

# Tacoma Joint Labor Tentative Offer

## Medical Insurance

### Regence Health Plans

- Addition of Telemedicine offered through MDLive, which allows access to board-certified doctors, pediatricians and licensed therapists via online video, phone or mobile app for Behavioral Health and Primary Care 24/7, 365 days a year with shorter wait times and a lower copay on the Regence PPO plan.
- Addition of Out-of-Network Benefit Option at a 50% coverage level. This allows members more choice of providers and protection against the employee paying 100% of the cost for medical services.
- Addition of Balance Billing protection from Out-of-Network providers performing services at In-Network settings (e.g. Radiologist, Emergency Room Physicians, Anesthesiologists, Pathologists, and Independent Laboratories).
- Addition of new Family Planning and Reproductive Health Care benefits:
  - o Contraceptive drug refills for a 12-month supply
  - o Addition of maternity coverage for dependent daughters
  - o Addition of sterilization and contraceptives for males covered at no member cost (deductible applies on HDHP plan).
- Addition of travel and lodging expense benefit for organ transplants, up to \$7,500.
- Addition of a pharmacy exclusion benefit for high cost prescriptions that have a lower cost alternative available (exceptions will be available to members who cannot use a lower cost alternative prescription).
- Addition for requirement for Sleep Studies to be conducted at home. This change encourages more members to receive these type of services when conducted in a more familiar environment (exceptions can be approved).
- Replacement of the existing Disease Management Program offering with a voluntary enhanced program that focuses on diabetes prevention and maintenance. The maintenance program provides access to a free smart-technology blood glucose meter and free test strips. This technology provides the ability to provide reporting to physician and real-time assistance and life-saving options from health professionals.
- Addition of Bariatric Surgery benefit. Member must meet medical criteria set by Regence in their standard published medical policy. **(2021 Plan Year Enhancement)**

### Kaiser Permanente Health Plan

- Addition of Bariatric Surgery benefit. Member must meet medical criteria set by Kaiser in their standard published medical policy. **(2021 Plan Year Enhancement)**

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## Dental Insurance

### Delta Dental of Washington

- Change in the coverage levels for Class I (Preventive) and Class II (Restorative) from an incentive based program to a more common benefit structure that removes barriers to preventive dental care. The new structure covers preventive dental care automatically at 100%.

<b>Benefit</b>	<b>Current</b>	<b>New</b>
Class I (Preventive)	70 to 100%	100%
Class II (Restorative)	70 to 100%	80%

- Addition of Evidence Based Care for treating Periodontal Disease to Class I (Preventive) coverage. This includes periodontal gum maintenance, prescription-strength fluoride toothpaste, and antimicrobial rinses provided during a dental visit and covered at 100%.

## Vision Insurance

### Vision Plan Services (VSP)

- Increasing the Hardware Allowance from \$130/yr. to \$150/yr. to bring parity with the Kaiser Permanente Medical Plan vision hardware allowance.

## Bilingual Pay

The City commits to schedule a series of labor-management meetings for the IBEW Local 483 Court Clerks bargaining unit beginning in the 1<sup>st</sup> Quarter of 2020 for the purpose of researching, refining, and implementing the parameters of foreign language proficiency qualification testing.

TENTATIVE AGREEMENT 10/9/19

~~2019~~2020-2021

**ARTICLE 1 - TERM OF AGREEMENT**

This Agreement shall remain in full force and effect from January 1, ~~2019~~2020, to and including December 31, ~~2019~~2021 provided, however, that this Agreement shall be subject to such change or modification as may be mutually agreed upon by the parties hereto. It is the intent of the parties to this Agreement that negotiations for change or modification shall begin at least ~~ninety~~ninety one hundred and twenty (~~90~~120) days, and in no event later than ~~sixty~~ninety (~~60~~90) days prior to the termination of this Agreement.

**3.4.1 Union Dues.** As evidence of its recognition of employee membership in unions and organizations affiliated with the Joint Labor Committee and other bona fide unions and employees organizations and professional societies, the City of Tacoma agrees that upon receiving notice of an employee's authorization from the Union~~written authority given to it by any member of the Union or other representative organization~~, it will deduct from the wages payable by the employer to such member, in the manner provided by law, such amounts as such member shall authorize, as dues to the organization, and transmit such dues to the organization. The City shall be given one full pay period advance notice of all dues changes. There shall be no retroactive deduction of dues.

**5.5.1** The arbitrator shall have no power to render a decision that will add to, subtract from, alter, change, or modify the terms of this Agreement, and ~~his/her~~their power shall be limited to interpretation of application of the terms of this Agreement. The arbitrator shall be limited in ~~his or her~~their decision to the grievance issue(s) set forth in the original written grievance unless the parties agree to modify it. Multiple grievances may be combined only by agreement of the parties.

**6.2.4** Employee Contributions to Premiums.

Effective January 1, 2020 through December 31, 2020, Employees selecting employee-only coverage will contribute \$40 per month towards the premium costs of medical insurance. Employees insuring dependents will contribute \$80 per month towards the premium costs of medical insurance.

Effective January 1, 2021, Employees selecting employee-only coverage will contribute \$50 per month towards the premium costs of medical insurance. Employees insuring dependents will contribute \$100 per month towards the premium costs of medical insurance.

Effective January 1, 2020, in addition to these amounts, part-time employees working at least twenty (20) hours, but less than thirty (30) hours per week will be responsible for the remainder of the premium cost of the plan they have selected after the City has made a prorated contribution toward the cost of the plan based on the percentage that the part-time employee's FTE actual hours compensated in the previous month bears to full-time (40 hours per week). Employees will be eligible for benefits based on assigned work schedule. The work schedule shall be determined monthly, for pay periods in the upcoming month. Such schedules will be rounded up to the nearest four (4) hour increment. Part-time employees working thirty (30) or more hours per week will make contributions equal to those of full-time employees. For all other purposes or benefit calculations, the City's definitions and policies regarding part-time employment will govern.

- 6.2.5** Wellness Credit. Employees participating in wellness will receive a \$20 per month credit toward their premium contribution for medical insurance coverage under the Regence PPO Plan or Kaiser Permanente HMO Plan, or a \$40 per month credit toward their premium contribution for coverage under the Regence HDHP/HSA Plan. Employees in a temporary status are not eligible to receive the credit.

Employees or their eligible dependents may not be insured on more than one City medical insurance plan. If an employee has a spouse/domestic partner or adult child under the age of 26 working for the City, and each completes the participation requirements of the Wellness Incentives, each employee will receive the Wellness Credit toward the employee premium contributions for medical insurance coverage.

- 6.2.6** Contributions to HSA Accounts. Employees who select the Regence HDHP/HSA Plan will receive the following annual contributions to a health savings account. Contributions will be deposited on a monthly basis. Employees may contribute to their own accounts up to the maximum dollar value permitted by applicable law.

- a. Employees Who Participate in Wellness – \$1250 per year for employees selecting employee-only coverage; \$2500 per year for employees insuring one or more dependents.
- b. Employees Who Do Not Participate in Wellness – \$500 per year for employees selecting employee-only coverage; \$1000 per year for employees insuring one or more dependents.

- 6.3** **Dental and Vision Insurance**. The City will provide dental and vision insurance to employees and eligible dependents according to the terms of its insurance plans. The City will not make changes to its dental or vision insurance plans during the term of this Agreement without first bargaining with the Joint Labor Committee. The City will pay the full premium cost for dental and vision insurance for employees and eligible dependents. Part-time employees working at least twenty (20) hours, but less than thirty (30) hours per week will be responsible for a prorated contribution toward the cost of the plan based on the percentage that the part-time employee's FTE actual hours compensated in the previous month bears to full-time (40 hours per week). Part-time employees working thirty

(30) or more hours per week will make contributions equal to those of full-time employees. For all other purposes or benefit calculations, the City's definitions and policies regarding part-time employment will govern.

**6.5 Opt Out With Proof of Insurance.** Subject to any applicable legal restrictions imposed by the Employer's medical, dental and vision insurance providers, full-time and part-time employees may choose to opt out of the Employer provided medical, dental and/or vision insurance. To be eligible to opt out of the medical, dental and/or vision insurance, full-time permanent, project, appointive, and temporary pending exam employees shall be required to: (i) provide the Employer with written proof of alternative medical, dental and vision insurance coverage; and (ii) notify the Employer in writing within thirty-~~one~~ (30/31) calendar days if he/she should lose their alternative medical, dental and vision coverage.

**6.9.6** For the purposes of this Section, regular normal pay shall be that rate of the classification in which ~~he/she was~~they were working in on the date of injury.

**6.10** Group Life Insurance shall be as provided in Section 1.12.096 of the Tacoma Municipal Code. The City will pay one hundred percent (100%) of the cost of premiums for those employees electing to participate. The amount of insurance an employee may purchase is based on ~~his/her~~their annual salary rounded to the next highest \$1,000 of coverage.

#### **6.15 Wellness**

**6.15.1** Wellness Committee. The parties will maintain a Labor Management Health Care Committee (aka Wellness Committee) during the term of the Agreement to discuss and address issues regarding the City's insurance programs and wellness program. The Wellness Committee will be comprised of four (4) City and four (4) Labor representatives. The Committee will:

- a. Develop monthly or bimonthly newsletters to help educate and encourage the City employees.
- b. Review all Health Trust Fund/Flex Account balances ~~monthly~~.
- c. Review experience reports ~~monthly~~.

**6.15.2** Wellness Funds. The City ~~and Tacoma Joint Labor Committee~~ will establish a budget amount to fund activities associated with its Wellness Program ~~using the Health Care Flex Account~~. Expenditures of such budgeted funds will be recommended and reviewed ~~and approved~~ by the Wellness Committee.

**6.15.3** Participation. To receive the benefits associated with participating during each year of the Agreement, employees must complete participation requirements established by the Wellness Committee.

**6.16** Meal allowances may be paid to employees pursuant to TMC Section 1.12.195 and the applicable Collective Bargaining Agreement covering an individual member union of the Joint Labor Committee. Effective January 1, 2020, the meal allowance shall increase to \$18 per occurrence unless an applicable Collective Bargaining Agreement

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covering an individual member union provides for a higher amount. ~~The City will amend its FMLA policy to remove the requirement that parents of a newborn, newly adopted or newly placed foster child share a combined twelve (12) weeks of family medical leave to care for the new child. The revised policy will permit each parent to use up to twelve (12) weeks of available family medical leave for the care of a healthy newborn or placement of an adopted or foster child, provided that the City may require the parents to stagger their use of leave if granting leave to both simultaneously will unduly disrupt City operations~~

**APPENDIX A**

REGENCE MEDICAL Medical Benefit	2019 2020-2021	
	PPO Preferred Network/Participating Network/ Out of Network	HDHP/HSA Preferred Network/Participating Network/ Out of Network
<b>Deductible</b> (Amount the employee pays)	\$250 Individual (waived for office visits) \$500 Family (waived for office visits)	\$1,500 Individual \$3,000 Family
<b>Coinsurance</b> (Employee share of the cost of a covered service unless specified otherwise)	10%/ 40%/ <del>100%</del> 50%	20%/40%/ <del>100%</del> 50%
<b>Copay Office Visits – Illness or Injury</b> (Amount the employee pays)	\$20 office visit copay / <del>40%</del> after \$20 copay / 50% after \$20 copay	<del>N/A</del> After deductible 20% / 40% / 50%
<b>Telemedicine (through MD Live)</b>	\$10 copay	After Deductible 20%
<b>Out-of-Pocket Maximum:</b> Includes deductible, Coinsurance and Copays (Amounts the employee pays)	\$1,500 Individual	\$3,000 Individual
	\$3,000 Family	\$6,000 Family
<b>Preventive Care</b> (Amount the employee pays)	0% / 0%/ <del>100%</del> 50% Not Subject to Deductible <del>Non-Network Providers are not covered</del>	0% / 0%/ <del>50%</del> 100% - Not Subject to Deductible <del>Non-Network Providers are not covered</del>
<b>Professional</b> (Amount the employee pays)	After Deductible 0% / After Deductible 40% / <del>50%</del> 100%	After Deductible 20% / After Deductible 40%/ After Deductible 50% <del>100%</del>
<b>Emergency Room Copay</b> (Amount the employee pays)	After \$150 copay and Deductible 10% / 10% / 10% (Facility)	After Deductible 20%/20%/20% (Facility)
	After Deductible 0% / 0% /0% (Professional)	After Deductible 20%/20%/20% (Professional)
<b>Hospital Stay</b> (Amount the employee pays)	After Deductible 10% /40%/ <del>50%</del> <del>100%</del> -(Facility)	After Deductible 20% / 40%/ <del>50%</del> <del>100%</del> -(Facility)
	After Deductible 0% / 40%/ <del>50%</del> <del>100%</del> -(Professional)	After Deductible 20%/ 40%/ <del>50%</del> <del>100%</del> (Professional)
<b>Outpatient Surgery</b> (Amount the employee pays)	After Deductible 10% / 40%/ <del>50%</del> <del>100%</del> -(Facility)	After Deductible 20% / 40%/ <del>50%</del> <del>100%</del> -(Facility)
	After Deductible 0% /40%/ <del>50%</del> <del>100%</del> -(Professional)	After Deductible 20%/ 40%/ <del>50%</del> <del>100%</del> (Professional)
<b>Lab/X-Ray</b> (Amount the employee pays)	After Deductible 0% / 40%/ <del>50%</del> 100%	After Deductible 20% / 40%/ <del>50%</del> 100%
<b>Vision Exam/Schedule</b>	No hardware	No hardware

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<b>REGENCE MEDICAL</b>		<b>2019 2020-2021</b>	
Medical Benefit	PPO Preferred Network/Participating Network/ Out of Network	HDHP/HSA Preferred Network/Participating Network/ Out of Network	
Pharmacy  (Amount the employee pays)	100% coinsurance up to the following for a (30 day) supply: Generic: \$5 Max Brand - Formulary: \$35 Max Brand - Non-Formulary: \$60 Max Specialty - Formulary: \$75 Max Specialty - Non-Formulary: \$150 Max Mail Order: 90 days for 2 copays  <a href="#">*Low Value Drug Exclusion List added to exclude high-cost drugs that have a lower cost alternative.</a>	Retail or Mail Order – Up to 90 day supply and up to 30 day supply for covered self-administrable injectable medication.  After Deductible 20% - member may be balance billed when non-participating pharmacy is used.  *Rx list includes drugs in certain categories that will not be subject to the plan deductible. It includes generic medications and formulary brand-name medications specifically designated for treatment of chronic diseases.  <a href="#">*Low Value Drug Exclusion List added to exclude high-cost drugs that have a lower cost alternative.</a>	
HSA IRS Annual Contribution Limits* (2020 limits shown)	N/A	<b>\$3,550/\$7,100</b> <del>\$3,500/\$7,000</del> (Employee Family)	
City Annual Contributions to Health Savings Account  (prorated per pay period)		EE Only	EE+Family
		\$500 w/o Wellness \$1,250 with Wellness	\$1,000 w/o Wellness \$2,500 with Wellness
Monthly Employee Premium Contributions (Single/Family)	<a href="#">2020: \$40/ \$80</a> <a href="#">2021: \$50/\$100</a>	<a href="#">2020: \$40/ \$80</a> <a href="#">2021: \$50/\$100</a>	

\*Annual limits are subject to change by the IRS.



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Kaiser Permanente	<del>2019</del> <u>2020-2021</u>
	HMO In Network
<b>Medical Benefit</b>	
<b>Deductible</b> (Amount the employee pays)	\$100 - Individual \$200 - Family
<b>Coinsurance</b> (Employee share of the cost of a covered service - unless specified otherwise)	N/A
<b>Copay</b> (Amount the employee pays)	\$10 Primary/ \$20 Specialist copay + Deductible
<b>Out-of-Pocket Maximum:</b> Includes deductible,	\$1,500 Individual
Coinsurance and Copays (Amounts the employee pays)	\$3,000 Family
<b>Preventive Care</b> (Amount the employee pays)	\$0 Not subject to Deductible
<b>Professional</b> (Amount the employee pays)	\$10 Primary, \$20 Specialist copay + Deductible
<b>Emergency Room Copay</b> (Amount the employee pays)	\$150 copay + Deductible Note: only ER services are available out of network for HMO plan
<b>Hospital Stay</b> (Amount the employee pays)	\$100 copay x 3 days + Deductible
<b>Outpatient Surgery</b> (Amount the employee pays)	\$100 copay + Deductible
<b>Lab/X-Ray</b> (Amount the employee pays)	<u>Inpatient:</u> covered under Hospital Services <u>Outpatient:</u> \$0 + Deductible

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Kaiser Permanente	2019
<b>Medical Benefit</b>	<b>HMO</b>
	<b>In Network</b>
<b>Vision Exam/Schedule</b> (Amount the employee pays) (Amount the plan pays)	Annual Exam (1 visit every 12 months) \$10 copay, Deductible Waived \$150 Hardware Allowance (Every 12 months) - Deductible Waived
<b>Pharmacy</b> (Amount the employee pays)	Kaiser Permanente (30 day supply): Generic \$5/ Preferred Brand \$25/ Non-Preferred Brand \$50 Mail order: 2x for 90 day supply
<b>Monthly Employee Premium Contributions (Single/Family)</b>	<a href="#">2020: \$40/ \$80</a> <a href="#">2021: \$50/\$100</a>