

REPORT to SHOP STEWARD

TO ALL MEMBERS OF LOCAL 371 EMPLOYED BY

THE GRAND UNION COMPANY

September 10, 1997

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Dear Sisters & Brothers:

Below please find the highlights of the changes and improvements in the contract negotiated between Local 371 U.F.C.W. and The Grand Union Company.

These highlights list only the contract changes. If a certain article is not mentioned, it is because that article remains unchanged.

This agreement was approved overwhelmingly by the Grand Union membership at the contract ratification meeting held on Wednesday, September 3, 1997, at the Hyatt Regency Greenwich Hotel located in Greenwich, Connecticut.

Please remember that these are only highlights and some errors or omissions are possible. If there are any, they will be corrected. As soon as contract booklets are printed, every member will be mailed a copy of the Union contract in its complete form.

With warmest best wishes, I am

Fraternally yours,

Robert A. Petronella
International Vice-President
President U.F.C.W. Local 371

RAP/blt

PLEASE POST ON BULLETIN BOARD AND ADVISE ALL MEMBERS!

ALL TERMS AND CONDITIONS OF THE AGREEMENT WHICH EXPIRED ON JUNE 28, 1997, SHALL REMAIN UNCHANGED EXCEPT AS MODIFIED BY THE FOLLOWING

ARTICLE 7 - SECTION 2 and 4. HOLIDAYS: - 7.2 Full-time employees hired or appointed on or after 6/29/97, shall be eligible to receive after ninety (90) days service the following named holiday:

- | | |
|------------------|------------------|
| New Years Day | Labor Day |
| Memorial Day | Thanksgiving Day |
| Independence Day | Christmas Day |

After one (1) year of service, four (4) personal days (two (2) taken during each calendar half)

EFF. 6/29/97 - 10/27/2001



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7.4 Part-time employees hired or appointed on or after 6/29/97, shall be eligible to receive after nine (9) months of employment the following named holidays:

New Years Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

After two (2) years employment, four (4) personal days (two (2) taken during each calendar half) Part-time service clerks shall receive the six (6) above named holidays after one (1) year of service.

ARTICLE 11. EMPLOYEE BENEFIT PLANS Section 1 and 3: 11.1 Change the current monthly contributions to the rates and dates indicated below:

Effective:	<u>7/1/97</u>	<u>11/1/98</u>	<u>11/1/99</u>	<u>11/1/00</u>	<u>6/1/01</u>
Full-time	\$400.00/mo.	\$416.58/mo.	\$425.00/mo.	\$471.00/mo.	\$550.00/mo.
Part-time	\$108.00/mo.	\$114.00/mo.	\$114.00/mo.	\$125.00/mo.	\$155.00/mo.

PENSION

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11.3 Change the current monthly contribution to the rates and dates indicated below:

Effective:	<u>11/1/97</u>	<u>11/1/98</u>	<u>11/1/00</u>	<u>6/1/01</u>
Full-time	\$123.60 (\$66.75 Future service benefit)	\$123.60 (\$66.75 Future service benefit)	\$125.73 (\$68.00 Future service benefit)	\$127.86 (\$69.00 Future service benefit)
Part-time	\$ 16.48 (\$12.00 Future service benefit)	\$ 16.48 (\$12.00 Future service benefit)	\$ 19.20 (\$14.00 Future service benefit)	\$ 20.70 (\$15.25 Future service benefit)

ARTICLE 14 - Section 2 TRANSFERS - 14.2 Change twenty (20) miles to thirty (30).

ARTICLE 24 - Section 1 HOURS - 24.1 Overtime:

Add: Employees my start at 5:00 a.m. at the straight-time rate on a voluntary basis provided they sign a written waiver.

ARTICLE 32 - DURATION - Effective 6/29/97 - 10/27/2001

APPENDIX "A" WAGES

The general wage increases listed below shall apply to those employees who have attained the top rate on their progression scale for their classification:

	<u>6/29/97</u>	<u>10/25/98</u>	<u>2/27/2000</u>	<u>4/29/2001</u>
Full-time Dept. Heads and Meat Cutters	\$10.00	\$25.00	\$30.00	\$35.00
	(\$100.00 per week General Wage Increase)			
All other Full-time	\$10.00	\$20.00	\$30.00	\$35.00
	(\$95.00 per week General Wage Increase)			
Part-time	\$.10	\$.25	\$.30	\$.35
	(\$1.00 per hour General Wage Increase)			

Part-time Meat Cutters	\$.25	\$.625	\$.75	\$.875
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(\$2.50 per hour General Wage Increase)

PART-TIME: Employees hired after 9/07/97

Regular

Start \$5.18

After 30 Days +\$.20

Thereafter, every six (6) months \$.15 per hour.

Service Dept.'s

Start \$5.18

After 30 Days +\$.15

Thereafter, every six (6) months \$.10 per hour.

SERVICE CLERK: Effective 9/07/97

Start \$5.18

After 30 Days +\$.10

Thereafter, every six (6) months \$.05 per hour

If a person is hired above the Start Rate, they shall receive the appropriate thirty (30) day increase. Thereafter, they shall receive the respective six (6) month increases for their classification from their date of hire.

U.F.C.W. LOCAL #371

Brian A. Petronella

Linda Boccarosse

Albert Longobricco

Jeff J. Horvath

David Smith

OPTICAL PROGRAM IMPROVEMENTS

	Old	New
Complete Pair-Bifocal, etc. vision with exam	\$ 53.00	\$200.00
Complete Pair-Single vision lenses no exam	80.00	90.00
Complete Pair-Bifocal, etc. vision no exam	80.00	105.00
Complete Pair-Single vision lenses with exam	93.00	140.00
Bifocal, etc. vision lenses with exam	60.00	105.00
Bifocal, etc. vision lenses no exam	20.00	55.00
Single vision lenses with exam	53.00	90.00
Single vision lenses no exam	13.00	40.00
Examination	40.00	50.00
Frames only	40.00	50.00
Contact Lenses with exam	100.00	125.00
Contact Lenses no exam	60.00	75.00

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NO BENEFITS PAYABLE FOR:

1. Sunglasses
2. Any service not shown above.
3. More than one benefit on new rate schedule in any calendar year.

DENTAL PLAN IMPROVEMENTS

I. DIAGNOSTIC & PREVENTATIVE

	OLD BENEFIT UP TO	NEW BENEFIT UP TO
Examination (one per calendar year)	25.00	\$ 36.00
Prophylaxis (one every 6 months)	30.00	47.00
X-Ray, Full Series, Including Bite Wings	45.00	68.00
2 Bite Wing X-rays	11.00	21.00
4 Bite Wing X-rays (maximum/calendar year)	21.00	28.00
Periapical X-rays (each)	3.00	10.00
Topical Fluoride Application(Under 18 years old)	20.00	40.00

II. ORAL SURGERY

Simple Extraction	25.00	85.00
Surgical Extraction	50.00	100.00
Complete Bony Impaction	100.00	250.00
Partial Bony Impaction	90.00	225.00
Soft Tissue Impaction	90.00	185.00
Removal of Cyst	75.00	140.00

III. GENERAL ANESTHESIA

(In addition to Oral Surgery Benefit)		
Per 1/2 Hour or fraction thereof	38.00	38.00

IV. FILLINGS

One Surface Filling	25.00	62.00
Two Surface Filling	50.00	80.00
Three or More Surface Filling	70.00	98.00
Reinforcement Pins (per pin) up to 4/Tooth	10.00	28.00
Post	50.00	100.00
Post & Core	70.00	175.00

V. PALLIATIVE SERVICES

Each Emergency Benefit	60.00	75.00
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VI. GOLD INLAY/ONLAYS

One Surface	60.00	120.00
Two Surface	80.00	160.00
Three or More Surface	100.00	200.00

VII. CROWNS/ABUTMENTS/PONTICS

Full Cast Gold	175.00	350.00
1/2 Cast Gold	150.00	300.00
Plastic/Acrylic by Lab	175.00	175.00
Plastic/Acrylic Processed to Metal	250.00	400.00
Porcelain	250.00	400.00
Porcelain Processed to Metal	300.00	435.00

DENTAL PLAN IMPROVEMENTS CONTINUED

	OLD BENEFIT UP TO	NEW BENEFIT UP TO
VII. ROOT CANAL THERAPY		
One Canal	\$ 105.00	\$ 300.00
Two Canal	150.00	350.00
Three or More Canals	175.00	425.00
Apicoectomy	105.00	250.00
ABOVE SERVICES INCLUDE FILLINGS		
IX. DENTURES (Available once every 3 years)		
Full Upper or Lower (Each)	325.00	525.00
Cast Partial, Upper or Lower (Each)	350.00	550.00
Unilateral Partial, Nesbit or Stayplate	120.00	240.00
ABOVE SERVICES INCLUDE 6 MONTHS AFTERCARE		
Reline or Rebase	75.00	150.00
X. DENTURE REPAIR		
Repair Body of Broken Denture	35.00	70.00
Replace Broken Tooth (1st Tooth)	30.00	60.00
Each Additional Tooth	30.00	60.00
Add Tooth to Replace Extracted Tooth (1st)	60.00	60.00
Each Additional Tooth	30.00	60.00
Replace Clasp or Rest	68.00	68.00
XI. PERIODONTIA		
Gum Treatment (per visit)	30.00	50.00
Periodontal Splint/Arch	50.00	70.00
Gingivotomy, Gingioplasty/Quad	100.00	200.00
Gingival Curretage, Root Planing/Quad	25.00	50.00
Gingival Flap/Quad	100.00	200.00
Osseous Surgery Quad	150.00	300.00
Occlusal Adjustment	25.00	50.00
MAXIMUM PER CALENDAR YEAR	600.00	1200.00
XXII. ORTHODONTICS - Space Maintainers INCLUDING SIX MONTHS AFTERCARE		
Fixed Space Maintainers (Band Type)	135.00	135.00
Removable Acrylic Space Maintainer with Stainless Steel Round Wire Rest	125.00	125.00
Stainless Steel Clasp and/or Wires, Each Additional Wire or Clasp	27.00	27.00
Study Models	45.00	45.00
Removable Appliance	180.00	180.00
Fixed Appliance	200.00	200.00
Office Visits after Six Months	18.00	18.00

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