

**C.S.E.A. Special Chapter Meeting**  
**Friday, June 5, 2009**  
**3:00 p.m.**  
**Room 802**

**Call to Order:** The meeting was called to order at 3:08 p.m. by Sherry Nicholas.

**Pledge of Allegiance:** Sandy Rodina led us in the pledge of allegiance.

**Roll Call of Officers:**

President – Sherry Nicholas	Present	Sergeant at Arms – Sandy Rodina	Present
Vice President – Ken Cooper	Present	Parliamentarian – Tim Heisler	Present
Secretary – Sara Holmes	Present	Public Relations – Chris Takemoto	Present
Treasurer – Jamie Spielmann	Present	Past President – Patricia Carver	Present

There were 61 members present. Special guest, Labor Rep Joe Kessner, was present.

**Health Care Benefits – MOU / Tentative Agreement for new plan C2 – Information – Discussion – Vote and Ratification**

There was a Q & A session held regarding the Healthcare Plan proposal. Many members had questions and needed clarification. The President, Negotiations Team and Joe Kessner addressed the concerns.

Joe Kessner reported that Government Code allows Board members to take medical benefits equal to the highest Bargaining Unit Member.

(Overhead & 2009-10 Plan Comparison attached. MOU attached separately.)

Joe Kessner reported that, regarding the Medical/Dental Appointments, the State can go back 3 years and ask members to pay back the time spent at these appointments. He also reported that Ed Code calls for 60 days Workers Comp. Employees still earn sick / vacation leave while out on Workers Comp.

Steven Reeves reported that American Fidelity offers very good Disability Insurance packages.

Patricia Carver motioned to vote on the MOU and Tentative Agreement. Chuck Brady seconded the motion. All were in favor.

Secret ballots were distributed and collected. The results were:

MOU: 57 yes, 4 no

Disbursement from the BUM Medical Fund (see Overhead attachment): 57 yes, 3 no

Joe Kessner asked Patricia Carver to set up a Member Benefits Fair at Shasta College.

**Attachments:**

**Overhead:**

**1. Continue Medical Blue Cross Plan C**

**Do not give up appointments or 90 days work comp**

If we did nothing, District would take **\$196** per month out of our checks.  
For both Medical and Dental

$\$196 \times 12 \text{ (months)} = 2,352 \times 171 \text{ (members)}$	<b>\$402,192</b> yearly cost to Members
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**DENTAL Stay with current Plan B1**

**2. Accept MOU- move to Plan C2 give up appts & chg work comp to 60 days.**

District would raise our caps to the new premium amounts which is an increase of **\$73** a month.  
This change increases the cap for medical which also benefits our retirees.

$\$73 \times 12 \text{ (months)} = \$876 \times 171 \text{ (members)} =$	<b>\$149,746</b> yearly/ Dist. paid benefit
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**DENTAL Move to Plan A2**

**3. Accept MOU - Same as 2 above.  
Members buy up to Medical Plan C**

This change increases the cap which also benefits our retirees.  
Members would buy up to Medical Plan C

$\$106 \times 12 \text{ (months)} = \$1,272$ for members who choose to buy up.
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**FUND OPTIONS TO OFFSET COST OF OPTION 3:**

<b>Balance in the BUM Fund as of 5/31/09:</b>	<b>\$1,232,919</b>
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**1. Continue status quo on Medical Plan C and no loss of appointments or work comp change:  
Continue status quo on Dental Plan B1**

$\$402,192 / 1,232,919 = 32.62\%$	usage of BUM Fund if it paid the whole increase
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**2. Accept District MOU and buy up to Medical Plan C (loss of appointments and work comp change)  
Accept Dental Plan A2**

$\$217,512 / \$1,232,919 = 17.65\%$	For the next year only and revisit in one year
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**\$1,272 disbursement to members to buy up or pay out of pocket increases.**

## **President's Report:**

Health Plan for 2009-2010 Increase of 23% - Plan C to Plan C2

The negotiations team made the decision to enter into a one year MOU/TA with the District in the best interest of the entire Chapter.

### **The Rational:**

- The climate we are in (uncertainty)
- Increased the Cap -District picking up the full cost of C2
- Limit the out of pocket expense to members
- Kept the contract closed until next year, only exception is if the State funds COLA then we can get the COLA
- Helps the retirees maintain benefits as they are tied to our contract
- Time factor- We were up against the clock- If no decision is made by June 15 the District will start in July taking approximately \$200/mo out of paychecks.
- This decision affects the entire unit, although we have a tendency to focus on "how does this affect me as an individual" The negotiations team has to look at "how does this affect the entire unit of individuals" from the lowest paid range to the highest and everyone in-between.
- Our health insurance is not an "opt-Out" so even if you can't afford it, you have to have it.
- Employees still can go to the Dr. and not have to take LWOP- by concession we are now able to deduct this from our sick leave. Sick leave is accrued and is there to be used. The management of the Dr. appt was haphazard. The District should be tracking it, remember you also are a taxpayer, which is how we are paid, through taxpayer money. Managers need to do a better job of knowing where there employees are. Fortunately the majority of us are honest and responsible about how we use our time, unfortunately some us are not, and this is abuse of not only the system, but of position.

### **The two articles of concession- what is there real value?**

4-hours Doctor's appointment goes away or \$200.00 month out of our paychecks starting in July. The doctor appointment perk we have received for many years may not even be legal.

This could be viewed as a gift of tax payer's money- you don't have to be at work to get paid, and you are being paid to go to the doctor. This is unheard of and the District did produce 2 random months that showed how much employees are gone on these doctor appointments monthly. The average amount of loss to the District is the equivalent to one full time person per month, approximately \$36,000-\$40,000 per year.

We kept the contract negotiations limited to just the Health Benefits.

The deal we struck from the on-set was- if we could keep the contract closed for an additional year, we would be willing to just negotiation the one issue (Health Benefits).

If the entire contract was opened we stood to lose a lot more than the two articles of concessions (by the way they asked for 3 and we were able to pull one from the table). The faculty made concession on 10 articles of their contract and their TA proposal is also for the C2 plan- they lost some of the stipend pay and many other concessions were made.

### **Possible consequences of opening up the entire contract.**

- Loss of a vacation day- pro-rated benefits- and etc... Anything that could be tied to a savings for the District.

There were concerns that the District was pushing quickly for us to enter into negotiations about the Health Plan and concessions. The District was notified late from the JPA (May 5) regarding the health insurance premium increase. This in turn put pressure on the CSEA negotiations team. There was even a concern that we were negotiating outside of contract negotiations. All this was being pushed by the degrading economy and the budget cuts facing the state and the District. With the help and guidance of our labor representative, Joe Kessner, we came to what we believe was the best choice we had, that would be equal and fair to all unit members.

We had developed a 3 question survey, there was no time to send out survey and meet timelines. The

survey questions we developed helped the team in the decision making. There is a real possibility that the health insurance will go up another 23% next year, it is a mere guess, in uncertain and unstable times.

CSEA Health Fund- Originally this fund was set up with the intent to pay future increases in medical premiums. In other words to help unit members stay benefited into the future. As it was clear that future health care is on the rise.

We can only buy up, not buy down.

We can buy up individually, as in the past (C2 to C)

The proposal would be to use approximately \$1272.00/ each member/yr (\$106.00/mo-the cost of buying up to Plan C) this approach would use 17% of the plans current value in the first year.

**Other issues** that affect the bargaining unit, but issues we have no power in:

- What is the Administration giving up?
- What is the Board giving up?
- CSEA believes that both of these groups should be leading the example by giving up some sort of benefit they currently receive.
- Vacation Days
- Freeze all Travel
- Stipends
- Etc..

**The dilemma...**we don't negotiate for these other groups. What we can do is continue to bring these concerns to the EER table, in hopes that something will be done.

**2009-10 Plan Comparison / Summary:**

2009-10 PLAN COMPARISON/SUMMARY

	Anthem Blue Cross Plan C		Anthem Blue Cross Plan C-2	
	PPO	Non-PPO	PPO	Non-PPO
<b>DEDUCTIBLE</b>				
Per Individual Per Calendar Year	\$100	\$100	\$250	\$250
Per Family Per Calendar Year	\$300	\$300	\$750	\$750
Per Emergency Room Visit (waived if admitted)		\$35		\$35
Per PPO Hospital Confinement	Included Above	N/A	\$500	\$500
Per Non-PPO Confinement	N/A	Included Above	N/A	Included Above
Per Non-PPO Confinement not auth.	N/A	50%	N/A	40%
<b>LIFETIME MAXIMUMS</b>				
Medical Care (All Services)		\$5,000,000		\$5,000,000
<b>OUT-OF-POCKET LIMIT</b> <i>(Excludes Copays &amp; Deductibles)</i>				
Per Individual per cal yr	\$1,500	\$3,000	\$3,000	\$6,000
Per Family per cal yr	\$3,000	\$5,000	\$6,000	\$12,000
<i>(Applies to all coverages)</i>				
<b>COINSURANCE</b>				
Physician Office Visits	80%	80%*	80%	80%*
Office Visit Copay*****	\$25	\$25	\$25	\$25
Hospital Services**	80%	70%*	80%	60%*
Ambulatory Surgical Centers	80%	70% (max. \$350/day)	80%	60% (max. \$350/day)
Preauthorization Required - waived for ER admissions**				

Emergency Room Visits	80%	80%*	80%	80%*
ER Copay*****	\$35	\$35	\$35	\$35
Non Emergency Use	70%	70%*	70%	70%*
Medical/Surgical	80%	70%*	80%	60%*
Pre-operative Testing	80%	70%*	80%	60%*
Xray & Lab (Illness/Injury Only)	80%	80%*	80%	80%*
Maternity Care	80%	70%*	80%	60%*
Home Health Care	80%	80%*	80%	80%*
Visits/calendar year	65	65	65	65
Skilled Nursing Facility Care	80%	70%	80%	60%*
Hospice Care	80%	70%*	80%	60%*
Ambulance - Ground/Air***	80%	80%	80%	80%*
Copay*****	\$35	\$35	\$35	\$35
All other covered services	80%	70%*	80%	70%*
Prosthetic Devices	80%	70%*	80%	70%
Maximum	N/A	N/A	N/A	N/A
Durable Medical Equipment	80%	70%*	80%	60%*
Maximum	N/A	N/A	N/A	N/A

<b>THERAPY</b>				
Physical	80%	80%*	80%	80%*
Copay*****	\$25	\$25	\$25	\$25
<b>Visits/Calendar Year</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>40</b>
Speech ****	80%	80%*	80%	80%*
Copay*****	\$25	\$25	\$25	\$25
Visits/Calendar Year	40	40	40	40

<b>WELLNESS*****</b>				
Routine Physical Exam	\$250 benefit per yr (Each family member)		\$250 benefit per yr (Each family member)	
Visit Copay	\$0		\$0	
Routine Diagnostic X-Ray & Lab	Included above	Included above	Included above	Included above
Routine Pap Smear	100%	100%*	100%	100%*
Routine Mammogram	100%	100%*	100%	100%*
Well Baby Care	80%	80%	80%	80%
Copay/Age of Child (through age 6)	\$25	\$25	\$25	\$25
Immunizations	100%	100%*	100%	100%*
Copay/Age of Child (through age 18)	\$25	\$25	\$25	\$25

<b>MENTAL HEALTH CARE</b>				
Inpatient Hospital Care**	80%	80%	80%	80%
Maximum	30 days	30 days	30 days	30 days
Outpatient Care -				
1st-10th Visit	100%	100%*	100%	100%*
11th - 40th Visit	55%	55%	0%	0%
41st-50th Visit	0%	0%	0%	0%

<b>CHEMICAL DEPENDENCY CARE</b>				
Inpatient Hospital Care**	80%	80%*	80%	80%
Maximum	Detox Only		Detox Only	
Outpatient Care -				
1st-10th Visit	100%*	100%*	No benefit	No benefit
11th - 40th Visit	55%*	55%*	No benefit	No benefit
41st-50th Visit	0%	0%	No benefit	No benefit

<b>CHIROPRACTIC CARE</b>				
Benefit	80%	No benefit	No benefit	No benefit
Copay*****	\$25			
Maximum/calendar year	40			
<b>ACUPUNCTURE</b>				
Benefit	Combined w/Chiro	No benefit	No benefit	No benefit
Maximum/calendar year				

<b>PRESCRIPTION DRUG</b>		<b>Mandatory Generic/Closed Formulary</b>		<b>Mandatory Generic/Closed Formulary</b>	
<b>RETAIL PHARMACY</b>					
	Generic Copay	\$20	\$20 + 50%	\$20	\$20 + 50%
	Brand Copay (Formulary)	\$30	\$30 + 50%	\$30	\$30 + 50%
	Brand Copay (Non-Formulary)	\$40	\$40 + 50%	\$40	\$40 + 50%
	Maximum Supply	30 days		30 days	
<b>MAIL ORDER SERVICE (Mandatory)</b>					
	Generic Copay	\$40	N/A	\$40	N/A
	Brand Copay (Formulary)	\$60		\$60	
	Brand Copay (Non-Formulary)	\$80		\$80	
	Maximum Supply	90 days	N/A	90 days	N/A

This summary is intended for comparison purposes only. The certificate should be viewed for a detailed explanation of the plan coverage.

\* Subject to UCR. Strongly recommend utilization of PPO network except where indicated.

\*\* Pre-certification required. 20% penalty if not preauthorized.

\*\*\* Medically Necessary Only

\*\*\*\* No benefits except following surgery, injury or non-congenital organic disease.

\*\*\*\*\*Deductible waived where applicable

\*\*\*\*\*Deductible waived if admitted to facility immediately following ER treatment.

**Adjournment:** 4:15 p.m.  
Submitted by Sara Holmes