

JOINT HEALTH CARE COMMITTEE
MEMORANDUM

DATE: November 7, 2012

FROM: Dr. Abel Bult-Ito, Chair - Joint Health Care Committee (JHCC)

SUBJECT: Revised JHCC Motions as approved for your consideration on 10/17/2012

To: Donald Smith, Chief Human Resources Officer (CHRO)

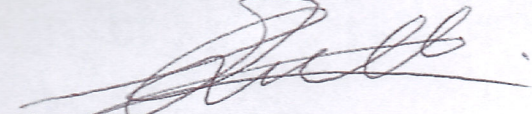
Dear Donald,

The JHCC met on October 16 and 17, 2012, and nine motions were passed by the Joint Health Care Committee for recommended implementation. This letter supersedes the one dated 11/1/2012.

- **Motion #1.** Eliminate the 500 plan and move Orthodontia to the 750 plan for FY14.
- **Motion #2.** Develop a health savings account (HSA) qualified plan with the identical deductibles as the 1250 high deductible health plan (HDHP) and do whatever necessary changes to make it a qualified plan for an HSA.
- **Motion #3.** Cost Transparency/Patient Advocacy: Motion Passed to issue an RFP, with no timeline (but soon)
- **Motion #4.** Implement the wellness program strategy as presented of having biometrics and health risk assessment (HRA) completed for a preferred pricing program in year one. The general plan: 1. HRA and biometrics implemented in 1st year. 2. Point based system implemented in 2nd year. Outcomes based requirements in the 3rd year. Details for future years will be decided at future JHCC meetings.
- **Motion #5.** Add Spousal Surcharge. Spouses employed outside UA who have access to health insurance through that employment are expected to use that health insurance as the primary carrier. Spouses who choose to waive other employment health insurance and make UA the primary carrier subject the UA employee to a spousal surcharge not to exceed \$1,200 in a UA health plan year. Statute may supersede the spousal surcharge.
- **Motion #6.** Do not allow Opt Outs. Beginning in FY14, opting out of UA health care is not allowed. The sole exception is for an employee and spouse who both are UA employees, one of whom may elect to opt out of UA health care and enroll as the other employee's dependent.
- **Motion #7.** Expand coverage tiers to individually account for children up to two, and then aggregate in one category three or more children. There is a maximum of eight tiers in each health care plan. The Tiers are; EE, ES, ES+1C, ES+2C, ES+3C, E+1C, E+2C, E+3C
- **Motion #8.** Develop and send a Request for Proposal (RFP) for implementation of a telemedicine option of care.

- **Motion #9. GTP Prizes:** Motion to continue FY13 program and prizes at the same level as FY12 PASSED

Please provide a written response to the recommendation within the 20-day timeframe in accordance with the Collective Bargaining Agreements between the University and the Union represented groups.



Abel Bult-Ito, Professor
Chair Joint Health Care Committee

cc: Local union Presidents, Staff Alliance President and committee members