |
|                   | MONTHLY    | \$5,572.67  | \$5,768.80  | \$5,967.87  | \$6,177.80  | \$6,394.27  | \$6,617.87  | \$6,848.40  |
|                   | ANNUAL     | \$66,872.00 | \$69,201.60 | \$71,614.40 | \$74,131.20 | \$76,731.20 | \$79,414.40 | \$82,180.80 |

1/13/2025

## ATTACHMENT C – 2022 MEDICAL PLANS

*This summary is provided as a highlight of your health care plan benefits available to eligible Employees. If you have questions about your coverage, see your Summary Plan Description (SPD) or contact TPSC Member Services at (800) 426-9786.*

|                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                                             |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| BENEFIT PERIOD                                                                                                                                                                                                                                                                                                                 |                                                                                   | Calendar Year                                                                                                                               |                                    |
| BENEFIT LIMITATION                                                                                                                                                                                                                                                                                                             |                                                                                   | Services from Non-Preferred Providers are limited to a Usual & Customary and/or Reasonable (UCR) allowance.                                 |                                    |
| PRE-CERTIFICATION                                                                                                                                                                                                                                                                                                              |                                                                                   | Pre-certification is required for certain Inpatient admissions. See <b>PRE-CERTIFICATION OF HOSPITAL ADMISSION</b> in your SPD for details. |                                    |
| LIFETIME MAXIMUM BENEFIT                                                                                                                                                                                                                                                                                                       |                                                                                   | Unlimited                                                                                                                                   |                                    |
|                                                                                                                                                                                                                                                                                                                                |                                                                                   | PREFERRED PROVIDER                                                                                                                          | NON-PREFERRED PROVIDER             |
| DEDUCTIBLE<br><i>Applies to all services unless otherwise noted.</i>                                                                                                                                                                                                                                                           |                                                                                   | \$500 Individual/\$1,000 Family per Calendar Year                                                                                           |                                    |
| OUT-OF-POCKET MAXIMUM— <i>Benefits are increased to 100% payment if Out-of-Pocket expenses for Deductibles, Copays &amp; Coinsurance (including Outpatient Prescription Drugs) reach these amounts. Non-covered services and amounts in excess of Maximum Allowable Charges are not included in the Out-of-Pocket Maximum.</i> |                                                                                   | \$3,000 Individual/\$5,500 Family per Calendar Year                                                                                         |                                    |
| PRIMARY SERVICES                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                                             |                                    |
| I. PHYSICIAN SERVICES                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                                                                                                             |                                    |
| <u>Inpatient</u>                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                | Hospital Visit                                                                    | Paid at 80%                                                                                                                                 | Paid at 60%                        |
|                                                                                                                                                                                                                                                                                                                                | Surgery                                                                           | Paid at 80%                                                                                                                                 | Paid at 60%                        |
| <u>Outpatient</u>                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                | Office Visit                                                                      | Paid at 80%                                                                                                                                 | Paid at 60%                        |
|                                                                                                                                                                                                                                                                                                                                | Surgery                                                                           | Paid at 80%                                                                                                                                 | Paid at 60%                        |
| II. PREVENTIVE CARE SERVICES— <i>For a list of Preventive Care Services, see <a href="http://tpscbenefits.com/preventive-care-services">http://tpscbenefits.com/preventive-care-services</a></i>                                                                                                                               |                                                                                   |                                                                                                                                             |                                    |
| Preventive Care                                                                                                                                                                                                                                                                                                                |                                                                                   | Deductible Waived, Paid at 100%                                                                                                             | Deductible Waived, Paid at 60%     |
| Routine Vision Exam— <i>Limited to one (1) exam per Calendar Year</i>                                                                                                                                                                                                                                                          |                                                                                   | Deductible Waived, Paid at 100%                                                                                                             | Deductible Waived, Paid at 60%     |
| III. HOSPITAL SERVICES                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                                                                             |                                    |
| <u>Inpatient</u>                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                | Room and Board                                                                    | Paid at 80%                                                                                                                                 | Paid at 60%                        |
|                                                                                                                                                                                                                                                                                                                                | Intensive Care & Coronary Care Units                                              | Paid at 80%                                                                                                                                 | Paid at 60%                        |
|                                                                                                                                                                                                                                                                                                                                | Hospital Miscellaneous Expenses                                                   | Paid at 80%                                                                                                                                 | Paid at 60%                        |
| <u>Outpatient</u>                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                | Outpatient Department/Ambulatory Surgical Center                                  | Paid at 80%                                                                                                                                 | Paid at 60%                        |
|                                                                                                                                                                                                                                                                                                                                | Hospitalization for Dental Services— <i>Limited to \$1,000 per Calendar Year.</i> | Paid at 80%                                                                                                                                 | Paid at 60%                        |
| <u>Emergency Room</u>                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                                                                                                             |                                    |
|                                                                                                                                                                                                                                                                                                                                | Services and Supplies                                                             | \$100 Copay,* then:<br>Paid at 80%                                                                                                          | \$100 Copay,* then:<br>Paid at 80% |
|                                                                                                                                                                                                                                                                                                                                | X-ray and Lab                                                                     | Paid at 80%                                                                                                                                 | Paid at 80%                        |
| * Emergency Room Copay & Coinsurance is waived if patient is admitted as an Inpatient.                                                                                                                                                                                                                                         |                                                                                   |                                                                                                                                             |                                    |
| IV. DIAGNOSTIC SERVICES— <i>Includes interpretations; non-routine/non-preventive scans, imaging and labs; non-routine cancer screenings.</i>                                                                                                                                                                                   |                                                                                   |                                                                                                                                             |                                    |
| Physician Services                                                                                                                                                                                                                                                                                                             |                                                                                   | Paid at 80%                                                                                                                                 | Paid at 60%                        |
| Inpatient/Outpatient Facility Services                                                                                                                                                                                                                                                                                         |                                                                                   | Paid at 80%                                                                                                                                 | Paid at 60%                        |
| Diagnostic Colonoscopies & Mammograms                                                                                                                                                                                                                                                                                          |                                                                                   | Deductible Waived, Paid at 100%                                                                                                             | Deductible Waived, Paid at 60%     |
| V. MATERNITY & NEWBORN CARE— <i>Limited to Employees, Spouses &amp; Domestic Partners.</i>                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                             |                                    |
| Office Visits/Professional Services                                                                                                                                                                                                                                                                                            |                                                                                   | Paid at 80%                                                                                                                                 | Paid at 60%                        |
| Hospital/Birthing Center                                                                                                                                                                                                                                                                                                       |                                                                                   | Paid at 80%                                                                                                                                 | Paid at 60%                        |

# **MEDICAL SUMMARY OF BENEFITS – STANDARD 500 PLAN<sup>1</sup>**

| PRIMARY SERVICES (continued)                                                                                                                                                                              | PREFERRED PROVIDER             | NON-PREFERRED PROVIDER        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|
| <b>VI. CHEMICAL DEPENDENCY &amp; MENTAL HEALTH TREATMENT</b>                                                                                                                                              | Paid at 80%                    | Paid at 60%                   |
| <b>VII. HOME HEALTH CARE</b><br><i>Limited to 130 visits per Calendar Year.</i>                                                                                                                           | Paid at 80%                    | Paid at 60%                   |
| <b>VIII. HOSPICE</b> — <i>Limited to six (6) months of care per Lifetime; other Limitations apply.</i>                                                                                                    | Paid at 80%                    | Paid at 60%                   |
| <b>IX. OUTPATIENT PRESCRIPTION DRUGS **Deductible Waived**</b>                                                                                                                                            |                                |                               |
|                                                                                                                                                                                                           | <b>MAXORPLUS PHARMACIES</b>    | <b>NON-MEMBER PHARMACIES*</b> |
| <u>Retail</u> — <i>Limited to a 30-day supply.</i>                                                                                                                                                        |                                |                               |
| Generic Drugs                                                                                                                                                                                             | \$ 15 Copay, then Paid at 100% | \$15 Copay, then Paid at 80%* |
| Formulary Brand Name Drugs                                                                                                                                                                                | \$ 30 Copay, then Paid at 100% | \$30 Copay, then Paid at 80%* |
| Non-Formulary Brand Name Drugs                                                                                                                                                                            | \$ 50 Copay, then Paid at 100% | \$50 Copay, then Paid at 80%* |
| <u>Mail Order</u> — <i>Limited to a 90-day supply for the cost of two (2) retail Copays.</i>                                                                                                              |                                |                               |
| Generic Drugs                                                                                                                                                                                             | \$ 30 Copay, then Paid at 100% | Not Available                 |
| Formulary Brand Name Drugs                                                                                                                                                                                | \$ 60 Copay, then Paid at 100% | Not Available                 |
| Non-Formulary Brand Name Drugs                                                                                                                                                                            | \$100 Copay, then Paid at 100% | Not Available                 |
| <u>Specialty Drugs</u> — <i>Limited to a 30-day supply. Your cost is limited to a maximum \$200/prescription. After first retail fill, must be purchased from Maxor Mail Order.</i>                       | Paid at 80%                    | Not Available                 |
| <i>*You must pay 100% of cost at time of purchase; then submit claim to Maxor for reimbursement.<br/> Limited to Maxor's Maximum Allowable Charge for the drug less applicable copay and coinsurance.</i> |                                |                               |
| <b>X. SKILLED NURSING FACILITY</b><br><i>Limited to ninety (90) days per Calendar Year.</i>                                                                                                               | Paid at 80%                    | Paid at 60%                   |
| <b>XI. TRANSPLANTS</b>                                                                                                                                                                                    | Paid at 80%                    | Not Covered                   |
| <b>XII. OTHER BENEFITS</b>                                                                                                                                                                                |                                |                               |
| Acupuncture<br><i>Limited to twelve (12) visits per Calendar Year.</i>                                                                                                                                    | Paid at 80%                    | Paid at 60%                   |
| Ambulance                                                                                                                                                                                                 | Paid at 80%                    | Paid at 80%                   |
| Cardiac & Pulmonary Rehabilitation<br><i>Limited to 30 visits combined per Calendar Year.</i>                                                                                                             | Paid at 80%                    | Paid at 60%                   |
| Dental Injury— <i>Limited to \$750 per Calendar Year.</i>                                                                                                                                                 | Paid at 80%                    | Paid at 60%                   |
| Diabetic Care Instruction<br><i>Limited to one (1) visit per Calendar Year.</i>                                                                                                                           | Paid at 100%                   | Not Covered                   |
| Durable Medical Equipment (DME), Medical Supplies, Prosthetic & Orthopedic Appliances                                                                                                                     | Paid at 80%                    | Paid at 60%                   |
| Home Infusion Therapy                                                                                                                                                                                     | Paid at 80%                    | Paid at 60%                   |
| Inpatient Habilitation or Rehabilitation<br><i>Limited to five (5) days per condition per Calendar Yr.</i>                                                                                                | Paid at 80%                    | Paid at 60%                   |
| Manipulations & Other Modalities<br><i>Limited to 20 visits per Calendar Year.</i>                                                                                                                        | Paid at 80%                    | Paid at 60%                   |
| Outpatient Habilitative Services— <i>Includes Massage, Neurodevelopmental, Occupational, Physical &amp; Speech Therapy.</i>                                                                               |                                |                               |
| <i>Limited to twelve (12) visits per Calendar Year for children under age 7.</i>                                                                                                                          | Paid at 80%                    | Paid at 60%                   |
| Outpatient Rehabilitation— <i>Includes Massage, Occupational, Physical &amp; Speech Therapy.</i>                                                                                                          |                                |                               |
| <i>Limited to 30 visits/Calendar Yr all therapies combined.</i>                                                                                                                                           | Paid at 80%                    | Paid at 60%                   |
| PKU                                                                                                                                                                                                       | Paid at 80%                    | Paid at 60%                   |
| Temporomandibular Joint Dysfunction (TMJ)<br><i>Limited to \$1,000/Calendar Yr; \$5,000 per Lifetime.</i>                                                                                                 | Paid at 80%                    | Paid at 60%                   |
| Voluntary Male Sterilization<br><i>Limited to \$1,000 per Lifetime.</i>                                                                                                                                   | Paid at 80%                    | Paid at 60%                   |
| Eligible Non-Listed Services                                                                                                                                                                              | Paid at 80%                    | Paid at 60%                   |

**MEDICAL SUMMARY OF BENEFITS – HIGH DEDUCTIBLE HEALTH PLAN (HDHP with HSA)**

*This summary is provided as a highlight of your health care plan benefits available to eligible Employees. If you have questions about your coverage, see your Summary Plan Description (SPD) or contact TPSC Member Services at (800) 426-9786.*

|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                             |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| BENEFIT PERIOD                                                                                                                                                                                                                                                                                                                | Calendar Year                                                                                                                               |                                |
| BENEFIT LIMITATION                                                                                                                                                                                                                                                                                                            | Services from Non-Preferred Providers are limited to a Usual & Customary and/or Reasonable (UCR) allowance.                                 |                                |
| PRE-CERTIFICATION                                                                                                                                                                                                                                                                                                             | Pre-certification is required for certain Inpatient admissions. See <b>PRE-CERTIFICATION OF HOSPITAL ADMISSION</b> in your SPD for details. |                                |
| LIFETIME MAXIMUM BENEFIT                                                                                                                                                                                                                                                                                                      | Unlimited                                                                                                                                   |                                |
|                                                                                                                                                                                                                                                                                                                               | PREFERRED PROVIDER                                                                                                                          | NON-PREFERRED PROVIDER         |
| DEDUCTIBLE<br><i>Applies to all services unless otherwise noted.</i>                                                                                                                                                                                                                                                          | \$1,400 Employee-only/\$2,800 Employee & Family per Calendar Year                                                                           |                                |
| OUT-OF-POCKET MAXIMUM— <i>Benefits are increased to 100% payment if Out-of-Pocket expenses for Deductibles &amp; Coinsurance (including Outpatient Prescription Drugs) reach these amounts. Non-covered services and amounts in excess of Maximum Allowable Charges are <u>not</u> included in the Out-of-Pocket Maximum.</i> | \$7,000 Employee-only/\$14,000 Employee & Family per Calendar Year                                                                          |                                |
| PRIMARY SERVICES                                                                                                                                                                                                                                                                                                              |                                                                                                                                             |                                |
| I. PHYSICIAN SERVICES                                                                                                                                                                                                                                                                                                         |                                                                                                                                             |                                |
| <u>Inpatient</u>                                                                                                                                                                                                                                                                                                              |                                                                                                                                             |                                |
| Hospital Visit                                                                                                                                                                                                                                                                                                                | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| Surgery                                                                                                                                                                                                                                                                                                                       | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| <u>Outpatient</u>                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |                                |
| Office Visit                                                                                                                                                                                                                                                                                                                  | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| Surgery                                                                                                                                                                                                                                                                                                                       | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| II. PREVENTIVE CARE SERVICES— <i>Contact Member Services at (800) 426-9786 to confirm which Preventive Care services are covered.</i>                                                                                                                                                                                         |                                                                                                                                             |                                |
| Preventive Care                                                                                                                                                                                                                                                                                                               | Deductible Waived, Paid at 100%                                                                                                             | Deductible Waived, Paid at 60% |
| Screening Colonoscopies & Mammograms                                                                                                                                                                                                                                                                                          | Deductible Waived, Paid at 100%                                                                                                             | Deductible Waived, Paid at 60% |
| Routine Vision Exam— <i>Limited to one (1) exam per Calendar Year</i>                                                                                                                                                                                                                                                         | Paid at 100%                                                                                                                                | Paid at 60%                    |
| Sterilization— <i>Limited to \$1,000 per Lifetime</i>                                                                                                                                                                                                                                                                         | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| Contraceptive Management                                                                                                                                                                                                                                                                                                      | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| III. HOSPITAL SERVICES                                                                                                                                                                                                                                                                                                        |                                                                                                                                             |                                |
| <u>Inpatient</u>                                                                                                                                                                                                                                                                                                              |                                                                                                                                             |                                |
| Room and Board                                                                                                                                                                                                                                                                                                                | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| Intensive Care & Coronary Care Units                                                                                                                                                                                                                                                                                          | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| Hospital Miscellaneous Expenses                                                                                                                                                                                                                                                                                               | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| <u>Outpatient</u>                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |                                |
| Outpatient Department/Ambulatory Surgical Center                                                                                                                                                                                                                                                                              | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| Hospitalization for Dental Services— <i>Limited to \$1,000 per Calendar Year.</i>                                                                                                                                                                                                                                             | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| <u>Emergency Room</u>                                                                                                                                                                                                                                                                                                         |                                                                                                                                             |                                |
| Services and Supplies                                                                                                                                                                                                                                                                                                         | Paid at 80%                                                                                                                                 | Paid at 80%                    |
| X-ray and Lab                                                                                                                                                                                                                                                                                                                 | Paid at 80%                                                                                                                                 | Paid at 80%                    |
| IV. DIAGNOSTIC SERVICES— <i>Includes interpretations; non-routine/non-preventive scans, imaging and labs; non-routine cancer screenings.</i>                                                                                                                                                                                  |                                                                                                                                             |                                |
| Physician Services                                                                                                                                                                                                                                                                                                            | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| Inpatient/Outpatient Facility Services                                                                                                                                                                                                                                                                                        | Paid at 80%                                                                                                                                 | Paid at 60%                    |
| Diagnostic Colonoscopies & Mammograms                                                                                                                                                                                                                                                                                         | Deductible Waived, Paid at 100%                                                                                                             | Deductible Waived, Paid at 60% |

**MEDICAL SUMMARY OF BENEFITS—HDHP with HSA (continued)**

| <b>PRIMARY SERVICES (continued)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>PREFERRED PROVIDER</b>                                                                                                                           | <b>NON-PREFERRED PROVIDER</b>                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>V. MATERNITY &amp; NEWBORN CARE</b> — <i>Limited to Employees, Spouses &amp; Domestic Partners.</i>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                     |                                                                                                                                                                                                                                                  |
| Office Visits/Professional Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| Hospital/Birthing Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| <b>VI. CHEMICAL DEPENDENCY &amp; MENTAL HEALTH TREATMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| <b>VII. HOME HEALTH CARE</b><br><i>Limited to 130 visits per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                                                                                                            | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| <b>VIII. HOSPICE</b> — <i>Limited to six (6) months of care per Lifetime; other Limitations apply.</i>                                                                                                                                                                                                                                                                                                                                                                                                     | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| <b>IX. OUTPATIENT PRESCRIPTION DRUGS</b><br><u>Retail</u> — <i>Limited to a 90-day supply.</i><br>Generic Drugs<br>Formulary Brand Name Drugs<br>Non-Formulary Brand Name Drugs<br><u>Mail Order</u> — <i>Limited to a 90-day supply for the cost of two (2) retail Copays.</i><br>Generic Drugs<br>Formulary Brand Name Drugs<br>Non-Formulary Brand Name Drugs<br><u>Specialty Drugs</u> — <i>Limited to a 30-day supply. After first retail fill, must be purchased from Maxor Mail-Order Pharmacy.</i> | <b><u>MAXORPLUS PHARMACIES</u></b><br><br>Paid at 80%<br>Paid at 80%<br>Paid at 80%<br><br>Paid at 80%<br>Paid at 80%<br>Paid at 80%<br>Paid at 80% | <b><u>NON-MEMBER PHARMACIES*</u></b><br><br>Paid at 80%*<br>Paid at 80%*<br>Paid at 80%*<br><i>*Limited to Maxor's Maximum Allowable Charge less applicable Coinsurance.</i><br>Not Available<br>Not Available<br>Not Available<br>Not Available |
| <b>X. SKILLED NURSING FACILITY</b><br><i>Limited to ninety (90) days per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                                                                                                | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| <b>XI. TRANSPLANT BENEFIT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Paid at 80%                                                                                                                                         | Not Covered                                                                                                                                                                                                                                      |
| <b>XII. OTHER BENEFITS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                     |                                                                                                                                                                                                                                                  |
| Acupuncture<br><i>Limited to twelve (12) visits per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                     | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| Ambulance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Paid at 80%                                                                                                                                         | Paid at 80%                                                                                                                                                                                                                                      |
| Dental Injury— <i>Limited to \$750 per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| Diabetic Care Instruction<br><i>Limited to one (1) visit per Calendar Year</i>                                                                                                                                                                                                                                                                                                                                                                                                                             | Paid at 100%                                                                                                                                        | Not Covered                                                                                                                                                                                                                                      |
| Durable Medical Equipment (DME), Medical Supplies, Prosthetic & Orthopedic Appliances                                                                                                                                                                                                                                                                                                                                                                                                                      | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| Home Infusion Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| Inpatient Rehabilitation— <i>Limited to five (5) days per condition, per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                                                                                                | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| Manipulations & Related Modalities<br><i>Limited to twenty (20) visits per Calendar Year</i>                                                                                                                                                                                                                                                                                                                                                                                                               | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| Naturopathic Physician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| Neurodevelopmental Therapy— <i>To Age 7—Limited to twelve (12) visits per Calendar Year.</i>                                                                                                                                                                                                                                                                                                                                                                                                               | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| Outpatient Rehabilitation— <i>Includes Cardiac, Massage, Occupational, Physical, Pulmonary &amp; Speech Therapies. Limited to 24 visits/Calendar Year all therapies combined.</i>                                                                                                                                                                                                                                                                                                                          | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| PKU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| Temporomandibular Joint Dysfunction (TMJ)<br><i>Limited to \$1,000/Calendar Year; \$5,000 per Lifetime.</i>                                                                                                                                                                                                                                                                                                                                                                                                | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |
| Eligible Non-Listed Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Paid at 80%                                                                                                                                         | Paid at 60%                                                                                                                                                                                                                                      |