

12-4 ONA Health Care Counter-Proposal

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ARTICLE XI – HEALTH AND WELFARE

A. Tests and Lab Exams.

1. The Medical Center shall arrange to provide a tuberculin test, and chest x-ray when indicated by the tuberculin test, at no cost to the nurse. This test shall be done at the beginning of employment, when indicated by exposure or upon annual request of the nurse. For those nurses who request it within six (6) weeks before their anniversary date of employment, the Medical Center will provide annual complete blood count and sedimentation rate determination and urinalysis at no cost to the nurse. A nurse, upon request, will be furnished a copy of the results of the aforementioned tests.

2. Laboratory examinations, when indicated because of exposure to communicable diseases, shall be provided by the Medical Center without cost to the nurse.

B. Long-Term Disability/Life Insurance. - The Medical Center will provide Long Term Disability and Group Life Insurance programs on the same terms as provided to a majority of the Medical Center's other employees.

C. Providence Health Insurance Program.

1. Each full-time nurse and part-time nurse regularly scheduled to work an average of at least twenty (20) hours per week will participate in the Providence Health Insurance program offered to a majority of the Medical Center's other employees, in accordance with its terms. From the Providence benefits program, the nurse will select a medical coverage and, at the nurse's option, coverage from among the following Providence benefits: (1) dental coverage, (2) supplemental life insurance, (3) voluntary accidental death and dismemberment insurance, (4) dependent life

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insurance, (5) health care reimbursement account, (6) day care reimbursement account, and (7) vision care insurance. The Medical Center will offer all such benefits directly or through insurance carriers selected by the Plan.

2. Medical/Dental/Vision Insurance eligibility.

a. Full time. - Any nurse who is regularly scheduled to work at least thirty (30) hours per week or sixty (60) hours in a fourteen (14) day pay period (.75 FTE or greater) will be considered full-time for the purpose of medical, dental and vision insurance benefits.

b. Part time. - Any nurse who is regularly scheduled to work at least twenty (20) hours but less than thirty (30) hours per week, or at least forty (40) hours but less than sixty (60) hours in a fourteen (14) day pay period (.50 FTE to 0.74 FTE) will be considered part-time for the purpose of medical, dental and vision insurance benefits.

c. The Medical Center will comply with the provisions of the Affordable Care Act (ACA) which requires employers to offer medical insurance to employees who qualify by working a certain number of hours over a particular measurement period. The Medical Center will offer such medical insurance to such qualifying nurses on the same basis that it does the majority of the Medical Center's qualifying non-represented employees.

d.

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D. Medical Insurance.

The medical center will maintain the features of the plan through the duration of the collective bargaining agreement: net deductible (defined as each nurse's deductible), the out of pocket maximum, and co-insurance rates.

Plan Feature	Health Reimbursement (HRA) Medical Plan	Health Savings (HSA) Medical Plan
Annual deductible	\$1,150 \$450.00 per person \$2,300 \$900 max per family	\$1,500 employee only \$3,000 if covering dependents
Annual out-of-pocket maximum	\$3,300 \$800.00 per person \$6,600 \$1,600 per family	\$3,000 employee only \$6,000 if covering dependents
Preventive Care	No Charge	No Charge
Primary Care Provider visits (non-preventive)	\$20 copay (not subject to deductible)	10% after deductible
Specialist Provider	Tier I network: 10% after deductible Tier II network: 20% after deductible	Tier I network: 10% after deductible Tier II network: 20% after deductible
Lab and x-ray	Tier I network: 10% after deductible Tier II network: 20% after deductible	Tier I network: 10% after deductible Tier II network: 20% after deductible
Alternative care (chiropractic, acupuncture, and Massage)	Tier I, Tier II network: 20% after deductible \$20 per visit (not subject to deductible) Combined 12 visit limit per calendar year	Tier I, Tier II network: 20% after deductible Combined 12 visit limit per calendar year
Naturopathy	Tier I, Tier II network: 20% after deductible	Tier I, Tier II network: 20% after deductible
Outpatient Behavioral health care visits	No Charge	Tier I, Tier II network: No charge after deductible

Deleted: Nurses will participate in the Medical Center's medical insurance plan(s), as offered to the majority of the Medical Center's non-represented employees; notwithstanding the foregoing, for 2023, the Medical Center will maintain the following plan features as they were in 2022: (1) amount of net deductible (defined as each nurse's deductible based on coverage choice minus any Health Reimbursement Account contributions from the Medical Center), (2) the percentage of employee premium contribution; and (3) the out of pocket maximum. In 2023, medical plan premiums shall not increase by more than seven percent (7%) on a blended average basis, meaning for some categories the increases may be greater than seven percent (7%) and others less than seven percent (7%). In 2024, medical plan premiums shall not increase by more than eight percent (8%) on a blended average basis, meaning for some categories the increases may be greater than eight percent (8%) and others less than eight percent (8%).

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<u>Outpatient hospital/surgery facility fees (except hospice, rehab)</u>	Tier I network: 10% after deductible Tier II network: 25% after deductible	Tier I network: 10% after deductible Tier II network: 25% after deductible
<u>Inpatient hospital facility fees, including behavioral health</u>	Tier I network: 10% after deductible Tier II network: 25% after deductible	Tier I network: 10% after deductible Tier II network: 25% after deductible
<u>Hospital physician fees</u>	Tier I network: 10% after deductible Tier II network: 20% after deductible	Tier I network: 10% after deductible Tier II network: 20% after deductible
<u>Emergency room</u>	\$250 copay (waived if admitted)	20% after deductible (waived if admitted)
<u>Urgent Care</u>	Tier I network: 10% after deductible Tier II network: 20% after deductible	Tier I network: 10% after deductible Tier II network: 20% after deductible
<u>Maternity Pre-Natal as Preventive Care</u>	No charge	No charge
<u>Delivery, and Post-natal Provider Care</u>	No charge	Tier I network: 10% after deductible Tier II network: 20% after deductible
<u>Maternity Hospital Stay and Routine Nursery</u>	Tier I network: 10% after deductible Tier II network: 25% after Deductible	Tier I network: 10% after deductible Tier II network: 25% after deductible

Medical Premiums. The following are the premium contribution for the nurses for each pay period for a total of twenty-six (26) pay periods for the year.

Coverage level	HRA Medical Plan	HSA Medical Plan
<u>Full-time</u>	<u>Premium Costs</u>	<u>Premium Costs</u>
EE only	\$14.35	\$0.00
EE + Child(ren)	\$28.20	\$13.65
EE + Adult	\$38.30	\$22.85
EE + Family	\$52.75	\$36.55
<u>Part-time</u>	<u>Premium Costs</u>	<u>Premium Costs</u>
EE only	\$29.90	\$14.25

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EE + Child(ren)	\$53.30	\$36.55
EE + Adult	\$68.90	\$51.50
EE + Family	\$92.20	\$73.75

Prescription Drugs

<u>In-network Plan Feature</u>	<u>Health Reimbursement (HRA) Medical Plan</u>	<u>Health Savings (HSA) Medical Plan</u>
<u>Tier I</u> PSJH & Walgreens Retail Pharmacies (30-day supply)	Preventive: No Charge	Preventive: No Charge
	Generic: \$10 copay per Rx	Generic: 10% after deductible
	Formulary brand: 20% of cost after deductible (maximum \$150 \$50 per Rx)	Formulary brand: 20% of cost after deductible (maximum \$150 per Rx)
	Non-Formulary brand: 40% of cost after deductible (maximum \$150 \$50 per Rx)	Non-formulary brand: 40% of cost after deductible (maximum \$150 per Rx)
<u>Tier II</u> Network Retail Pharmacies: (30-day supply)	Preventive: No Charge	Preventive: No Charge
	Generic: \$10 copay per Rx	Generic: 10% after deductible
	Formulary brand: 30% of cost after deductible (maximum \$150 per Rx)	Non-formulary brand: 50% of cost after deductible (maximum \$150 per Rx)
	Non-Formulary brand: 50% of cost after deductible (maximum \$150 per Rx)	Non-formulary brand: 50% of cost after deductible (maximum \$150 per Rx)
<u>Mail order</u> (90-day supply)	3x retail copay	3x retail copay

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<u>Specialty</u> (30-day supply) from Plan designated specialty pharmacy network providers	<u>20% of cost after deductible (maximum \$150 per Rx)</u>	<u>20% of cost after deductible (maximum \$150 per Rx)</u>
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Medical Savings Account. Nurses will have a choice of either a Health Reimbursement Account (HRA) or a Health Savings Account (HSA) based upon their medical plan election.

<u>In- network Plan Feature</u>	<u>Health Reimbursement (HRA) Medical Plan</u>	<u>Health Savings (HSA) Medical Plan</u>
<u>Maximum Earned health incentive Note: amounts are pro-rated for nurses hired mid- year</u>	<ul style="list-style-type: none"> • <u>\$700 Individual</u> • <u>\$1,400 Family</u> 	<ul style="list-style-type: none"> • <u>\$700 Individual</u> • <u>\$1,400 Family</u>

Any balance left in the Health Reimbursement Account (HRA) or the Health Savings Account (HSA) that is unused at the end of the plan year may be rolled over to the HRA or HSA account for the next plan year in accordance with the terms of the accounts or any applicable/required laws. If the nurse has been employed for at least five (5) consecutive years with the Medical Center, he or she may use the unused money in the HRA deposited prior to 2016 upon termination of employment for purposes permitted by the plan. Nurses who change to a non-benefits eligible status may also use the vested balance in the HRA to pay for COBRA premiums. In 2016, HRA funds (those associated with the HRA Medical Plan) will be available to cover eligible Providence employee dental and vision plan expenses, and not just HRA Medical Plan expenses. HRA funds deposited after Jan. 1, 2016, will no longer be available for use once enrollment in the HRA medical plan has ended.

B. Coordination of Benefits. The plan provisions relating to the coordination of benefits will follow the provisions under the plan in 2018.

Dental

<u>Delta Care USA DHMO (in-network only) where available</u>
<u>Subject to a schedule of benefits; please see the DeltaCare USA Evidence of Coverage for details about this plan</u>

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Plan Feature	Delta Dental PPO 1500		Delta Dental PPO 2000	
	PPO Dentist	Premier and Non-PPO Dentist	PPO Dentist	Premier and Non-PPO Dentist
Diagnostic and Preventative				
<u>X-rays, Study Models Prophylaxis (cleaning), Periodontal Maintenance, Fissure Sealants, Topical Fluoride, Space Maintainers & Resin Restoration</u>	No cost and no deductible.	20% of the cost and no deductible.	No cost and no deductible.	20% of the cost and no deductible.
Restorative				
<u>Fillings, Stainless Steel Crowns, Oral Surgery (teeth removal) & Denture Insertion Treatment of pathological conditions & traumatic mouth injuries</u>	Deductible and 20% of the cost	Deductible and 30% of the cost	Deductible and 20% of the cost	Deductible and 30% of the Cost
<u>General Anesthesia Intravenous Sedation</u>	Deductible and 20% of the cost	Deductible and 30% of cost	Deductible and 20% of the cost	Deductible and 30% of the Cost
<u>Endodontics Pulpal and root canal treatment services: pulp exposure treatment, pulpotomy & apicoectomy</u>	Deductible and 20% of the Cost	Deductible and 30% of the cost	Deductible and 20% of the cost	Deductible and 30% of the cost
Major				
<u>Crowns, veneers or onlays, crown build ups, Post and core on endodontically treated teeth, Dentures, Fixed partial dentures, (fixed bridges) inlays when used as a retainer, (fixed bridge) removable partial dentures, adjustment or repair to prosthetic appliance & Surgical placement or removal of implants</u>	Deductible and 50% of the cost	Deductible and 50% of the cost	Deductible and 50% of the cost	Deductible and 50% of the cost
<u>Annual Maximum that the plan pays</u>	\$1,500 per person	\$1500 per person	\$2,000 per person	\$2000 per person
<u>Annual Deductible Per Person</u>	\$50	\$50	\$50	\$50
<u>Annual Deductible Family Maximum</u>	\$150	\$150	\$150	\$150

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<u>Orthodontia</u>	<u>Not covered</u>	<u>50% after \$50 lifetime deductible \$2,000 lifetime maximum</u>
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Dental Premiums The following are the premium contribution for the nurses for each pay period for a total of twenty-six (26) pay periods for the year.

<u>Level of Benefit</u>	<u>Delta Dental PPO 1500</u>	<u>Delta Dental PPO 2000</u>	<u>DeltaCare USA DHMO</u>
<u>Full Time</u>	<u>Plan Costs</u>	<u>Plan Costs</u>	<u>Plan Costs</u>
<u>Employee Only</u>	<u>\$0.00</u>	<u>\$3.76</u>	<u>\$0.00</u>
<u>Employee and child(ren)</u>	<u>\$5.11</u>	<u>\$12.00</u>	<u>\$4.60</u>
<u>Employee and Spouse/Partner</u>	<u>\$7.45</u>	<u>\$14.98</u>	<u>\$4.02</u>
<u>Employee and Family</u>	<u>\$12.74</u>	<u>\$23.21</u>	<u>\$8.88</u>
<u>Part Time</u>	<u>Plan Costs</u>	<u>Plan Costs</u>	<u>Plan Costs</u>
<u>Employee Only</u>	<u>\$4.96</u>	<u>\$8.72</u>	<u>\$2.69</u>
<u>Employee and child(ren)</u>	<u>\$12.50</u>	<u>\$19.39</u>	<u>\$8.83</u>
<u>Employee and Spouse/Partner</u>	<u>\$14.89</u>	<u>\$22.42</u>	<u>\$8.06</u>
<u>Employee and Family</u>	<u>\$22.30</u>	<u>\$32.77</u>	<u>\$14.52</u>

*Employee is responsible for the premium cost for the Delta Dental PPO 2 plan that exceed the subsidy provided for the Delta Dental PPO 1500 plan.

Vision

<u>In- network Plan Feature</u>	<u>Vision Service Plan</u>
<u>Eye Exam (every 12 months)</u>	<u>\$15. co-pay</u>
<u>Prescription Lenses (every 12 months)</u>	
<u>Single vision, lined bifocal and lined trifocal lenses</u>	<u>Covered in Full</u>

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<u>Progressives, photochromic lenses, blended lenses, tints, ultraviolet coating, scratch-resistant coating and anti-reflective coating</u>	<u>Covered in Full</u>
<u>Polycarbonate lenses for dependent children</u>	<u>Covered in Full</u>
<u>Frame (every 24 Months)</u>	<u>\$120 (or up to \$65 at Costco) and then 20% off any additional cost above \$120.</u>
<u>Contact Lens (every 12 months)</u>	<u>\$200 in lieu of prescription glasses</u>

The \$200 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation) provided the nurse does not purchase glasses.

Vision Premiums. The following are the premium contributions for the nurses for each pay period for a total of twenty-six (26) pay periods for the year.

<u>Level of Benefit</u>	
<u>Full Time</u>	<u>Plan</u>
<u>Employee Only</u>	<u>\$2.82</u>
<u>Employee and child(ren)</u>	<u>\$5.08</u>
<u>Employee and Spouse/Partner</u>	<u>\$5.65</u>
<u>Employee and Family</u>	<u>\$8.48</u>
<u>Part Time</u>	<u>Plan</u>
<u>Employee Only</u>	<u>\$4.52</u>
<u>Employee and child(ren)</u>	<u>\$8.14</u>
<u>Employee and Spouse/Partner</u>	<u>\$9.04</u>
<u>Employee and Family</u>	<u>\$13.56</u>

E. Payroll Deduction. - The nurse will pay, by payroll deduction (over twenty-six (26)

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pay periods) unless some other payment procedure is agreed to by the nurse and the Medical Center, the cost of the employee contribution for the Providence Health Insurance benefits selected.

- F. Plan Information. - Information for the plans specified in Section C will be available on the HR Service Portal or other electronic distribution mechanisms, in addition to other distribution mechanisms that the Medical Center may use. Further assistance regarding the plans will be available to nurses by calling the Benefits Service Center.

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G. Compliance with the Affordable Care Act. - The parties acknowledge that the Medical Center may be required by law to make changes to its medical plan design to comply with the Affordable Care Act or other applicable law or regulation. The parties agree that the Medical Center does not have an obligation to bargain over such changes. The Association may request interim bargaining over the impact of such changes and the employer would be obligated to bargain in good faith over the impact of such changes.

Working Spouse Surcharge: The nurses will participate in the working spouse surcharge on the same basis as the majority of the Medical Center's non-represented employees as follows:
If the nurse's spouse has access to a medical plan through his or her employer but waives that coverage and instead enrolls in a Providence medical plan, a \$150 monthly surcharge will apply. The surcharge will be deducted on a pre-tax basis in \$ increments each pay period. The surcharge will not apply if the nurse's spouse:

- Does not have coverage through his or her employer.
- Is enrolled in his or her employer's plan and a Providence plan (as secondary coverage).
- Is enrolled in Medicare, Medicaid, Tricare or Tribal health insurance (and is their only other coverage).
- Is a Providence benefits-eligible employee.
- Has employer-provided medical coverage with an annual in-network out-of-pocket maximum greater than \$6,900 for employee-only coverage and \$13,800 if covering dependents. The amount of the maximum may be adjusted annually, not to exceed the annually adjusted out-of-pocket limit under the Affordable Care Act or other measure as determined by the Plan in the event the Affordable Care Act is repealed during the term of the contract.

H: The Employer will permit otherwise eligible employees the option to opt out of medical coverage provided such employee has alternate medical insurance coverage. Employees choosing opt-out coverage for medical insurance will receive a monthly cash benefit of \$120.00 for each pay period in which benefit dollars are paid. Employees choosing opt-out coverage for dental insurance will receive a monthly cash benefit of \$20. Employees choosing opt-out coverage for vision insurance will receive a monthly cash benefit of \$10. Opt-out elections must be made each year during open enrollment.

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